

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: 150082	Period: From 10/01/2014 To 09/30/2015	Worksheet S Parts I-III Date/Time Prepared: 2/26/2016 11:47 am
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 2/26/2016 Time: 11:47 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by DEACONESS HOSPITAL (150082) for the cost reporting period beginning 10/01/2014 and ending 09/30/2015 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

Cost Center Description	Title XVIII			HIT	Title XIX	
	Title V	Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-851,802	-69,712	0	0	1.00
2.00 Subprovider - IPF	0	8,341	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00 Total	0	-843,461	-69,712	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 150082		Period: From 10/01/2014 To 09/30/2015		Worksheet S-2 Part I Date/Time Prepared: 2/26/2016 11:44 am			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00 Street: 600 MARY STREET		PO Box:									1.00
2.00 City: EVANSVILLE		State: IN		Zip Code: 47747-		County: VANDERBURGH					2.00
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
		V		XVIII	XIX						
Hospital and Hospital-Based Component Identification:											
3.00 Hospital		DEACONESS HOSPITAL		150082	21780	1	06/02/1966	N	P	P	3.00
4.00 Subprovider - IPF		DEACONESS PSYCHIATRIC UNIT		155082	21780	4	10/01/2009	N	P	P	4.00
5.00 Subprovider - IRF											5.00
6.00 Subprovider - (Other)											6.00
7.00 Swing Beds - SNF											7.00
8.00 Swing Beds - NF											8.00
9.00 Hospital-Based SNF											9.00
10.00 Hospital-Based NF											10.00
11.00 Hospital-Based OLTC											11.00
12.00 Hospital-Based HHA		DEACONESS - HHA		157132	21780		11/09/1984	N	P	P	12.00
13.00 Separately Certified ASC											13.00
14.00 Hospital-Based Hospice		DEACONESS - HOSPICE		151512	21780		02/06/1991				14.00
15.00 Hospital-Based Health Clinic - RHC											15.00
16.00 Hospital-Based Health Clinic - FQHC											16.00
17.00 Hospital-Based (CMHC) I											17.00
18.00 Renal Dialysis											18.00
19.00 Other											19.00
							From:	To:			
							1.00	2.00			
20.00 Cost Reporting Period (mm/dd/yyyy)							10/01/2014	09/30/2015		20.00	
21.00 Type of Control (see instructions)							2			21.00	
Inpatient PPS Information											
22.00 Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.							Y	N		22.00	
22.01 Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)							N	Y		22.01	
22.02 Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.							N	N		22.02	
22.03 Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.							N	N		22.03	
23.00 Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.								3	N		23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	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.		6,821	406	2,271	570	10,576	258		24.00		
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid 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.		0	0	0	0	0	0		25.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150082	Period: From 10/01/2014 To 09/30/2015	Worksheet S-2 Part I Date/Time Prepared: 2/26/2016 11:44 am			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N		N		40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

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		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.20	
					1.00		
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01	
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				Y	63.00	
				Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
<u>Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.</u>							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unwei ghted FTEs Nonprovi der Si te	Unwei ghted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMI LY PRACTICE	1350	2.30	16.16	0.124594	65.00

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY PRACTICE	1350	4.50	16.01	0.219405
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	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		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.				N	81.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.				N	87.00
				V	XIX	
				1.00	2.00	
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00

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		V 1.00	XIX 2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	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	0.00	97.00	
Rural Providers						
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N			105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	N			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				109.00	
				1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N	110.00	
				1.00	2.00	
				3.00		
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00	
		Premiums 1.00	Losses 2.00	Insurance 3.00		
118.01	List amounts of malpractice premiums and paid losses:	944,564	706,877		0118.01	
			1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02	
119.00	DO NOT USE THIS LINE				119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N	120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00	
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150082	Period: From 10/01/2014 To 09/30/2015	Worksheet S-2 Part I Date/Time Prepared: 2/26/2016 11:44 am		
		1.00	2.00			
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y				140.00
		1.00	2.00	3.00		
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.						
141.00	Name:	Contractor's Name:		Contractor's Number:		
142.00	Street:	PO Box:				
143.00	City:	State:		Zip Code:		
				1.00		
144.00	Are provider based physicians' costs included in Worksheet A?	Y				144.00
		1.00		2.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y				145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00
				1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00
		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)						
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00
				1.00		
Multi campus						
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N				165.00
		Name	County	State	Zip Code	CBSA
		0	1.00	2.00	3.00	4.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00
				1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act						
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y				167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				9.99	169.00
		Beginni ng		Endi ng		
		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)	10/03/2015		12/31/2015		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150082	Period: From 10/01/2014 To 09/30/2015	Worksheet S-2 Part I Date/Time Prepared: 2/26/2016 11:44 am	
				1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)			N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150082	Period: From 10/01/2014 To 09/30/2015	Worksheet S-2 Part II Date/Time Prepared: 2/26/2016 11:44 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)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	Y	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	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.	Y			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N		14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y		15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	01/29/2016	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150082	Period: From 10/01/2014 To 09/30/2015	Worksheet S-2 Part II Date/Time Prepared: 2/26/2016 11:44 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
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				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
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ERIC		HENDERSON	41.00
42.00	Enter the employer/company name of the cost report preparer.	DEACONESS HOSPITAL			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	812-450-6856		ERIC.HENDERSON@DEACONESS.COM	43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	01/29/2016	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT COORDINATOR	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: 150082

Period:
From 10/01/2014
To 09/30/2015

Worksheet S-3
Part I
Date/Time Prepared:
2/26/2016 11:44 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	407	151,037	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)		407	151,037	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	67	24,455	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	16	5,840	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)		490	181,332	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	16	5,840		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		506				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: 150082

Period:
From 10/01/2014
To 09/30/2015

Worksheet S-3
Part I
Date/Time Prepared:
2/26/2016 11:44 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)	50,558	7,477	106,290			1.00
2.00 HMO and other (see instructions)	16,969	11,258				2.00
3.00 HMO IPF Subprovider	88	645				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)	50,558	7,477	106,290			7.00
8.00 INTENSIVE CARE UNIT	7,531	1,696	18,350			8.00
9.00 CORONARY CARE UNIT	2,062	471	4,339			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	60,151	9,644	128,979	20.44	3,780.27	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,353	494	3,477	0.00	22.30	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				20.44	3,802.57	27.00
28.00 Observation Bed Days		3,004	14,664			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150082

Period:
From 10/01/2014
To 09/30/2015

Worksheet S-3
Part I
Date/Time Prepared:
2/26/2016 11:44 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	12,702	1,582	26,962	1.00
2.00 HMO and other (see instructions)			3,160	1,878		2.00
3.00 HMO IPF Subprovider				161		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	12,702	1,582	26,962	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	158	72	614	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION				Provider CCN: 150082	Period: From 10/01/2014 To 09/30/2015	Worksheet S-3 Part II Date/Time Prepared: 2/26/2016 11:44 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		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	220,998,029	749,807	221,747,836	7,979,931.00	27.79	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		777,223	0	777,223	9,586.00	81.08	3.00
4.00	Physician-Part A - Administrative		2,708,601	0	2,708,601	16,835.00	160.89	4.00
4.01	Physicians - Part A - Teaching		0	973,944	973,944	7,201.00	135.25	4.01
5.00	Physician-Part B		28,701,642	0	28,701,642	159,407.00	180.05	5.00
6.00	Non-physician-Part B		3,494,805	0	3,494,805	65,612.00	53.26	6.00
7.00	Interns & residents (in an approved program)	21.00	0	1,237,769	1,237,769	43,240.00	28.63	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)		10,126,666	2,073,537	12,200,203	525,867.00	23.20	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		751,452	0	751,452	10,820.00	69.45	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		6,980,548	0	6,980,548	52,304.00	133.46	13.00
14.00	Home office salaries & wage-related costs		13,022,864	0	13,022,864	382,117.00	34.08	14.00
15.00	Home office: Physician Part A - Administrative		107,181	0	107,181	474.00	226.12	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		62,603,118	0	62,603,118			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		10,561,441	0	10,561,441			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		129,480	0	129,480			21.00
22.00	Physician Part A - Administrative		265,273	0	265,273			22.00
22.01	Physician Part A - Teaching		146,674	0	146,674			22.01
23.00	Physician Part B		4,650,059	0	4,650,059			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		206,024	0	206,024			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	1,808,916	95,308	1,904,224	74,898.57	25.42	26.00
27.00	Administrative & General	5.00	36,905,474	-3,317,453	33,588,021	1,168,962.19	28.73	27.00
28.00	Administrative & General under contract (see inst.)		1,910,853	0	1,910,853	8,963.49	213.18	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	3,033,676	225,900	3,259,576	133,478.57	24.42	30.00
31.00	Laundry & Linen Service	8.00	581,328	15,723	597,051	54,100.62	11.04	31.00
32.00	Housekeeping	9.00	3,905,369	29,778	3,935,147	361,558.96	10.88	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	3,357,447	-1,995,480	1,361,967	114,817.92	11.86	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	1,101,144	1,101,144	92,830.02	11.86	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,026,252	46,580	2,072,832	91,373.30	22.69	38.00
39.00	Central Services and Supply	14.00	2,025,682	43,312	2,068,994	124,516.34	16.62	39.00
40.00	Pharmacy	15.00	7,781,883	112,356	7,894,239	223,016.71	35.40	40.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150082		Period: From 10/01/2014 To 09/30/2015		Worksheet S-3 Part II Date/Time Prepared: 2/26/2016 11:44 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	2,972,808	1,067,245	4,040,053	229,318.97	17.62	41.00
42.00	Social Service	17.00	3,070,815	31,135	3,101,950	122,332.41	25.36	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150082

Period:
From 10/01/2014
To 09/30/2015

Worksheet S-3
Part III
Date/Time Prepared:
2/26/2016 11:44 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	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	189,935,212	-1,461,906	188,473,306	7,703,848.49	24.46	1.00
2.00	Excluded area salaries (see instructions)	10,126,666	2,073,537	12,200,203	525,867.00	23.20	2.00
3.00	Subtotal salaries (line 1 minus line 2)	179,808,546	-3,535,443	176,273,103	7,177,981.49	24.56	3.00
4.00	Subtotal other wages & related costs (see inst.)	20,862,045	0	20,862,045	445,715.00	46.81	4.00
5.00	Subtotal wage-related costs (see inst.)	62,868,391	0	62,868,391	0.00	35.67	5.00
6.00	Total (sum of lines 3 thru 5)	263,538,982	-3,535,443	260,003,539	7,623,696.49	34.10	6.00
7.00	Total overhead cost (see instructions)	69,380,503	-2,544,452	66,836,051	2,800,168.07	23.87	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150082	Period: From 10/01/2014 To 09/30/2015	Worksheet S-3 Part IV Date/Time Prepared: 2/26/2016 11:44 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			9,220,472 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)			10,886,866 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			35,131,704 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			981,148 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			189,809 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			5,958 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			2,976,532 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			1,640,775 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only			15,000,243 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			98,859 19.00
20.00	State or Federal Unemployment Taxes			1,843 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			687,534 21.00
22.00	Day Care Cost and Allowances			1,275,974 22.00
23.00	Tuition Reimbursement			464,352 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			78,562,069 24.00
Part B - Other than Core Related Cost				
25.00				0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 150082	Period: From 10/01/2014 To 09/30/2015	Worksheet S-3 Part V Date/Time Prepared: 2/26/2016 11:44 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice		0	0 13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150082	Period: From 10/01/2014 To 09/30/2015	Worksheet S-10 Date/Time Prepared: 2/26/2016 11:44 am
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				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.237668		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		35,080,652		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?				3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?				4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		262,429,733		6.00
7.00	Medicaid cost (line 1 times line 6)		62,371,150		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)		27,290,498		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)		27,290,498		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	29,408,355	11,433,844	40,842,199	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	6,989,425	2,717,459	9,706,884	21.00
22.00	Partial payment by patients approved for charity care	427,980	0	427,980	22.00
23.00	Cost of charity care (line 21 minus line 22)	6,561,445	2,717,459	9,278,904	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		39,900,716		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,116,582		27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		38,784,134		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		9,217,748		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		18,496,652		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		45,787,150		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 150082	Period: From 10/01/2014 To 09/30/2015	Worksheet A Date/Time Prepared: 2/26/2016 11:44 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	
GENERAL SERVICE COST CENTERS							
1.00	00100		25,497,581	25,497,581	150,346	25,647,927	1.00
1.01	00101		0	0	62,463	62,463	1.01
2.00	00200		5,426,527	5,426,527	20,308,778	25,735,305	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	1,808,916	37,225,061	39,033,977	24,830,370	63,864,347	4.00
5.00	00500	36,905,474	60,875,193	97,780,667	-19,239,137	78,541,530	5.00
7.00	00700	3,033,676	8,998,711	12,032,387	-213,674	11,818,713	7.00
8.00	00800	581,328	594,175	1,175,503	-235,978	939,525	8.00
9.00	00900	3,905,369	1,165,058	5,070,427	-392,200	4,678,227	9.00
10.00	01000	3,357,447	3,337,184	6,694,631	-4,177,299	2,517,332	10.00
11.00	01100	0	0	0	2,035,251	2,035,251	11.00
13.00	01300	2,026,252	1,063,592	3,089,844	-527,486	2,562,358	13.00
14.00	01400	2,025,682	2,595,176	4,620,858	-2,314,155	2,306,703	14.00
15.00	01500	7,781,883	39,385,860	47,167,743	-40,036,178	7,131,565	15.00
16.00	01600	2,972,808	583,733	3,556,541	-444,456	3,112,085	16.00
17.00	01700	3,070,815	524,637	3,595,452	-291,001	3,304,451	17.00
21.00	02100	0	0	0	1,237,769	1,237,769	21.00
22.00	02200	0	0	0	1,065,596	1,065,596	22.00
23.00	02300	171,155	25,680	196,835	24,713	221,548	23.00
23.01	02301	0	0	0	203,732	203,732	23.01
23.03	02303	0	0	0	444,482	444,482	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	47,299,349	11,384,380	58,683,729	-5,565,384	53,118,345	30.00
31.00	03100	10,163,529	2,561,231	12,724,760	-1,402,823	11,321,937	31.00
32.00	03200	2,494,100	654,804	3,148,904	-367,376	2,781,528	32.00
40.00	04000	981,982	102,795	1,084,777	-91,456	993,321	40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	21,708,320	70,404,562	92,112,882	-31,768,934	60,343,948	50.00
54.00	05400	9,081,467	12,955,971	22,037,438	-5,337,982	16,699,456	54.00
55.00	05500	594,907	7,917,192	8,512,099	-73,753	8,438,346	55.00
59.00	05900	1,231,150	3,964,792	5,195,942	-2,944,230	2,251,712	59.00
60.00	06000	11,730,046	19,146,344	30,876,390	-1,578,367	29,298,023	60.00
64.00	06400	646,862	1,227,093	1,873,955	-71,791	1,802,164	64.00
65.00	06500	3,112,131	1,094,035	4,206,166	-882,508	3,323,658	65.00
66.00	06600	0	13,548,684	13,548,684	-33,559	13,515,125	66.00
69.00	06900	375,754	501,028	876,782	1,218,145	2,094,927	69.00
71.00	07100	0	0	0	15,370,326	15,370,326	71.00
72.00	07200	0	0	0	20,904,585	20,904,585	72.00
73.00	07300	0	0	0	38,865,224	38,865,224	73.00
74.00	07400	237,749	1,600,708	1,838,457	-17,404	1,821,053	74.00
76.00	03550	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	1,579,195	508,733	2,087,928	-139,311	1,948,617	90.00
90.01	09001	3,100,567	840,425	3,940,992	-2,494,647	1,446,345	90.01
90.02	09002	411,915	260,141	672,056	244,593	916,649	90.02
90.03	09003	394,574	606,354	1,000,928	-38,481	962,447	90.03
90.04	09004	2,061,497	609,052	2,670,549	-179,196	2,491,353	90.04
90.05	09005	2,315,647	1,521,429	3,837,076	-886,294	2,950,782	90.05
90.06	09006	375,146	147,614	522,760	-100,389	422,371	90.06
90.07	09007	1,933,723	662,148	2,595,871	-592,731	2,003,140	90.07
91.00	09100	20,146,553	10,231,754	30,378,307	-2,497,902	27,880,405	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	2,407,532	5,091,606	7,499,138	-659,771	6,839,367	96.00
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	0	0	0	0	0	116.00
118.00		212,024,500	354,841,043	566,865,543	1,370,520	568,236,063	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	1,725,384	1,725,384	190.00
192.00	19200	5,458,781	1,913,441	7,372,222	-247,058	7,125,164	192.00
192.01	19201	0	0	0	0	0	192.01
192.02	19202	207,021	942,278	1,149,299	-15,950	1,133,349	192.02
192.03	19203	579,332	9,243,604	9,822,936	-692,963	9,129,973	192.03
194.00	07950	752,237	1,439,134	2,191,371	-69,135	2,122,236	194.00
194.01	07951	364,367	182,092	546,459	-19,159	527,300	194.01
194.02	07952	0	3,549,496	3,549,496	-562,516	2,986,980	194.02
194.03	07953	0	1,582,852	1,582,852	-1,338,421	244,431	194.03
194.04	07954	558,140	1,195,017	1,753,157	-105,299	1,647,858	194.04
194.05	07955	1,048,627	299,496	1,348,123	-44,028	1,304,095	194.05
194.06	07956	4,663	25,316	29,979	-2,087	27,892	194.06

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 150082		Period: From 10/01/2014 To 09/30/2015		Worksheet A Date/Time Prepared: 2/26/2016 11:44 am	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
194.07	07957	DEACONESS VNA	361	630,437	630,798	712	631,510	194.07
200.00		TOTAL (SUM OF LINES 118-199)	220,998,029	375,844,206	596,842,235	0	596,842,235	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150082

Period:
From 10/01/2014
To 09/30/2015

Worksheet A
Date/Time Prepared:
2/26/2016 11:44 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	643,013	26,290,940	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT	0	62,463	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	25,735,305	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-19,158	63,845,189	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-1,122,287	77,419,243	5.00
7.00	00700	OPERATION OF PLANT	0	11,818,713	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	121,918	1,061,443	8.00
9.00	00900	HOUSEKEEPING	0	4,678,227	9.00
10.00	01000	DIETARY	255,771	2,773,103	10.00
11.00	01100	CAFETERIA	-1,073,389	961,862	11.00
13.00	01300	NURSING ADMINISTRATION	100,000	2,662,358	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,306,703	14.00
15.00	01500	PHARMACY	0	7,131,565	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	572,707	3,684,792	16.00
17.00	01700	SOCIAL SERVICE	-205,031	3,099,420	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,237,769	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1,065,596	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	221,548	23.00
23.01	02301	PARAMED ED PRGM-CHAPLAIN	0	203,732	23.01
23.03	02303	PARAMED ED PRGM-NURSING	0	444,482	23.03
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-13,851,757	39,266,588	30.00
31.00	03100	INTENSIVE CARE UNIT	-52,011	11,269,926	31.00
32.00	03200	CORONARY CARE UNIT	0	2,781,528	32.00
40.00	04000	SUBPROVIDER - I PF	0	993,321	40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-31,583,459	28,760,489	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,048,616	15,650,840	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-5,154,636	3,283,710	55.00
59.00	05900	CARDIAC CATHETERIZATION	-110,966	2,140,746	59.00
60.00	06000	LABORATORY	-671,624	28,626,399	60.00
64.00	06400	INTRAVENOUS THERAPY	-16,907	1,785,257	64.00
65.00	06500	RESPIRATORY THERAPY	0	3,323,658	65.00
66.00	06600	PHYSICAL THERAPY	-5,494,817	8,020,308	66.00
69.00	06900	ELECTROCARDIOLOGY	-12,254	2,082,673	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	160,264	15,530,590	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	64,153	20,968,738	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	38,865,224	73.00
74.00	07400	RENAL DIALYSIS	-1,492	1,819,561	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	8,057	1,956,674	90.00
90.01	09001	FAMILY PRACTICE CLINIC	-129,659	1,316,686	90.01
90.02	09002	OUTPATIENT PSYCH SERVICES	0	916,649	90.02
90.03	09003	INFUSION CENTER	-1,236	961,211	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	-1,374,025	1,117,328	90.04
90.05	09005	PAIN MANAGEMENT	-416,201	2,534,581	90.05
90.06	09006	WOUND CARE CENTER	-73,620	348,751	90.06
90.07	09007	SLEEP CENTER	-591,529	1,411,611	90.07
91.00	09100	EMERGENCY	-12,756,998	15,123,407	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	6,839,367	96.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-73,835,789	494,400,274	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,725,384	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	7,125,164	192.00
192.01	19201	DEACONESS URGENT CARE	0	0	192.01
192.02	19202	HEARTCARE	0	1,133,349	192.02
192.03	19203	FAMILY PRACTICE	0	9,129,973	192.03
194.00	07950	MISC NONREIMBURSABLE	0	2,122,236	194.00
194.01	07951	OCCUPATIONAL HEALTH	0	527,300	194.01
194.02	07952	OTHER FACILITIES	0	2,986,980	194.02
194.03	07953	HEART HOSPITAL	0	244,431	194.03
194.04	07954	PUBLIC RELATIONS	0	1,647,858	194.04
194.05	07955	CHILD CARE CENTER	0	1,304,095	194.05
194.06	07956	CENTER FOR LIFE BALANCE	0	27,892	194.06
194.07	07957	DEACONESS VNA	0	631,510	194.07
200.00		TOTAL (SUM OF LINES 118-199)	-73,835,789	523,006,446	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - BUILDING DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	580,444	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
TOTALS			0	580,444	
B - EQUIPMENT DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	19,671,284	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
TOTALS			0	19,671,284	
C - INTEREST EXPENSE					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	266,664	1.00
2.00		0.00	0	0	2.00
TOTALS			0	266,664	
D - CAFETERIA					
1.00	CAFETERIA	11.00	1,101,144	0	1.00
2.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	933,495	0	2.00
3.00		0.00	0	0	3.00
4.00	CAFETERIA	11.00	0	934,107	4.00
5.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	791,889	5.00
6.00		0.00	0	0	6.00
TOTALS			2,034,639	1,725,996	
E - INCENTIVE COMPENSATION					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	105,267	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	2,529,312	0	2.00
3.00	OPERATION OF PLANT	7.00	235,369	0	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	16,784	0	4.00
5.00	HOUSEKEEPING	9.00	61,512	0	5.00
6.00	DIETARY	10.00	53,843	0	6.00

RECLASSIFICATIONS

Provider CCN: 150082

Period:
From 10/01/2014
To 09/30/2015

Worksheet A-6
Date/Time Prepared:
2/26/2016 11:44 am

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
7.00	NURSING ADMINISTRATION	13.00	47,297	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	50,184	0		8.00
9.00	PHARMACY	15.00	209,514	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	70,851	0		10.00
11.00	SOCIAL SERVICE	17.00	59,188	0		11.00
12.00	PARAMED ED PRGM-PHARMACY	23.00	908	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	454,410	0		13.00
14.00	INTENSIVE CARE UNIT	31.00	146,440	0		14.00
15.00	CORONARY CARE UNIT	32.00	36,504	0		15.00
16.00	SUBPROVIDER - IPF	40.00	10,365	0		16.00
17.00	OPERATING ROOM	50.00	298,018	0		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	146,663	0		18.00
19.00	RADIOLOGY-THERAPEUTIC	55.00	25,455	0		19.00
20.00	CARDIAC CATHETERIZATION	59.00	14,469	0		20.00
21.00	LABORATORY	60.00	291,419	0		21.00
22.00	INTRAVENOUS THERAPY	64.00	4,776	0		22.00
23.00	RESPIRATORY THERAPY	65.00	55,927	0		23.00
24.00	ELECTROCARDIOLOGY	69.00	4,714	0		24.00
26.00	CLINIC	90.00	20,941	0		26.00
27.00	FAMILY PRACTICE CLINIC	90.01	75,066	0		27.00
28.00	OUTPATIENT PSYCH SERVICES	90.02	10,045	0		28.00
29.00	INFUSION CENTER	90.03	186	0		29.00
30.00	PRIMARY CARE FOR SENIORS	90.04	15,122	0		30.00
31.00	PAIN MANAGEMENT	90.05	28,796	0		31.00
32.00	WOUND CARE CENTER	90.06	1,197	0		32.00
33.00	SLEEP CENTER	90.07	29,484	0		33.00
34.00	EMERGENCY	91.00	204,742	0		34.00
35.00	DURABLE MEDICAL EQUIP-RENTED	96.00	85,299	0		35.00
36.00	PHYSICIANS' PRIVATE OFFICES	192.00	11,360	0		36.00
37.00	HEARTCARE	192.02	10,495	0		37.00
38.00	FAMILY PRACTICE	192.03	3,221	0		38.00
39.00	MISC NONREIMBURSABLE	194.00	36,010	0		39.00
40.00	OCCUPATIONAL HEALTH	194.01	18,653	0		40.00
41.00	PUBLIC RELATIONS	194.04	34,704	0		41.00
42.00	CHILD CARE CENTER	194.05	72,056	0		42.00
43.00	DEACONESS VNA	194.07	1,197	0		43.00
44.00		0.00	0	0		44.00
TOTALS			5,587,763	0		
F - LEASES						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	434,707		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	242,296		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
TOTALS			0	677,003		
G - DRUGS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	38,865,224		1.00
2.00		0.00	0	0		2.00
TOTALS			0	38,865,224		
H - CENTRAL SUPPLY						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,836,644		1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	113,777		2.00
3.00		0.00	0	0		3.00
TOTALS			0	1,950,421		
I - RESIDENTS						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	1,237,769	0		1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	973,944	0		2.00
3.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	91,652		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
TOTALS			2,211,713	91,652		
J - PASTORAL EDUCATION						
1.00	PARAMED ED PRGM-CHAPLAIN	23.01	198,735	0		1.00
2.00	PARAMED ED PRGM-CHAPLAIN	23.01	0	4,997		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
TOTALS			198,735	4,997		

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To 09/30/2015

Worksheet A-6

Date/Time Prepared:
2/26/2016 11:44 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
K - INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	504,150	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.01	0	8,389	2.00
3.00		0.00	0	0	3.00
TOTALS			0	512,539	
L - PUBLIC RELATIONS					
1.00	ADMINISTRATIVE & GENERAL	5.00	716	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	65,855	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
TOTALS			716	65,855	
M - NURSING EDUCATION					
1.00	PARAMED ED PRGM-NURSING	23.03	444,482	0	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
TOTALS			444,482	0	
N - MEDICAL SUPPLIES CHARGED					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	13,533,682	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	20,790,808	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
TOTALS			0	34,324,490	
O - SALARIES					
1.00	MEDICAL RECORDS & LIBRARY	16.00	1,000,000	0	1.00
2.00		0.00	0	0	2.00
TOTALS			1,000,000	0	
P - BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	23,824,704	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00	ADMINISTRATIVE & GENERAL	5.00	18,600	0	48.00
49.00		0.00	0	0	49.00
	TOTALS		18,600	23,824,704	
Q - PROPERTY TAXES					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	128,534	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	128,534	
R - DISABILITY					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	928,165	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
	TOTALS		0	928,165	
S - SALARY IN NON-SALARY ACCOUNTS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	425	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	7,670	0	2.00
3.00	OPERATION OF PLANT	7.00	1,337	0	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	1,150	0	4.00
5.00	HOUSEKEEPING	9.00	1,250	0	5.00
6.00	DIETARY	10.00	1,900	0	6.00
7.00	NURSING ADMINISTRATION	13.00	7,222	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	275	0	8.00
9.00	PHARMACY	15.00	725	0	9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	1,425	0	10.00
11.00	SOCIAL SERVICE	17.00	225	0	11.00
12.00	ADULTS & PEDIATRICS	30.00	72,611	0	12.00

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Worksheet A-6

Date/Time Prepared:
2/26/2016 11:44 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
13.00	INTENSIVE CARE UNIT	31.00	5,510	0	13.00
14.00	CORONARY CARE UNIT	32.00	275	0	14.00
15.00	SUBPROVIDER - IPF	40.00	600	0	15.00
16.00	OPERATING ROOM	50.00	2,295	0	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	3,330	0	17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	375	0	18.00
19.00	CARDIAC CATHETERIZATION	59.00	600	0	19.00
20.00	LABORATORY	60.00	1,890	0	20.00
21.00	INTRAVENOUS THERAPY	64.00	50	0	21.00
22.00	RESPIRATORY THERAPY	65.00	225	0	22.00
24.00	CLINIC	90.00	600	0	24.00
25.00	FAMILY PRACTICE CLINIC	90.01	3,690	0	25.00
26.00	OUTPATIENT PSYCH SERVICES	90.02	50	0	26.00
27.00	PRIMARY CARE FOR SENIORS	90.04	4,080	0	27.00
28.00	PAIN MANAGEMENT	90.05	60	0	28.00
29.00	WOUND CARE CENTER	90.06	350	0	29.00
30.00	SLEEP CENTER	90.07	1,490	0	30.00
31.00	EMERGENCY	91.00	17,150	0	31.00
32.00	DURABLE MEDICAL EQUIP-RENTED	96.00	125	0	32.00
33.00	PHYSICIANS' PRIVATE OFFICES	192.00	7,060	0	33.00
34.00	FAMILY PRACTICE	192.03	106	0	34.00
35.00	MISC NONREIMBURSABLE	194.00	129	0	35.00
36.00	OCCUPATIONAL HEALTH	194.01	104	0	36.00
37.00	CHILD CARE CENTER	194.05	50	0	37.00
	TOTALS		146,409	0	
T - PART A PHYSICIANS					
1.00	INTENSIVE CARE UNIT	31.00	45,050	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	20,460	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	TOTALS		45,050	20,460	
U - HEART SALARIES					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	4,949	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	506	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	6,290	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	8,872	0	4.00
5.00	OPERATING ROOM	50.00	19,313	0	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	3,969	0	6.00
7.00	CARDIAC CATHETERIZATION	59.00	2,738	0	7.00
8.00	EMERGENCY	91.00	5,758	0	8.00
	TOTALS		52,395	0	
V - SLEEP EAST					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	314,504	0	1.00
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	95,982	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	TOTALS		314,504	95,982	
W - PHARMACY RESIDENCY					
1.00	PARAMED PRGM-PHARMACY	23.00	36,492	0	1.00
2.00		0.00	0	0	2.00
	TOTALS		36,492	0	
X - HEART SERVICES					
1.00	ELECTROCARDIOLOGY	69.00	0	1,261,741	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	1,261,741	
Y - HSB BUILDING					
1.00	CAP REL COSTS-BLDG & FIXT	1.01	0	54,074	1.00
	TOTALS		0	54,074	
Z - CARE TEAM					
1.00	ADULTS & PEDIATRICS	30.00	196,745	0	1.00
2.00	OUTPATIENT PSYCH SERVICES	90.02	334,352	0	2.00
3.00	EMERGENCY	91.00	0	32,916	3.00
	TOTALS		531,097	32,916	
500.00	Grand Total: Increases		12,622,595	125,083,145	500.00

RECLASSIFICATIONS

Provider CCN: 150082

Period:
From 10/01/2014
To 09/30/2015

Worksheet A-6
Date/Time Prepared:
2/26/2016 11:44 am

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - BUILDING DEPRECIATION						
1.00	0.00	0	0	9		1.00
2.00	ADMI NI STRATI VE & GENERAL	5.00	0	17,525	9	2.00
3.00	MI SC NONREI MBURSABLE	194.00	0	403	9	3.00
4.00	OTHE R FACI LI TIES	194.02	0	562,516	9	4.00
	TOTALS		0	580,444		
B - EQUIPMENT DEPRECIATION						
1.00	0.00	0	0	9		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,048,217	9	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	12,433	9	3.00
4.00	ADMI NI STRATI VE & GENERAL	5.00	0	10,477,762	9	4.00
5.00	OPERATI ON OF PLANT	7.00	0	118,574	9	5.00
6.00	LAUNDRY & LI NEN SERVICE	8.00	0	195,341	9	6.00
7.00	HOUSEKEEPING	9.00	0	56,915	9	7.00
8.00	DI ETARY	10.00	0	132,828	9	8.00
9.00	NURSI NG ADMI NI STRATI ON	13.00	0	316,793	9	9.00
10.00	CENTRAL SERVI CES & SUPPLY	14.00	0	202,881	9	10.00
11.00	PHARMACY	15.00	0	280,919	9	11.00
12.00	MEDI CAL RECORDS & LI BRARY	16.00	0	104,448	9	12.00
13.00	SOCI AL SERVI CE	17.00	0	947	9	13.00
14.00	ADULTS & PEDI ATRI CS	30.00	0	1,038,396	9	14.00
15.00	INTENSI VE CARE UNI T	31.00	0	397,396	9	15.00
16.00	CORONARY CARE UNI T	32.00	0	65,112	9	16.00
17.00	SUBPROVI DER - IPF	40.00	0	726	9	17.00
18.00	OPERATI NG ROOM	50.00	0	2,121,986	9	18.00
19.00	RADI OLOGY-DI AGNOSTI C	54.00	0	1,361,899	9	19.00
20.00	RADI OLOGY-THE RAPEUTI C	55.00	0	27,149	9	20.00
21.00	CARDI AC CATHETERI ZATI ON	59.00	0	133,056	9	21.00
22.00	LABORATORY	60.00	0	560,105	9	22.00
23.00	INTRA VENOUS THERAPY	64.00	0	4,599	9	23.00
24.00	RESPI RATORY THERAPY	65.00	0	79,072	9	24.00
25.00	PHYSI CAL THERAPY	66.00	0	33,559	9	25.00
26.00	ELECTROCARDI OLOGY	69.00	0	6,026	9	26.00
27.00	CLINI C	90.00	0	5,871	9	27.00
28.00	FAMI LY PRACTI CE CLINI C	90.01	0	16,705	9	28.00
29.00	OUTPATI ENT PSYCH SERVI CES	90.02	0	343	9	29.00
30.00	INFUSI ON CENTER	90.03	0	3,204	9	30.00
31.00	PRI MARY CARE FOR SENIORS	90.04	0	27,195	9	31.00
32.00	PAI N MANAGEMENT	90.05	0	75,922	9	32.00
33.00	WOUN D CARE CENTER	90.06	0	10,557	9	33.00
34.00	SLEEP CENTER	90.07	0	46,326	9	34.00
35.00	EMERGENCY	91.00	0	390,172	9	35.00
36.00	DURABLE MEDI CAL EQUI P-RENTE D	96.00	0	149,117	9	36.00
37.00	PHYSI CI ANS' PRI VATE OFFI CES	192.00	0	56,407	9	37.00
38.00	HEARTCARE	192.02	0	1,075	9	38.00
39.00	FAMI LY PRACTI CE	192.03	0	77,170	9	39.00
40.00	MI SC NONREI MBURSABLE	194.00	0	16,753	9	40.00
41.00	OCCUPATI ONAL HEALTH	194.01	0	449	9	41.00
42.00	PUBLI C RELATI ON S	194.04	0	5,452	9	42.00
43.00	CHI LD CARE CENTER	194.05	0	9,215	9	43.00
44.00	CENTER FOR LI FE BALANCE	194.06	0	1,751	9	44.00
45.00	DEACONESS VNA	194.07	0	461	9	45.00
	TOTALS		0	19,671,284		
C - INTEREST EXPENSE						
1.00	0.00	0	0	11		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	266,664	11	2.00
	TOTALS		0	266,664		
D - CAFETERIA						
1.00	0.00	0	0	0		1.00
2.00	0.00	0	0	0		2.00
3.00	DI ETARY	10.00	2,034,639	0		3.00
4.00	0.00	0	0	0		4.00
5.00	0.00	0	0	0		5.00
6.00	DI ETARY	10.00	0	1,725,996		6.00
	TOTALS		2,034,639	1,725,996		
E - INCENTIVE COMPENSATION						
1.00	0.00	0	0	0		1.00
2.00	0.00	0	0	0		2.00
3.00	0.00	0	0	0		3.00
4.00	0.00	0	0	0		4.00
5.00	0.00	0	0	0		5.00
6.00	0.00	0	0	0		6.00
7.00	0.00	0	0	0		7.00
8.00	0.00	0	0	0		8.00

RECLASSIFICATIONS

Provider CCN: 150082

Period:
From 10/01/2014
To 09/30/2015

Worksheet A-6

Date/Time Prepared:
2/26/2016 11:44 am

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
9.00	0.00	0	0	0	0	9.00	
10.00	0.00	0	0	0	0	10.00	
11.00	0.00	0	0	0	0	11.00	
12.00	0.00	0	0	0	0	12.00	
13.00	0.00	0	0	0	0	13.00	
14.00	0.00	0	0	0	0	14.00	
15.00	0.00	0	0	0	0	15.00	
16.00	0.00	0	0	0	0	16.00	
17.00	0.00	0	0	0	0	17.00	
18.00	0.00	0	0	0	0	18.00	
19.00	0.00	0	0	0	0	19.00	
20.00	0.00	0	0	0	0	20.00	
21.00	0.00	0	0	0	0	21.00	
22.00	0.00	0	0	0	0	22.00	
23.00	0.00	0	0	0	0	23.00	
24.00	0.00	0	0	0	0	24.00	
26.00	0.00	0	0	0	0	26.00	
27.00	0.00	0	0	0	0	27.00	
28.00	0.00	0	0	0	0	28.00	
29.00	0.00	0	0	0	0	29.00	
30.00	0.00	0	0	0	0	30.00	
31.00	0.00	0	0	0	0	31.00	
32.00	0.00	0	0	0	0	32.00	
33.00	0.00	0	0	0	0	33.00	
34.00	0.00	0	0	0	0	34.00	
35.00	0.00	0	0	0	0	35.00	
36.00	0.00	0	0	0	0	36.00	
37.00	0.00	0	0	0	0	37.00	
38.00	0.00	0	0	0	0	38.00	
39.00	0.00	0	0	0	0	39.00	
40.00	0.00	0	0	0	0	40.00	
41.00	0.00	0	0	0	0	41.00	
42.00	0.00	0	0	0	0	42.00	
43.00	0.00	0	0	0	0	43.00	
44.00	ADMINISTRATIVE & GENERAL	5.00	5,587,763	0	0	44.00	
	TOTALS		5,587,763	0	0		
F - LEASES							
1.00		0.00	0	0	10	1.00	
2.00		0.00	0	0	10	2.00	
3.00	ADMINISTRATIVE & GENERAL	5.00	0	15,042	10	3.00	
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	613,913	10	4.00	
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	48,048	10	5.00	
	TOTALS		0	677,003			
G - DRUGS							
1.00		0.00	0	0	0	1.00	
2.00	PHARMACY	15.00	0	38,865,224	0	2.00	
	TOTALS		0	38,865,224			
H - CENTRAL SUPPLY							
1.00		0.00	0	0	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,950,421	0	3.00	
	TOTALS		0	1,950,421			
I - RESIDENTS							
1.00		0.00	0	0	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00	FAMILY PRACTICE CLINIC	90.01	2,195,627	0	0	4.00	
5.00	FAMILY PRACTICE CLINIC	90.01	0	91,652	0	5.00	
6.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	16,086	0	6.00	
	TOTALS		2,195,627	107,738			
J - PASTORAL EDUCATION							
1.00		0.00	0	0	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00	ADMINISTRATIVE & GENERAL	5.00	198,735	0	0	3.00	
4.00	ADMINISTRATIVE & GENERAL	5.00	0	4,997	0	4.00	
	TOTALS		198,735	4,997			
K - INSURANCE							
1.00		0.00	0	0	12	1.00	
2.00		0.00	0	0	12	2.00	
3.00	ADMINISTRATIVE & GENERAL	5.00	0	512,539	12	3.00	
	TOTALS		0	512,539			

RECLASSIFICATIONS

Provider CCN: 150082

Period:
From 10/01/2014
To 09/30/2015

Worksheet A-6
Date/Time Prepared:
2/26/2016 11:44 am

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
L - PUBLIC RELATIONS						
1.00	0.00	0	0	0	0	1.00
2.00	0.00	0	0	0	0	2.00
3.00	PUBLIC RELATIONS 194.04	716	0	0	0	3.00
4.00	PUBLIC RELATIONS 194.04	0	65,855	0	0	4.00
	TOTALS	716	65,855			
M - NURSING EDUCATION						
1.00	0.00	0	0	0	0	1.00
2.00	ADMINISTRATIVE & GENERAL 5.00	0	20,759	0	0	2.00
3.00	SOCIAL SERVICE 17.00	0	488	0	0	3.00
4.00	ADULTS & PEDIATRICS 30.00	0	299,261	0	0	4.00
5.00	INTENSIVE CARE UNIT 31.00	0	55,987	0	0	5.00
6.00	CORONARY CARE UNIT 32.00	0	17,174	0	0	6.00
7.00	OPERATING ROOM 50.00	0	23,409	0	0	7.00
8.00	CARDIAC CATHETERIZATION 59.00	0	8,347	0	0	8.00
9.00	INTRAVENOUS THERAPY 64.00	0	1,789	0	0	9.00
10.00	PRIMARY CARE FOR SENIORS 90.04	0	488	0	0	10.00
11.00	WOUND CARE CENTER 90.06	0	433	0	0	11.00
12.00	EMERGENCY 91.00	0	16,347	0	0	12.00
	TOTALS	0	444,482			
N - MEDICAL SUPPLIES CHARGED						
1.00	0.00	0	0	0	0	1.00
2.00	0.00	0	0	0	0	2.00
3.00	OPERATING ROOM 50.00	0	27,823,416	0	0	3.00
4.00	RADIOLOGY-DIAGNOSTIC 54.00	0	2,420,519	0	0	4.00
5.00	CARDIAC CATHETERIZATION 59.00	0	2,671,396	0	0	5.00
6.00	RESPIRATORY THERAPY 65.00	0	479,461	0	0	6.00
7.00	PAIN MANAGEMENT 90.05	0	570,764	0	0	7.00
8.00	WOUND CARE CENTER 90.06	0	51,633	0	0	8.00
9.00	DURABLE MEDICAL EQUIP-RENTED 96.00	0	307,301	0	0	9.00
	TOTALS	0	34,324,490			
O - SALARIES						
1.00	0.00	0	0	0	0	1.00
2.00	MEDICAL RECORDS & LIBRARY 16.00	0	1,000,000	0	0	2.00
	TOTALS	0	1,000,000			
P - BENEFITS						
1.00	0.00	0	0	0	0	1.00
2.00	ADMINISTRATIVE & GENERAL 5.00	0	4,783,605	0	0	2.00
3.00	OPERATION OF PLANT 7.00	0	319,663	0	0	3.00
4.00	LAUNDRY & LINEN SERVICE 8.00	0	55,210	0	0	4.00
5.00	HOUSEKEEPING 9.00	0	363,813	0	0	5.00
6.00	DIETARY 10.00	0	321,095	0	0	6.00
7.00	NURSING ADMINISTRATION 13.00	0	250,051	0	0	7.00
8.00	CENTRAL SERVICES & SUPPLY 14.00	0	203,890	0	0	8.00
9.00	PHARMACY 15.00	0	1,001,666	0	0	9.00
10.00	MEDICAL RECORDS & LIBRARY 16.00	0	405,828	0	0	10.00
11.00	SOCIAL SERVICE 17.00	0	320,476	0	0	11.00
12.00	PARAMED PRGM-PHARMACY 23.00	0	12,687	0	0	12.00
13.00	ADULTS & PEDIATRICS 30.00	0	4,659,115	0	0	13.00
14.00	INTENSIVE CARE UNIT 31.00	0	1,108,967	0	0	14.00
15.00	CORONARY CARE UNIT 32.00	0	297,345	0	0	15.00
16.00	SUBPROVIDER - IPF 40.00	0	98,136	0	0	16.00
17.00	OPERATING ROOM 50.00	0	1,996,981	0	0	17.00
18.00	RADIOLOGY-DIAGNOSTIC 54.00	0	1,042,674	0	0	18.00
19.00	RADIOLOGY-THERAPEUTIC 55.00	0	71,355	0	0	19.00
20.00	CARDIAC CATHETERIZATION 59.00	0	135,136	0	0	20.00
21.00	LABORATORY 60.00	0	1,230,105	0	0	21.00
22.00	INTRAVENOUS THERAPY 64.00	0	69,608	0	0	22.00
23.00	RESPIRATORY THERAPY 65.00	0	359,765	0	0	23.00
25.00	ELECTROCARDIOLOGY 69.00	0	42,284	0	0	25.00
26.00	RENAL DIALYSIS 74.00	0	17,404	0	0	26.00
28.00	CLINIC 90.00	0	152,403	0	0	28.00
29.00	FAMILY PRACTICE CLINIC 90.01	0	263,773	0	0	29.00
30.00	OUTPATIENT PSYCH SERVICES 90.02	0	76,968	0	0	30.00
31.00	INFUSION CENTER 90.03	0	34,671	0	0	31.00
32.00	PRIMARY CARE FOR SENIORS 90.04	0	166,365	0	0	32.00
33.00	PAIN MANAGEMENT 90.05	0	262,074	0	0	33.00
34.00	WOUND CARE CENTER 90.06	0	38,963	0	0	34.00
35.00	SLEEP CENTER 90.07	0	153,013	0	0	35.00
36.00	EMERGENCY 91.00	0	1,740,147	0	0	36.00
37.00	DURABLE MEDICAL EQUIP-RENTED 96.00	0	229,406	0	0	37.00
38.00	PHYSICIANS' PRIVATE OFFICES 192.00	0	524,210	0	0	38.00
39.00	HEARTCARE 192.02	0	24,030	0	0	39.00
40.00	FAMILY PRACTICE 192.03	0	618,769	0	0	40.00

RECLASSIFICATIONS

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From 10/01/2014
To 09/30/2015

Worksheet A-6
Date/Time Prepared:
2/26/2016 11:44 am

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
41.00	MISC NONREIMBURSABLE	194.00	0	86,386	0	41.00
42.00	OCCUPATIONAL HEALTH	194.01	0	37,363	0	42.00
43.00	HEART HOSPITAL	194.03	0	76,680	0	43.00
44.00	PUBLIC RELATIONS	194.04	0	66,916	0	44.00
45.00	CHILD CARE CENTER	194.05	0	105,348	0	45.00
46.00	CENTER FOR LIFE BALANCE	194.06	0	336	0	46.00
47.00	DEACONESS VNA	194.07	0	24	0	47.00
48.00		0.00	0	0	0	48.00
49.00	ADMINISTRATIVE & GENERAL	5.00	0	18,600	0	49.00
TOTALS			0	23,843,304		
Q - PROPERTY TAXES						
1.00		0.00	0	0	13	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	128,534	13	2.00
TOTALS			0	128,534		
R - DISABILITY						
1.00		0.00	0	0	0	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	15,333	0	0	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	87,759	0	0	3.00
4.00	OPERATION OF PLANT	7.00	10,806	0	0	4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	2,211	0	0	5.00
6.00	HOUSEKEEPING	9.00	32,984	0	0	6.00
7.00	DIETARY	10.00	16,584	0	0	7.00
8.00	NURSING ADMINISTRATION	13.00	7,939	0	0	8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	7,147	0	0	9.00
10.00	PHARMACY	15.00	61,391	0	0	10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	5,031	0	0	11.00
12.00	SOCIAL SERVICE	17.00	28,278	0	0	12.00
13.00	ADULTS & PEDIATRICS	30.00	207,573	0	0	13.00
14.00	INTENSIVE CARE UNIT	31.00	52,423	0	0	14.00
15.00	CORONARY CARE UNIT	32.00	24,249	0	0	15.00
16.00	SUBPROVIDER - IPF	40.00	2,959	0	0	16.00
17.00	OPERATING ROOM	50.00	101,160	0	0	17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	45,640	0	0	18.00
19.00	RADIOLOGY-THERAPEUTIC	55.00	704	0	0	19.00
20.00	CARDIAC CATHETERIZATION	59.00	10,764	0	0	20.00
21.00	LABORATORY	60.00	79,576	0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	571	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	20,137	0	0	23.00
25.00	CLINIC	90.00	1,978	0	0	25.00
26.00	FAMILY PRACTICE CLINIC	90.01	1,956	0	0	26.00
27.00	OUTPATIENT PSYCH SERVICES	90.02	1,771	0	0	27.00
28.00	INFUSION CENTER	90.03	792	0	0	28.00
29.00	PRIMARY CARE FOR SENIORS	90.04	270	0	0	29.00
30.00	PAIN MANAGEMENT	90.05	6,330	0	0	30.00
31.00	SLEEP CENTER	90.07	12,390	0	0	31.00
32.00	EMERGENCY	91.00	57,797	0	0	32.00
33.00	DURABLE MEDICAL EQUIP-RENTED	96.00	11,198	0	0	33.00
34.00	PHYSICIANS' PRIVATE OFFICES	192.00	6,691	0	0	34.00
35.00	HEARTCARE	192.02	1,340	0	0	35.00
36.00	FAMILY PRACTICE	192.03	245	0	0	36.00
37.00	MISC NONREIMBURSABLE	194.00	1,603	0	0	37.00
38.00	PUBLIC RELATIONS	194.04	1,064	0	0	38.00
39.00	CHILD CARE CENTER	194.05	1,521	0	0	39.00
TOTALS			928,165	0		
S - SALARY IN NON-SALARY ACCOUNTS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	425	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	7,670	0	2.00
3.00	OPERATION OF PLANT	7.00	0	1,337	0	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	1,150	0	4.00
5.00	HOUSEKEEPING	9.00	0	1,250	0	5.00
6.00	DIETARY	10.00	0	1,900	0	6.00
7.00	NURSING ADMINISTRATION	13.00	0	7,222	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	275	0	8.00
9.00	PHARMACY	15.00	0	725	0	9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,425	0	10.00
11.00	SOCIAL SERVICE	17.00	0	225	0	11.00
12.00	ADULTS & PEDIATRICS	30.00	0	72,611	0	12.00
13.00	INTENSIVE CARE UNIT	31.00	0	5,510	0	13.00
14.00	CORONARY CARE UNIT	32.00	0	275	0	14.00
15.00	SUBPROVIDER - IPF	40.00	0	600	0	15.00
16.00	OPERATING ROOM	50.00	0	2,295	0	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,330	0	17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	0	375	0	18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	600	0	19.00

RECLASSIFICATIONS

Provider CCN: 150082

Period:
From 10/01/2014
To 09/30/2015

Worksheet A-6
Date/Time Prepared:
2/26/2016 11:44 am

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
20.00	LABORATORY	60.00	0	1,890	0	20.00	
21.00	INTRAVENOUS THERAPY	64.00	0	50	0	21.00	
22.00	RESPIRATORY THERAPY	65.00	0	225	0	22.00	
24.00	CLINIC	90.00	0	600	0	24.00	
25.00	FAMILY PRACTICE CLINIC	90.01	0	3,690	0	25.00	
26.00	OUTPATIENT PSYCH SERVICES	90.02	0	50	0	26.00	
27.00	PRIMARY CARE FOR SENIORS	90.04	0	4,080	0	27.00	
28.00	PAIN MANAGEMENT	90.05	0	60	0	28.00	
29.00	WOUND CARE CENTER	90.06	0	350	0	29.00	
30.00	SLEEP CENTER	90.07	0	1,490	0	30.00	
31.00	EMERGENCY	91.00	0	17,150	0	31.00	
32.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	125	0	32.00	
33.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	7,060	0	33.00	
34.00	FAMILY PRACTICE	192.03	0	106	0	34.00	
35.00	MISC NONREIMBURSABLE	194.00	0	129	0	35.00	
36.00	OCCUPATIONAL HEALTH	194.01	0	104	0	36.00	
37.00	CHILD CARE CENTER	194.05	0	50	0	37.00	
	TOTALS		0	146,409			
T - PART A PHYSICIANS							
1.00		0.00	0	0	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	45,050	0	0	3.00	
4.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	20,460	0	4.00	
	TOTALS		45,050	20,460			
U - HEART SALARIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,949	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	506	0	2.00	
3.00	ADULTS & PEDIATRICS	30.00	0	6,290	0	3.00	
4.00	INTENSIVE CARE UNIT	31.00	0	8,872	0	4.00	
5.00	OPERATING ROOM	50.00	0	19,313	0	5.00	
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,969	0	6.00	
7.00	CARDIAC CATHETERIZATION	59.00	0	2,738	0	7.00	
8.00	EMERGENCY	91.00	0	5,758	0	8.00	
	TOTALS		0	52,395			
V - SLEEP EAST							
1.00		0.00	0	0	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00	SLEEP CENTER	90.07	314,504	0	0	3.00	
4.00	SLEEP CENTER	90.07	0	95,982	0	4.00	
	TOTALS		314,504	95,982			
W - PHARMACY RESIDENCY							
1.00		0.00	0	0	0	1.00	
2.00	PHARMACY	15.00	36,492	0	0	2.00	
	TOTALS		36,492	0			
X - HEART SERVICES							
1.00		0.00	0	0	0	1.00	
2.00	HEART HOSPITAL	194.03	0	1,261,741	0	2.00	
	TOTALS		0	1,261,741			
Y - HSB BUILDING							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	54,074	9	1.00	
	TOTALS		0	54,074			
Z - CARE TEAM							
1.00	EMERGENCY	91.00	531,097	0	0	1.00	
2.00	ADULTS & PEDIATRICS	30.00	0	12,194	0	2.00	
3.00	OUTPATIENT PSYCH SERVICES	90.02	0	20,722	0	3.00	
	TOTALS		531,097	32,916			
500.00	Grand Total: Decreases		11,872,788	125,832,952		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150082

Period:
From 10/01/2014
To 09/30/2015

Worksheet A-7
Part I
Date/Time Prepared:
2/26/2016 11:44 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	15,932,777	3,219,356	0	3,219,356	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	479,910,222	16,302,445	0	16,302,445	553,037	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	267,484,272	24,902,732	0	24,902,732	7,342,152	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	763,327,271	44,424,533	0	44,424,533	7,895,189	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	763,327,271	44,424,533	0	44,424,533	7,895,189	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	19,152,133	0				1.00
2.00	Land Improvements	0	0				2.00
3.00	Buildings and Fixtures	495,659,630	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	285,044,852	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	799,856,615	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	799,856,615	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150082

Period:
From 10/01/2014
To 09/30/2015

Worksheet A-7
Part II
Date/Time Prepared:
2/26/2016 11:44 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	17,712,268	0	7,785,313	0	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	5,426,527	0	0	0	2.00
3.00	Total (sum of lines 1-2)	17,712,268	5,426,527	7,785,313	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	25,497,581				1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0				1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	5,426,527				2.00
3.00	Total (sum of lines 1-2)	0	30,924,108				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150082

Period:
From 10/01/2014
To 09/30/2015

Worksheet A-7
Part III
Date/Time Prepared:
2/26/2016 11:44 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	514,811,764	0	514,811,764	0.643630	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0	0	0.000000	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	285,044,852	0	285,044,852	0.356370	0	2.00
3.00	Total (sum of lines 1-2)	799,856,616	0	799,856,616	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col. 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	18,144,107	434,707	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0	0	54,074	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	19,671,284	5,668,823	2.00
3.00	Total (sum of lines 1-2)	0	0	0	37,869,465	6,103,530	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 col. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	7,207,976	504,150	0	0	26,290,940	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	8,389	0	0	62,463	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	266,664	0	128,534	0	25,735,305	2.00
3.00	Total (sum of lines 1-2)	7,474,640	512,539	128,534	0	52,088,708	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150082

Period:
From 10/01/2014
To 09/30/2015

Worksheet A-8

Date/Time Prepared:
2/26/2016 11:44 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.	
			Cost Center				
			3.00	4.00			
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-310,673	CAP REL COSTS-BLDG & FIXT		1.00	11	1.00
1.01 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			CAP REL COSTS-BLDG & FIXT		1.01	0	1.01
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			CAP REL COSTS-MVBLE EQUIP		2.00	0	2.00
3.00 Investment income - other (chapter 2)		0			0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-80,028	ADMINISTRATIVE & GENERAL		5.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00	0	7.00
8.00 Television and radio service (chapter 21)		0			0.00	0	8.00
9.00 Parking lot (chapter 21)	B	-26,280	CAP REL COSTS-BLDG & FIXT		1.00	9	9.00
10.00 Provider-based physician adjustment	A-8-2	-41,737,898				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-31,722,280				0	12.00
13.00 Laundry and linen service		0			0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-1,026,251	CAFETERIA		11.00	0	14.00
15.00 Rental of quarters to employee and others		0			0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	0	16.00
17.00 Sale of drugs to other than patients		0			0.00	0	17.00
18.00 Sale of medical records and abstracts		0			0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	0	19.00
20.00 Vending machines	B	-47,138	CAFETERIA		11.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)	B	-7,552	ADMINISTRATIVE & GENERAL		5.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY		65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY		66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			*** Cost Center Deleted ***		114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			CAP REL COSTS-BLDG & FIXT		1.00	0	26.00
26.01 Depreciation - CAP REL COSTS-BLDG & FIXT			CAP REL COSTS-BLDG & FIXT		1.01	0	26.01
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			CAP REL COSTS-MVBLE EQUIP		2.00	0	27.00
28.00 Non-physician Anesthetist			*** Cost Center Deleted ***		19.00		28.00
29.00 Physicians' assistant					0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		*** Cost Center Deleted ***		67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			ADULTS & PEDIATRICS		30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		*** Cost Center Deleted ***		68.00		31.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
	1.00	2.00	3.00	4.00	5.00	
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00		0 32.00
33.00 FITNESS MEMBERSHIPS	B	-21,160	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 33.00
33.01 MISCELLANEOUS	B	-1,601	ADMINISTRATIVE & GENERAL	5.00		0 33.01
33.03 CALL CENTER	B	-45,879	ADMINISTRATIVE & GENERAL	5.00		0 33.03
33.04 PRIMARY CARE SENIORS - NON OP	B	-1,102	PRIMARY CARE FOR SENIORS	90.04		0 33.04
33.05 PROFESSIONAL BILLING FEES	B	-32,973	ADMINISTRATIVE & GENERAL	5.00		0 33.05
33.06 WEIGHT LOSS PROGRAM	B	-18,270	OPERATING ROOM	50.00		0 33.06
33.07 FINANCE CHARGES	A	549,393	ADMINISTRATIVE & GENERAL	5.00		0 33.07
33.09 PROPERTY TAX - RENTAL PROPERTY	A	-830,140	ADMINISTRATIVE & GENERAL	5.00		0 33.09
33.10 FAMILY PRACTICE GRANT	A	100,836	FAMILY PRACTICE CLINIC	90.01		0 33.10
33.11 NURSING ADMIN GRANT	A	100,000	NURSING ADMINISTRATION	13.00		0 33.11
33.13 MEDICAL AFFAIRS -MEDICAL STAFF	A	30,000	ADMINISTRATIVE & GENERAL	5.00		0 33.13
33.14 DEFEASANCE	A	950,928	CAP REL COSTS-BLDG & FIXT	1.00		9 33.14
33.18 AMORT. PHASE II	A	20,350	CAP REL COSTS-BLDG & FIXT	1.00		9 33.18
33.19 AMORT. PHASE I	A	6,463	CAP REL COSTS-BLDG & FIXT	1.00		9 33.19
33.20 1982 AMORT A & G COSTS	A	2,225	CAP REL COSTS-BLDG & FIXT	1.00		9 33.20
33.21 PHYSICIAN RECRUITMENT	A	-567,434	ADMINISTRATIVE & GENERAL	5.00		0 33.21
42.00 AHA/IHA DUES	A	-22,208	ADMINISTRATIVE & GENERAL	5.00		0 42.00
43.00 ADVERTISEMENT	A	-21,078	ADMINISTRATIVE & GENERAL	5.00		0 43.00
43.01 ADVERTISEMENT	A	-11,596	RADIOLOGY-THERAPEUTIC	55.00		0 43.01
44.00 DIETARY EXPENSE RECOVERY	A	255,771	DIETARY	10.00		0 44.00
45.02 LAUNDRY	B	121,918	LAUNDRY & LINEN SERVICE	8.00		0 45.02
45.03 MEDICAL RECORDS EXPENSE RECOVERY	A	557,868	MEDICAL RECORDS & LIBRARY	16.00		0 45.03
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-73,835,789				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: 150082

Period: From 10/01/2014 To 09/30/2015

Worksheet A-8-1

Date/Time Prepared: 2/26/2016 11:44 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	FACILITY RENT	127,713	109,361 1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	FACILITY RENT	14,839	0 2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	FACILITY RENT	281,334	518,677 3.00
4.00	55.00	RADIOLOGY-THERAPEUTIC	FACILITY RENT	6,253	0 4.00
4.01	60.00	LABORATORY	FACILITY RENT	0	41,096 4.01
4.02	66.00	PHYSICAL THERAPY	FACILITY RENT	102,925	98,214 4.02
4.03	90.00	CLINIC	FACILITY RENT	66,034	47,721 4.03
4.04	90.01	FAMILY PRACTICE CLINIC	FACILITY RENT	651	0 4.04
4.05	90.04	PRIMARY CARE FOR SENIORS	FACILITY RENT	32,007	71,310 4.05
4.06	90.05	PAIN MANAGEMENT	FACILITY RENT	160,330	339,187 4.06
4.07	4.00	EMPLOYEE BENEFITS DEPARTMENT	FACILITY RENT	2,002	0 4.07
4.08	50.00	OPERATING ROOM	CONTRACT SERVICES	11,063,480	27,885,429 4.08
4.09	66.00	PHYSICAL THERAPY	CONTRACT THERAPY	7,444,443	12,943,971 4.09
4.10	5.00	ADMINISTRATIVE & GENERAL	FACILITY RENT	128,383	128,383 4.10
4.11	15.00	PHARMACY	FACILITY RENT	2,125	2,125 4.11
4.12	50.00	OPERATING ROOM	FACILITY RENT	220,438	220,438 4.12
4.13	54.00	RADIOLOGY-DIAGNOSTIC	FACILITY RENT	455,453	455,453 4.13
4.14	60.00	LABORATORY	FACILITY RENT	106,070	106,070 4.14
4.15	90.00	CLINIC	FACILITY RENT	26,457	26,457 4.15
4.16	90.03	INFUSION CENTER	FACILITY RENT	45,817	45,817 4.16
4.17	55.00	RADIOLOGY-THERAPEUTIC	CONTRACT SERVICES	2,393,157	7,542,450 4.17
4.18	5.00	ADMINISTRATIVE & GENERAL	CONTRACT SERVICES	0	110,521 4.18
4.19	54.00	RADIOLOGY-DIAGNOSTIC	CONTRACT SERVICES	525,840	1,180,243 4.19
4.20	59.00	CARDIAC CATHETERIZATION	CONTRACT SERVICES	52,013	0 4.20
4.21	64.00	INTRAVENOUS THERAPY	CONTRACT SERVICES	721,418	738,325 4.21
4.22	69.00	ELECTROCARDIOLOGY	CONTRACT SERVICES	1,433,167	1,261,741 4.22
4.23	71.00	MEDICAL SUPPLIES CHARGED TO	CONTRACT SERVICES	160,264	0 4.23
4.24	72.00	IMPL. DEV. CHARGED TO PATIENT	CONTRACT SERVICES	64,153	0 4.24
4.25	50.00	OPERATING ROOM	CONTRACT SERVICES	2,708,444	5,666,506 4.25
4.26	50.00	OPERATING ROOM	CONTRACT SERVICES	1,043,430	1,408,446 4.26
4.27	59.00	CARDIAC CATHETERIZATION	CONTRACT SERVICES	465,890	628,869 4.27
4.28	0.00			0	0 4.28
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			29,854,530	61,576,810 5.00

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

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

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

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

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

6.00	B		100.00	DEACONESS HEALT	0.00	6.00
7.00	B		100.00	DEACONESS HEALT	0.00	7.00
8.00	B		100.00	DEACONESS HEALT	0.00	8.00
9.00	B		100.00	DEACONESS HEALT	0.00	9.00
10.00	B		100.00	DEACONESS HEALT	0.00	10.00
10.01	B		100.00	DEACONESS HEALT	0.00	10.01
10.02	B		100.00	DEACONESS HEALT	0.00	10.02
10.03	B		100.00	DEACONESS HEALT	0.00	10.03
10.04	B		100.00	DEACONESS HEALT	0.00	10.04
10.05	B		100.00	DEACONESS HEALT	0.00	10.05
10.06	C		100.00	DEACONESS HEALT	0.00	10.06
10.07	C		0.00	EVANSVILLE SURG	50.00	10.07
10.08	C		0.00	PROGRESSIVE HEA	51.00	10.08
10.09	C		0.00	PROGRESSIVE HEA	51.00	10.09
10.10	C	DEACONESS HEALT	0.00	PROGRESSIVE HEA	51.00	10.10

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

Provider CCN: 150082

Period:
From 10/01/2014
To 09/30/2015

Worksheet A-8-1

Date/Time Prepared:
2/26/2016 11:44 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	
10.11	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.11
10.12	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.12
10.13	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.13
10.14	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.14
10.15	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.15
10.16	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.16
10.17	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.17
10.18	C		0.00	TRI-STATE RADI A	51.00	10.18
10.19	C		0.00	HEART HOSPITAL	51.00	10.19
10.20	C		0.00	HEART HOSPITAL	51.00	10.20
10.21	C		0.00	HEART HOSPITAL	51.00	10.21
10.22	C		0.00	HEART HOSPITAL	51.00	10.22
10.23	C		0.00	HEART HOSPITAL	51.00	10.23
10.24	C		0.00	HEART HOSPITAL	51.00	10.24
10.25	C		0.00	MAINSPIRING MGRS	51.00	10.25
10.26	C		0.00	VASC MED	51.00	10.26
10.27	C		0.00	VASC MED	51.00	10.27
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 150082

Period:
From 10/01/2014
To 09/30/2015

Worksheet A-8-1

Date/Time Prepared:
2/26/2016 11:44 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	18,352	0		1.00
2.00	14,839	0		2.00
3.00	-237,343	0		3.00
4.00	6,253	0		4.00
4.01	-41,096	0		4.01
4.02	4,711	0		4.02
4.03	18,313	0		4.03
4.04	651	0		4.04
4.05	-39,303	0		4.05
4.06	-178,857	0		4.06
4.07	2,002	0		4.07
4.08	-16,821,949	0		4.08
4.09	-5,499,528	0		4.09
4.10	0	0		4.10
4.11	0	0		4.11
4.12	0	0		4.12
4.13	0	0		4.13
4.14	0	0		4.14
4.15	0	0		4.15
4.16	0	0		4.16
4.17	-5,149,293	0		4.17
4.18	-110,521	0		4.18
4.19	-654,403	0		4.19
4.20	52,013	0		4.20
4.21	-16,907	0		4.21
4.22	171,426	0		4.22
4.23	160,264	0		4.23
4.24	64,153	0		4.24
4.25	-2,958,062	0		4.25
4.26	-365,016	0		4.26
4.27	-162,979	0		4.27
4.28	0	0		4.28
5.00	-31,722,280	0		5.00

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

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

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

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6.00	HEALTH SYSTEM		6.00
7.00	HEALTH SYSTEM		7.00
8.00	HEALTH SYSTEM		8.00
9.00	HEALTH SYSTEM		9.00
10.00	HEALTH SYSTEM		10.00
10.01	HEALTH SYSTEM		10.01
10.02	HEALTH SYSTEM		10.02
10.03	HEALTH SYSTEM		10.03
10.04	HEALTH SYSTEM		10.04
10.05	HEALTH SYSTEM		10.05
10.06	HEALTH SYSTEM		10.06
10.07	SURGERY		10.07
10.08	THERAPY SERVICE		10.08
10.09	THERAPY SERVICE		10.09
10.10	THERAPY SERVICE		10.10
10.11	CLINIC		10.11
10.12	CLINIC		10.12
10.13	CLINIC		10.13

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

Provider CCN: 150082

Period:
From 10/01/2014
To 09/30/2015

Worksheet A-8-1

Date/Time Prepared:
2/26/2016 11:44 am

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		
10.14	CLINIC		10.14
10.15	CLINIC		10.15
10.16	CLINIC		10.16
10.17	CLINIC		10.17
10.18	RADIATION THRPY		10.18
10.19	HOSPITAL		10.19
10.20	HOSPITAL		10.20
10.21	HOSPITAL		10.21
10.22	HOSPITAL		10.22
10.23	HOSPITAL		10.23
10.24	HOSPITAL		10.24
10.25	SURGERY MGMT		10.25
10.26	SURGERY MGMT		10.26
10.27	SURGERY MGMT		10.27
100.00			100.00

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

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- 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: 150082

Period:
From 10/01/2014
To 09/30/2015

Worksheet A-8-2

Date/Time Prepared:
2/26/2016 11:44 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	5.00	ADMINISTRATIVE & GENERAL	146,473	0	146,473	171,400	1,770	1.00
2.00	17.00	SOCIAL SERVICE	205,031	205,031	0	171,400	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	14,252,981	13,264,731	988,250	171,400	4,869	3.00
4.00	31.00	INTENSIVE CARE UNIT	65,360	0	65,360	171,400	162	4.00
5.00	50.00	OPERATING ROOM	11,493,349	10,614,354	878,995	200,300	760	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	234,000	0	234,000	171,400	936	6.00
7.00	59.00	CARDIAC CATHETERIZATION	38,524	0	38,524	171,400	614	7.00
8.00	60.00	LABORATORY	739,117	186,696	552,421	219,500	1,029	8.00
9.00	69.00	ELECTROCARDIOLOGY	183,680	183,680	0	171,400	0	9.00
10.00	74.00	RENAL DIALYSIS	3,387	0	3,387	171,400	23	10.00
11.00	90.00	CLINIC	13,058	9,373	3,685	171,400	34	11.00
12.00	90.01	FAMILY PRACTICE CLINIC	231,146	231,146	0	171,400	0	12.00
13.00	90.03	INFUSION CENTER	1,236	1,236	0	171,400	0	13.00
14.00	90.04	PRIMARY CARE FOR SENIORS	1,395,093	1,292,845	102,248	171,400	746	14.00
15.00	90.05	PAIN MANAGEMENT	246,903	232,247	14,656	171,400	116	15.00
16.00	90.06	WOUND CARE CENTER	76,257	71,780	4,477	171,400	32	16.00
17.00	90.07	SLEEP CENTER	601,582	586,972	14,610	171,400	122	17.00
18.00	91.00	EMERGENCY	16,579,136	10,523,212	6,055,923	171,400	46,383	18.00
200.00			46,506,313	37,403,303	9,103,009		57,596	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	5.00	ADMINISTRATIVE & GENERAL	145,855	7,293	0	0	0	1.00
2.00	17.00	SOCIAL SERVICE	0	0	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	401,224	20,061	0	0	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	13,349	667	0	0	0	4.00
5.00	50.00	OPERATING ROOM	73,187	3,659	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	77,130	3,857	0	0	0	6.00
7.00	59.00	CARDIAC CATHETERIZATION	50,596	2,530	0	0	0	7.00
8.00	60.00	LABORATORY	108,589	5,429	0	0	0	8.00
9.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	9.00
10.00	74.00	RENAL DIALYSIS	1,895	95	0	0	0	10.00
11.00	90.00	CLINIC	2,802	140	0	0	0	11.00
12.00	90.01	FAMILY PRACTICE CLINIC	0	0	0	0	0	12.00
13.00	90.03	INFUSION CENTER	0	0	0	0	0	13.00
14.00	90.04	PRIMARY CARE FOR SENIORS	61,473	3,074	0	0	0	14.00
15.00	90.05	PAIN MANAGEMENT	9,559	478	0	0	0	15.00
16.00	90.06	WOUND CARE CENTER	2,637	132	0	0	0	16.00
17.00	90.07	SLEEP CENTER	10,053	503	0	0	0	17.00
18.00	91.00	EMERGENCY	3,822,138	191,107	0	0	0	18.00
200.00			4,780,487	239,025	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	5.00	ADMINISTRATIVE & GENERAL	0	145,855	618	618		1.00
2.00	17.00	SOCIAL SERVICE	0	0	0	205,031		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	401,224	587,026	13,851,757		3.00
4.00	31.00	INTENSIVE CARE UNIT	0	13,349	52,011	52,011		4.00
5.00	50.00	OPERATING ROOM	0	73,187	805,808	11,420,162		5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	77,130	156,870	156,870		6.00
7.00	59.00	CARDIAC CATHETERIZATION	0	50,596	0	0		7.00
8.00	60.00	LABORATORY	0	108,589	443,832	630,528		8.00
9.00	69.00	ELECTROCARDIOLOGY	0	0	0	183,680		9.00
10.00	74.00	RENAL DIALYSIS	0	1,895	1,492	1,492		10.00
11.00	90.00	CLINIC	0	2,802	883	10,256		11.00
12.00	90.01	FAMILY PRACTICE CLINIC	0	0	0	231,146		12.00
13.00	90.03	INFUSION CENTER	0	0	0	1,236		13.00
14.00	90.04	PRIMARY CARE FOR SENIORS	0	61,473	40,775	1,333,620		14.00
15.00	90.05	PAIN MANAGEMENT	0	9,559	5,097	237,344		15.00
16.00	90.06	WOUND CARE CENTER	0	2,637	1,840	73,620		16.00
17.00	90.07	SLEEP CENTER	0	10,053	4,557	591,529		17.00
18.00	91.00	EMERGENCY	0	3,822,138	2,233,785	12,756,998		18.00
200.00			0	4,780,487	4,334,594	41,737,898		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150082

Period:
From 10/01/2014
To 09/30/2015

Worksheet B
Part I
Date/Time Prepared:
2/26/2016 11:44 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP		
		0	1.00	1.01		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	26,290,940	26,290,940			1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT	62,463	0	62,463		1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP	25,735,305			25,735,305	2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	63,845,189	218,410	4,471	16,619	64,084,689
5.00 00500	ADMINISTRATIVE & GENERAL	77,419,243	2,380,752	39,819	14,026,342	9,790,942
7.00 00700	OPERATION OF PLANT	11,818,713	3,636,685	0	158,505	950,170
8.00 00800	LAUNDRY & LINEN SERVICE	1,061,443	500,141	0	261,124	174,041
9.00 00900	HOUSEKEEPING	4,678,227	250,497	0	76,082	1,147,099
10.00 01000	DIETARY	2,773,103	552,071	0	177,559	397,015
11.00 01100	CAFETERIA	961,862	192,255	0	0	320,985
13.00 01300	NURSING ADMINISTRATION	2,662,358	71,053	0	423,476	604,233
14.00 01400	CENTRAL SERVICES & SUPPLY	2,306,703	538,406	0	271,203	603,114
15.00 01500	PHARMACY	7,131,565	238,519	0	366,301	2,301,179
16.00 01600	MEDICAL RECORDS & LIBRARY	3,684,792	198,908	0	139,622	1,177,679
17.00 01700	SOCIAL SERVICE	3,099,420	100,487	0	1,266	904,222
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,237,769	0	0	0	360,811
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,065,596	0	0	0	283,906
23.00 02300	PARAMED ED PRGM-PHARMACY	221,548	5,856	0	9,220	60,794
23.01 02301	PARAMED ED PRGM-CHAPLAIN	203,732	31,386	1,777	14,159	57,931
23.03 02303	PARAMED ED PRGM-NURSING	444,482	47,514	0	11,667	129,567
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	39,266,588	5,685,671	0	1,366,815	13,940,168
31.00 03100	INTENSIVE CARE UNIT	11,269,926	1,072,415	0	526,667	3,007,409
32.00 03200	CORONARY CARE UNIT	2,781,528	186,683	0	87,039	730,685
40.00 04000	SUBPROVIDER - IPF	993,321	92,868	0	970	288,582
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	28,760,489	2,169,847	0	2,836,584	6,391,680
54.00 05400	RADIOLOGY-DIAGNOSTIC	15,650,840	862,932	0	2,641,184	2,678,833
55.00 05500	RADIOLOGY-THERAPEUTIC	3,283,710	329,776	0	36,292	180,740
59.00 05900	CARDIAC CATHETERIZATION	2,140,746	220,078	0	177,864	360,934
60.00 06000	LABORATORY	28,626,399	931,711	0	748,725	3,481,624
64.00 06400	INTRAVENOUS THERAPY	1,785,257	24,165	0	6,148	189,801
65.00 06500	RESPIRATORY THERAPY	3,323,658	121,524	0	105,700	917,688
66.00 06600	PHYSICAL THERAPY	8,020,308	146,655	0	44,860	0
69.00 06900	ELECTROCARDIOLOGY	2,082,673	75,602	0	8,055	110,907
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,530,590	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	20,968,738	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	38,865,224	0	0	0	0
74.00 07400	RENAL DIALYSIS	1,819,561	11,144	0	0	69,304
76.00 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	1,956,674	198,320	0	7,848	466,040
90.01 09001	FAMILY PRACTICE CLINIC	1,316,686	287,303	0	22,331	286,178
90.02 09002	OUTPATIENT PSYCH SERVICES	916,649	112,029	0	459	219,964
90.03 09003	INFUSION CENTER	961,211	73,271	0	4,283	114,842
90.04 09004	PRIMARY CARE FOR SENIORS	1,117,328	0	0	36,353	606,447
90.05 09005	PAIN MANAGEMENT	2,534,581	0	0	101,489	681,580
90.06 09006	WOUND CARE CENTER	348,751	9,002	0	14,112	109,806
90.07 09007	SLEEP CENTER	1,411,611	132,403	0	61,927	477,421
91.00 09100	EMERGENCY	15,123,407	944,693	0	521,566	5,767,437
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS						
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	6,839,367	346,966	0	199,333	723,435
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
116.00 11600	HOSPICE	0	0	0	0	0
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	494,400,274	22,997,998	46,067	25,509,749	61,065,193
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,725,384	122,851	0	0	272,115
192.00 19200	PHYSICIANS' PRIVATE OFFICES	7,125,164	173,379	0	75,403	1,673,205
192.01 19201	DEACONESS URGENT CARE	0	0	0	0	0
192.02 19202	HEARTCARE	1,133,349	0	0	1,437	63,016
192.03 19203	FAMILY PRACTICE	9,129,973	34,456	0	103,158	169,774
194.00 07950	MISC NONREIMBURSABLE	2,122,236	165,381	16,396	22,395	229,345
194.01 07951	OCCUPATIONAL HEALTH	527,300	206,167	0	600	111,681
194.02 07952	OTHER FACILITIES	2,986,980	1,035,893	0	0	0
194.03 07953	HEART HOSPITAL	244,431	1,005,095	0	0	0
194.04 07954	PUBLIC RELATIONS	1,647,858	117,089	0	7,288	172,296

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150082

Period:
From 10/01/2014
To 09/30/2015

Worksheet B
Part I
Date/Time Prepared:
2/26/2016 11:44 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP		
	0	1.00	1.01	2.00	4.00	
194.05 07955 CHILD CARE CENTER	1,304,095	296,419	0	12,318	326,251	194.05
194.06 07956 CENTER FOR LIFE BALANCE	27,892	0	0	2,341	1,359	194.06
194.07 07957 DEACONESS VNA	631,510	136,212	0	616	454	194.07
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	523,006,446	26,290,940	62,463	25,735,305	64,084,689	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150082

Period:
From 10/01/2014
To 09/30/2015

Worksheet B
Part I
Date/Time Prepared:
2/26/2016 11:44 am

Cost Center Description			Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			4A	5.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	103,657,098	103,657,098				5.00
7.00	00700	OPERATION OF PLANT	16,564,073	4,094,407	20,658,480			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,996,749	493,568	534,718	3,025,035		8.00
9.00	00900	HOUSEKEEPING	6,151,905	1,520,665	267,815	0	7,940,385	9.00
10.00	01000	DIETARY	3,899,748	963,963	590,239	24,399	236,036	10.00
11.00	01100	CAFETERIA	1,475,102	364,625	205,547	0	82,198	11.00
13.00	01300	NURSING ADMINISTRATION	3,761,120	929,696	75,966	0	30,379	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,719,426	919,390	575,629	26,528	230,194	14.00
15.00	01500	PHARMACY	10,037,564	2,481,145	255,009	0	101,978	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,201,001	1,285,615	212,659	0	85,042	16.00
17.00	01700	SOCIAL SERVICE	4,105,395	1,014,796	107,434	0	42,963	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,598,580	395,147	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,349,502	333,578	0	0	0	22.00
23.00	02300	PARAMED PRGM-PHARMACY	297,418	73,518	6,261	0	2,504	23.00
23.01	02301	PARAMED PRGM-CHAPLAIN	308,985	76,377	62,005	0	24,796	23.01
23.03	02303	PARAMED PRGM-NURSING	633,230	156,526	50,799	0	20,315	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	60,259,242	14,895,050	6,079,245	1,444,562	2,431,086	30.00
31.00	03100	INTENSIVE CARE UNIT	15,876,417	3,924,428	1,146,557	246,458	458,508	31.00
32.00	03200	CORONARY CARE UNIT	3,785,935	935,830	199,590	68,360	79,816	32.00
40.00	04000	SUBPROVIDER - IPF	1,375,741	340,064	99,288	8,436	39,705	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	40,158,600	9,926,644	2,319,862	347,860	927,712	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,833,789	5,397,007	922,591	145,864	368,944	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,830,518	946,850	352,575	0	140,995	55.00
59.00	05900	CARDIAC CATHETERIZATION	2,899,622	716,746	235,293	89,405	94,094	59.00
60.00	06000	LABORATORY	33,788,459	8,352,034	996,125	2,271	398,350	60.00
64.00	06400	INTRAVENOUS THERAPY	2,005,371	495,700	25,835	0	10,331	64.00
65.00	06500	RESPIRATORY THERAPY	4,468,570	1,104,568	129,926	502	51,957	65.00
66.00	06600	PHYSICAL THERAPY	8,211,823	2,029,848	156,795	36,968	62,702	66.00
69.00	06900	ELECTROCARDIOLOGY	2,277,237	562,901	80,829	5,645	32,323	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,530,590	3,838,944	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,968,738	5,183,178	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	38,865,224	9,606,939	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,900,009	469,656	11,915	0	4,765	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,628,882	649,823	212,031	3,093	84,791	90.00
90.01	09001	FAMILY PRACTICE CLINIC	1,912,498	472,743	307,166	3,025	122,835	90.01
90.02	09002	OUTPATIENT PSYCH SERVICES	1,249,101	308,760	119,774	0	47,898	90.02
90.03	09003	INFUSION CENTER	1,153,607	285,155	78,336	5,210	31,327	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	1,760,128	435,079	0	522	0	90.04
90.05	09005	PAIN MANAGEMENT	3,317,650	820,077	0	22,724	0	90.05
90.06	09006	WOUND CARE CENTER	481,671	119,062	9,625	3,701	3,849	90.06
90.07	09007	SLEEP CENTER	2,083,362	514,978	141,557	3,263	56,609	90.07
91.00	09100	EMERGENCY	22,357,103	5,526,363	1,010,006	347,783	403,901	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	8,109,101	2,004,456	370,953	0	148,344	96.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00	11800	SUBTOTALS (SUM OF LINES 1-117)	487,845,884	94,965,899	17,949,955	2,836,579	6,857,247	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,120,350	524,121	131,344	6,558	52,525	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	9,047,151	2,236,329	185,365	16,264	74,127	192.00
192.01	19201	DEACONESS URGENT CARE	0	0	0	2,297	0	192.01
192.02	19202	HEARTCARE	1,197,802	296,080	0	0	0	192.02
192.03	19203	FAMILY PRACTICE	9,437,361	2,332,784	36,838	0	14,732	192.03
194.00	07950	MISC NONREIMBURSABLE	2,555,753	631,746	439,321	31,127	175,684	194.00
194.01	07951	OCCUPATIONAL HEALTH	845,748	209,057	220,420	6,549	88,146	194.01
194.02	07952	OTHER FACILITIES	4,022,873	994,398	1,107,511	0	442,893	194.02
194.03	07953	HEART HOSPITAL	1,249,526	308,865	0	108,622	0	194.03
194.04	07954	PUBLIC RELATIONS	1,944,531	480,661	125,184	0	50,061	194.04
194.05	07955	CHILD CARE CENTER	1,939,083	479,314	316,912	9,977	126,733	194.05
194.06	07956	CENTER FOR LIFE BALANCE	31,592	7,809	0	0	0	194.06
194.07	07957	DEACONESS VNA	768,792	190,035	145,630	7,062	58,237	194.07
200.00	20000	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	20100	Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150082

Period:
From 10/01/2014
To 09/30/2015

Worksheet B
Part I
Date/Time Prepared:
2/26/2016 11:44 am

Cost Center Description	Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	4A	5.00	7.00	8.00	9.00	
202.00 TOTAL (sum lines 118-201)	523,006,446	103,657,098	20,658,480	3,025,035	7,940,385	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150082

Period:
From 10/01/2014
To 09/30/2015

Worksheet B
Part I
Date/Time Prepared:
2/26/2016 11:44 am

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	5,714,385					10.00
11.00	01100	0	2,127,472				11.00
13.00	01300	0	31,005	4,828,166			13.00
14.00	01400	0	42,261	0	5,513,428		14.00
15.00	01500	0	75,673	0	0	12,951,369	15.00
16.00	01600	0	77,796	0	45	0	16.00
17.00	01700	0	41,482	0	8	612	17.00
21.00	02100	0	14,653	0	0	0	21.00
22.00	02200	0	2,478	0	0	0	22.00
23.00	02300	0	1,840	0	0	0	23.00
23.01	02301	0	4,389	0	0	0	23.01
23.03	02303	0	5,168	21,804	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	4,093,026	562,982	2,375,404	171,493	5,342	30.00
31.00	03100	620,860	133,648	563,908	83,400	1,896	31.00
32.00	03200	146,808	30,297	127,835	23,056	649	32.00
40.00	04000	117,638	15,786	66,606	0	0	40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	134,639	568,090	38,971	9,593	50.00
54.00	05400	0	118,429	0	182,338	2,819	54.00
55.00	05500	0	7,716	0	416	10	55.00
59.00	05900	0	12,954	54,658	6,858	166	59.00
60.00	06000	0	207,834	0	925,392	561	60.00
64.00	06400	0	6,654	28,076	61,534	60	64.00
65.00	06500	0	41,553	0	20,312	0	65.00
66.00	06600	0	0	0	15,724	1,947	66.00
69.00	06900	0	4,884	0	8,049	15	69.00
71.00	07100	0	0	0	1,447,192	0	71.00
72.00	07200	0	0	0	1,968,448	0	72.00
73.00	07300	0	0	0	109,926	10,501,056	73.00
74.00	07400	0	2,619	11,051	11,882	136	74.00
76.00	03550	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	20,599	86,916	13,941	0	90.00
90.01	09001	0	14,582	61,528	3,020	20,516	90.01
90.02	09002	0	11,892	50,178	0	0	90.02
90.03	09003	0	5,309	22,401	14,202	45	90.03
90.04	09004	0	15,432	65,112	510	15,902	90.04
90.05	09005	0	30,439	128,433	2,204	0	90.05
90.06	09006	0	4,955	20,908	0	3,854	90.06
90.07	09007	0	16,777	0	3,048	22	90.07
91.00	09100	105,665	136,338	575,258	87,680	597	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	0	43,747	0	276,318	87,611	96.00
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	0	0	0	0	0	116.00
118.00		5,083,997	1,876,810	4,828,166	5,475,967	10,653,409	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	26,687	0	0	0	190.00
192.00	19200	0	53,941	0	2,269	19,342	192.00
192.01	19201	0	0	0	0	0	192.01
192.02	19202	0	4,743	0	0	0	192.02
192.03	19203	0	6,371	0	23,243	2,274,479	192.03
194.00	07950	356,270	14,795	0	5,944	2,096	194.00
194.01	07951	0	5,663	0	4,069	1,638	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	245,025	99,670	0	0	405	194.03
194.04	07954	0	7,716	0	0	0	194.04
194.05	07955	0	31,076	0	1,053	0	194.05
194.06	07956	0	0	0	0	0	194.06
194.07	07957	29,093	0	0	883	0	194.07
200.00							200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150082

Period:
From 10/01/2014
To 09/30/2015

Worksheet B
Part I
Date/Time Prepared:
2/26/2016 11:44 am

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	5,714,385	2,127,472	4,828,166	5,513,428	12,951,369	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150082

Period:
From 10/01/2014
To 09/30/2015

Worksheet B
Part I
Date/Time Prepared:
2/26/2016 11:44 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM-PHARMACY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT					1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
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	6,862,158				16.00
17.00 01700	SOCIAL SERVICE	0	5,312,690			17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	2,008,380		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	1,685,558	22.00
23.00 02300	PARAMED PRGM-PHARMACY	0	0	0	0	23.00
23.01 02301	PARAMED PRGM-CHAPLAIN	0	0	0	0	23.01
23.03 02303	PARAMED PRGM-NURSING	0	24,039	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	487,518	4,351,118	920,865	772,846	0 30.00
31.00 03100	INTENSIVE CARE UNIT	179,752	336,550	21,364	17,930	0 31.00
32.00 03200	CORONARY CARE UNIT	42,443	216,354	0	0	0 32.00
40.00 04000	SUBPROVIDER - I/PF	24,526	0	0	0	0 40.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	911,990	0	200,543	168,309	0 50.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,078,957	0	8,880	7,453	0 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	112,357	0	0	0	0 55.00
59.00 05900	CARDIAC CATHETERIZATION	128,741	0	34,772	29,183	0 59.00
60.00 06000	LABORATORY	896,994	0	0	0	0 60.00
64.00 06400	INTRAVENOUS THERAPY	14,344	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	107,403	0	0	0	0 65.00
66.00 06600	PHYSICAL THERAPY	215,892	0	0	0	0 66.00
69.00 06900	ELECTROCARDIOLOGY	106,500	0	0	0	0 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	107,107	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	162,495	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	736,950	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	28,440	0	0	0	381,541 74.00
76.00 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0 76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	18,118	0	0	0	0 90.00
90.01 09001	FAMILY PRACTICE CLINIC	9,103	0	685,901	575,651	0 90.01
90.02 09002	OUTPATIENT PSYCH SERVICES	11,265	0	0	0	0 90.02
90.03 09003	INFUSION CENTER	36,564	0	0	0	0 90.03
90.04 09004	PRIMARY CARE FOR SENIORS	5,389	0	34,816	29,220	0 90.04
90.05 09005	PAIN MANAGEMENT	106,119	0	0	0	0 90.05
90.06 09006	WOUND CARE CENTER	6,423	0	0	0	0 90.06
90.07 09007	SLEEP CENTER	16,057	0	0	0	0 90.07
91.00 09100	EMERGENCY	611,957	384,629	101,239	84,966	0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					0 92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	63,660	0	0	0	0 96.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS						
116.00 11600	HOSPICE	0	0	0	0	0 116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	6,227,064	5,312,690	2,008,380	1,685,558	381,541 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	3,335	0	0	0	0 192.00
192.01 19201	DEACONESS URGENT CARE	0	0	0	0	0 192.01
192.02 19202	HEARTCARE	7,542	0	0	0	0 192.02
192.03 19203	FAMILY PRACTICE	42,836	0	0	0	0 192.03
194.00 07950	MISC NONREIMBURSABLE	1	0	0	0	0 194.00
194.01 07951	OCCUPATIONAL HEALTH	0	0	0	0	0 194.01
194.02 07952	OTHER FACILITIES	0	0	0	0	0 194.02
194.03 07953	HEART HOSPITAL	578,319	0	0	0	0 194.03
194.04 07954	PUBLIC RELATIONS	0	0	0	0	0 194.04
194.05 07955	CHILD CARE CENTER	0	0	0	0	0 194.05
194.06 07956	CENTER FOR LIFE BALANCE	0	0	0	0	0 194.06

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150082

Period:
From 10/01/2014
To 09/30/2015

Worksheet B
Part I
Date/Time Prepared:
2/26/2016 11:44 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMEDICAL PRGM-PHARMACY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
194.07 07957 DEACONESS VNA	3,061	0	0	0	0	0 194.07
200.00 Cross Foot Adjustments			0	0	0	0 200.00
201.00 Negative Cost Centers	0	0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118-201)	6,862,158	5,312,690	2,008,380	1,685,558	381,541	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150082

Period:
From 10/01/2014
To 09/30/2015

Worksheet B
Part I
Date/Time Prepared:
2/26/2016 11:44 am

Cost Center Description			PARAMED PRGM-CHAPLAIN	PARAMED PRGM-NURSING	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	23.03	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED PRGM-PHARMACY						23.00
23.01	02301	PARAMED PRGM-CHAPLAIN	476,552					23.01
23.03	02303	PARAMED PRGM-NURSING		911,881				23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	476,552	641,700	99,968,031	-1,693,711	98,274,320	30.00
31.00	03100	INTENSIVE CARE UNIT	0	122,143	23,733,819	-39,294	23,694,525	31.00
32.00	03200	CORONARY CARE UNIT	0	35,395	5,692,368	0	5,692,368	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	2,087,790	0	2,087,790	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	49,863	55,762,676	-368,852	55,393,824	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	30,067,071	-16,333	30,050,738	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	5,391,437	0	5,391,437	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	19,126	4,321,618	-63,955	4,257,663	59.00
60.00	06000	LABORATORY	0	0	45,568,020	0	45,568,020	60.00
64.00	06400	INTRAVENOUS THERAPY	0	4,098	2,652,003	0	2,652,003	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	5,924,791	0	5,924,791	65.00
66.00	06600	PHYSICAL THERAPY	0	0	10,731,699	0	10,731,699	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	3,078,383	0	3,078,383	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	20,923,833	0	20,923,833	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	28,282,859	0	28,282,859	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	60,201,636	0	60,201,636	73.00
74.00	07400	RENAL DIALYSIS	0	0	2,440,473	0	2,440,473	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	3,718,194	0	3,718,194	90.00
90.01	09001	FAMILY PRACTICE CLINIC	0	0	4,188,568	-1,261,552	2,927,016	90.01
90.02	09002	OUTPATIENT PSYCH SERVICES	0	0	1,798,868	0	1,798,868	90.02
90.03	09003	INFUSION CENTER	0	0	1,632,156	0	1,632,156	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0	1,118	2,363,228	-64,036	2,299,192	90.04
90.05	09005	PAIN MANAGEMENT	0	0	4,427,646	0	4,427,646	90.05
90.06	09006	WOUND CARE CENTER	0	994	655,042	0	655,042	90.06
90.07	09007	SLEEP CENTER	0	0	2,835,673	0	2,835,673	90.07
91.00	09100	EMERGENCY	0	37,444	31,770,929	-186,205	31,584,724	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	11,104,190	0	11,104,190	96.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	476,552	911,881	471,323,001	-3,693,938	467,629,063	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	2,861,585	0	2,861,585	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	11,638,123	0	11,638,123	192.00
192.01	19201	DEACONESS URGENT CARE	0	0	2,297	0	2,297	192.01
192.02	19202	HEARTCARE	0	0	1,506,167	0	1,506,167	192.02
192.03	19203	FAMILY PRACTICE	0	0	14,168,644	0	14,168,644	192.03
194.00	07950	MISC NONREIMBURSABLE	0	0	4,212,737	0	4,212,737	194.00
194.01	07951	OCCUPATIONAL HEALTH	0	0	1,381,290	0	1,381,290	194.01
194.02	07952	OTHER FACILITIES	0	0	6,567,675	0	6,567,675	194.02
194.03	07953	HEART HOSPITAL	0	0	2,590,432	0	2,590,432	194.03
194.04	07954	PUBLIC RELATIONS	0	0	2,608,153	0	2,608,153	194.04
194.05	07955	CHILD CARE CENTER	0	0	2,904,148	0	2,904,148	194.05
194.06	07956	CENTER FOR LIFE BALANCE	0	0	39,401	0	39,401	194.06

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150082

Period:
From 10/01/2014
To 09/30/2015

Worksheet B
Part I
Date/Time Prepared:
2/26/2016 11:44 am

Cost Center Description			PARAMED ED PRGM-CHAPLAIN	PARAMED ED PRGM-NURSING	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	23.03	24.00	25.00	26.00	
194.07	07957	DEACONESS VNA	0	0	1,202,793	0	1,202,793	194.07
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)	476,552	911,881	523,006,446	-3,693,938	519,312,508	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150082

Period:
From 10/01/2014
To 09/30/2015

Worksheet B
Part II
Date/Time Prepared:
2/26/2016 11:44 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP		
		0	1.00	1.01		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT					1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	218,410	4,471	16,619	239,500 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	2,380,752	39,819	14,026,342	16,446,913 5.00
7.00 00700	OPERATION OF PLANT	0	3,636,685	0	158,505	3,795,190 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	500,141	0	261,124	761,265 8.00
9.00 00900	HOUSEKEEPING	0	250,497	0	76,082	326,579 9.00
10.00 01000	DIETARY	0	552,071	0	177,559	729,630 10.00
11.00 01100	CAFETERIA	0	192,255	0	0	192,255 11.00
13.00 01300	NURSING ADMINISTRATION	0	71,053	0	423,476	494,529 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	538,406	0	271,203	809,609 14.00
15.00 01500	PHARMACY	0	238,519	0	366,301	604,820 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	198,908	0	139,622	338,530 16.00
17.00 01700	SOCIAL SERVICE	0	100,487	0	1,266	101,753 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM-PHARMACY	0	5,856	0	9,220	15,076 23.00
23.01 02301	PARAMED ED PRGM-CHAPLAIN	0	31,386	1,777	14,159	47,322 23.01
23.03 02303	PARAMED ED PRGM-NURSING	0	47,514	0	11,667	59,181 23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	5,685,671	0	1,366,815	7,052,486 30.00
31.00 03100	INTENSIVE CARE UNIT	0	1,072,415	0	526,667	1,599,082 31.00
32.00 03200	CORONARY CARE UNIT	0	186,683	0	87,039	273,722 32.00
40.00 04000	SUBPROVIDER - IPF	0	92,868	0	970	93,838 40.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	2,169,847	0	2,836,584	5,006,431 50.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	862,932	0	2,641,184	3,504,116 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	329,776	0	36,292	366,068 55.00
59.00 05900	CARDIAC CATHETERIZATION	0	220,078	0	177,864	397,942 59.00
60.00 06000	LABORATORY	0	931,711	0	748,725	1,680,436 60.00
64.00 06400	INTRAVENOUS THERAPY	0	24,165	0	6,148	30,313 64.00
65.00 06500	RESPIRATORY THERAPY	0	121,524	0	105,700	227,224 65.00
66.00 06600	PHYSICAL THERAPY	0	146,655	0	44,860	191,515 66.00
69.00 06900	ELECTROCARDIOLOGY	0	75,602	0	8,055	83,657 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	11,144	0	0	11,144 74.00
76.00 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0 76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	198,320	0	7,848	206,168 90.00
90.01 09001	FAMILY PRACTICE CLINIC	0	287,303	0	22,331	309,634 90.01
90.02 09002	OUTPATIENT PSYCH SERVICES	0	112,029	0	459	112,488 90.02
90.03 09003	INFUSION CENTER	0	73,271	0	4,283	77,554 90.03
90.04 09004	PRIMARY CARE FOR SENIORS	0	0	0	36,353	36,353 90.04
90.05 09005	PAIN MANAGEMENT	0	0	0	101,489	101,489 90.05
90.06 09006	WOUND CARE CENTER	0	9,002	0	14,112	23,114 90.06
90.07 09007	SLEEP CENTER	0	132,403	0	61,927	194,330 90.07
91.00 09100	EMERGENCY	0	944,693	0	521,566	1,466,259 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	346,966	0	199,333	546,299 96.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS						
116.00 11600	HOSPICE	0	0	0	0	0 116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	22,997,998	46,067	25,509,749	48,553,814 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	122,851	0	0	122,851 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	173,379	0	75,403	248,782 192.00
192.01 19201	DEACONESS URGENT CARE	0	0	0	0	0 192.01
192.02 19202	HEARTCARE	0	0	0	1,437	1,437 192.02
192.03 19203	FAMILY PRACTICE	0	34,456	0	103,158	137,614 192.03
194.00 07950	MISC NONREIMBURSABLE	0	165,381	16,396	22,395	204,172 194.00
194.01 07951	OCCUPATIONAL HEALTH	0	206,167	0	600	206,767 194.01
194.02 07952	OTHER FACILITIES	0	1,035,893	0	0	1,035,893 194.02
194.03 07953	HEART HOSPITAL	0	1,005,095	0	0	1,005,095 194.03
194.04 07954	PUBLIC RELATIONS	0	117,089	0	7,288	124,377 194.04
194.05 07955	CHILD CARE CENTER	0	296,419	0	12,318	308,737 194.05

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150082

Period:
From 10/01/2014
To 09/30/2015

Worksheet B
Part II
Date/Time Prepared:
2/26/2016 11:44 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP		
		1.00	1.01	2.00		
	0				2A	
194.06 07956 CENTER FOR LIFE BALANCE	0	0	0	2,341	2,341	194.06
194.07 07957 DEACONESS VNA	0	136,212	0	616	136,828	194.07
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	26,290,940	62,463	25,735,305	52,088,708	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150082	Period: From 10/01/2014 To 09/30/2015	Worksheet B Part II Date/Time Prepared: 2/26/2016 11:44 am	
Cost Center Description	EMPLOYEE BENEFITS DEPARTMENT 4.00	ADMINISTRATIVE & GENERAL 5.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT					1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	239,500				4.00
5.00 00500	ADMINISTRATIVE & GENERAL	36,577	16,483,490			5.00
7.00 00700	OPERATION OF PLANT	3,550	651,084	4,449,824		7.00
8.00 00800	LAUNDRY & LINEN SERVICE	650	78,486	115,178	955,579	8.00
9.00 00900	HOUSEKEEPING	4,285	241,813	57,687	0	630,364
10.00 01000	DIETARY	1,483	153,287	127,137	7,707	18,738
11.00 01100	CAFETERIA	1,199	57,982	44,275	0	6,525
13.00 01300	NURSING ADMINISTRATION	2,257	147,838	16,363	0	2,412
14.00 01400	CENTRAL SERVICES & SUPPLY	2,253	146,199	123,990	8,380	18,274
15.00 01500	PHARMACY	8,597	394,547	54,929	0	8,096
16.00 01600	MEDICAL RECORDS & LIBRARY	4,400	204,436	45,807	0	6,751
17.00 01700	SOCIAL SERVICE	3,378	161,371	23,141	0	3,411
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,348	62,835	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,061	53,045	0	0	0
23.00 02300	PARAMED ED PRGM-PHARMACY	227	11,691	1,349	0	199
23.01 02301	PARAMED ED PRGM-CHAPLAIN	216	12,145	13,356	0	1,968
23.03 02303	PARAMED ED PRGM-NURSING	484	24,890	10,942	0	1,613
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	52,169	2,368,737	1,309,465	456,319	192,998
31.00 03100	INTENSIVE CARE UNIT	11,235	624,054	246,968	77,854	36,400
32.00 03200	CORONARY CARE UNIT	2,730	148,814	42,992	21,594	6,336
40.00 04000	SUBPROVIDER - I/PF	1,078	54,076	21,387	2,665	3,152
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	23,878	1,578,514	499,697	109,886	73,648
54.00 05400	RADIOLOGY-DIAGNOSTIC	10,008	858,221	198,726	46,077	29,289
55.00 05500	RADIOLOGY-THERAPEUTIC	675	150,566	75,944	0	11,193
59.00 05900	CARDIAC CATHETERIZATION	1,348	113,975	50,682	28,242	7,470
60.00 06000	LABORATORY	13,007	1,328,123	214,565	718	31,624
64.00 06400	INTRAVENOUS THERAPY	709	78,825	5,565	0	820
65.00 06500	RESPIRATORY THERAPY	3,428	175,646	27,986	159	4,125
66.00 06600	PHYSICAL THERAPY	0	322,782	33,773	11,678	4,978
69.00 06900	ELECTROCARDIOLOGY	414	89,511	17,410	1,783	2,566
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	610,461	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	824,218	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	1,527,675	0	0	0
74.00 07400	RENAL DIALYSIS	259	74,684	2,566	0	378
76.00 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	1,741	103,333	45,671	977	6,731
90.01 09001	FAMILY PRACTICE CLINIC	1,069	75,175	66,163	956	9,752
90.02 09002	OUTPATIENT PSYCH SERVICES	822	49,098	25,799	0	3,802
90.03 09003	INFUSION CENTER	429	45,345	16,874	1,646	2,487
90.04 09004	PRIMARY CARE FOR SENIORS	2,266	69,185	0	165	0
90.05 09005	PAIN MANAGEMENT	2,546	130,407	0	7,178	0
90.06 09006	WOUND CARE CENTER	410	18,933	2,073	1,169	306
90.07 09007	SLEEP CENTER	1,784	81,891	30,491	1,031	4,494
91.00 09100	EMERGENCY	21,546	878,791	217,555	109,861	32,064
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS						
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	2,703	318,744	79,903	0	11,777
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
116.00 11600	HOSPICE	0	0	0	0	0
118.00	SUBTOTALS (SUM OF LINES 1-117)	228,219	15,101,433	3,866,409	896,045	544,377
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,017	83,345	28,291	2,072	4,170
192.00 19200	PHYSICIANS' PRIVATE OFFICES	6,251	355,616	39,928	5,138	5,885
192.01 19201	DEACONESS URGENT CARE	0	0	0	726	0
192.02 19202	HEARTCARE	235	47,082	0	0	0
192.03 19203	FAMILY PRACTICE	634	370,954	7,935	0	1,169
194.00 07950	MISC NONREIMBURSABLE	857	100,459	94,629	9,833	13,947
194.01 07951	OCCUPATIONAL HEALTH	417	33,244	47,478	2,069	6,998
194.02 07952	OTHER FACILITIES	0	158,127	238,557	0	35,160
194.03 07953	HEART HOSPITAL	0	49,115	0	34,313	0
194.04 07954	PUBLIC RELATIONS	644	76,434	26,965	0	3,974
194.05 07955	CHILD CARE CENTER	1,219	76,220	68,263	3,152	10,061
194.06 07956	CENTER FOR LIFE BALANCE	5	1,242	0	0	0
194.07 07957	DEACONESS VNA	2	30,219	31,369	2,231	4,623
200.00	Cross Foot Adjustments					

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150082			Period: From 10/01/2014 To 09/30/2015		Worksheet B Part II Date/Time Prepared: 2/26/2016 11:44 am	
Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT 4.00	ADMINISTRATIVE & GENERAL 5.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00		
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	239,500	16,483,490	4,449,824	955,579	630,364		202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150082		Period: From 10/01/2014 To 09/30/2015		Worksheet B Part II Date/Time Prepared: 2/26/2016 11:44 am	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	1,037,982					10.00
11.00	01100	CAFETERIA	0	302,236				11.00
13.00	01300	NURSING ADMINISTRATION	0	4,405	667,804			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	6,004	0	1,114,709		14.00
15.00	01500	PHARMACY	0	10,750	0	0	1,081,739	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	11,052	0	9	0	16.00
17.00	01700	SOCIAL SERVICE	0	5,893	0	2	51	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	2,082	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	352	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	261	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-CHAPLAIN	0	623	0	0	0	23.01
23.03	02303	PARAMED ED PRGM-NURSING	0	734	3,016	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	743,474	79,981	328,552	34,672	446	30.00
31.00	03100	INTENSIVE CARE UNIT	112,775	18,987	77,997	16,862	158	31.00
32.00	03200	CORONARY CARE UNIT	26,667	4,304	17,681	4,661	54	32.00
40.00	04000	SUBPROVIDER - I/PF	21,368	2,243	9,213	0	0	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	19,127	78,575	7,879	801	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	16,824	0	36,865	235	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,096	0	84	1	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,840	7,560	1,387	14	59.00
60.00	06000	LABORATORY	0	29,526	0	187,095	47	60.00
64.00	06400	INTRAVENOUS THERAPY	0	945	3,883	12,441	5	64.00
65.00	06500	RESPIRATORY THERAPY	0	5,903	0	4,107	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	3,179	163	66.00
69.00	06900	ELECTROCARDIOLOGY	0	694	0	1,627	1	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	292,592	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	397,986	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	22,225	877,082	73.00
74.00	07400	RENAL DIALYSIS	0	372	1,529	2,402	11	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	2,926	12,022	2,819	0	90.00
90.01	09001	FAMILY PRACTICE CLINIC	0	2,072	8,510	611	1,714	90.01
90.02	09002	OUTPATIENT PSYCH SERVICES	0	1,689	6,940	0	0	90.02
90.03	09003	INFUSION CENTER	0	754	3,098	2,871	4	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0	2,192	9,006	103	1,328	90.04
90.05	09005	PAIN MANAGEMENT	0	4,324	17,764	446	0	90.05
90.06	09006	WOUND CARE CENTER	0	704	2,892	0	322	90.06
90.07	09007	SLEEP CENTER	0	2,383	0	616	2	90.07
91.00	09100	EMERGENCY	19,193	19,369	79,566	17,727	50	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	6,215	0	55,866	7,317	96.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	923,477	266,626	667,804	1,107,134	889,806	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,791	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	7,663	0	459	1,616	192.00
192.01	19201	DEACONESS URGENT CARE	0	0	0	0	0	192.01
192.02	19202	HEARTCARE	0	674	0	0	0	192.02
192.03	19203	FAMILY PRACTICE	0	905	0	4,699	189,971	192.03
194.00	07950	MISC NONREIMBURSABLE	64,714	2,102	0	1,202	175	194.00
194.01	07951	OCCUPATIONAL HEALTH	0	805	0	823	137	194.01
194.02	07952	OTHER FACILITIES	0	0	0	0	0	194.02
194.03	07953	HEART HOSPITAL	44,507	14,159	0	0	34	194.03
194.04	07954	PUBLIC RELATIONS	0	1,096	0	0	0	194.04
194.05	07955	CHILD CARE CENTER	0	4,415	0	213	0	194.05
194.06	07956	CENTER FOR LIFE BALANCE	0	0	0	0	0	194.06
194.07	07957	DEACONESS VNA	5,284	0	0	179	0	194.07
200.00		Cross Foot Adjustments						200.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150082			Period: From 10/01/2014 To 09/30/2015		Worksheet B Part II Date/Time Prepared: 2/26/2016 11:44 am	
Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,037,982	302,236	667,804	1,114,709	1,081,739	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150082		Period: From 10/01/2014 To 09/30/2015		Worksheet B Part II Date/Time Prepared: 2/26/2016 11:44 am	
Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM-PHARMACY			
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	16.00	17.00	21.00	22.00	23.00			
GENERAL SERVICE COST CENTERS								
1.00 00100	CAP REL COSTS-BLDG & FIXT							1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT							1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP							2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT							4.00
5.00 00500	ADMINISTRATIVE & GENERAL							5.00
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	610,985						16.00
17.00 01700	SOCIAL SERVICE	0	299,000					17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	66,265				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	54,458			22.00
23.00 02300	PARAMED PRGM-PHARMACY	0	0	0	0	28,803		23.00
23.01 02301	PARAMED PRGM-CHAPLAIN	0	0	0	0	0		23.01
23.03 02303	PARAMED PRGM-NURSING	0	1,353	0	0	0		23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00 03000	ADULTS & PEDIATRICS	43,342	244,883					30.00
31.00 03100	INTENSIVE CARE UNIT	15,980	18,941					31.00
32.00 03200	CORONARY CARE UNIT	3,773	12,176					32.00
40.00 04000	SUBPROVIDER - IPF	2,180	0					40.00
ANCILLARY SERVICE COST CENTERS								
50.00 05000	OPERATING ROOM	81,078	0					50.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	96,845	0					54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	9,989	0					55.00
59.00 05900	CARDIAC CATHETERIZATION	11,445	0					59.00
60.00 06000	LABORATORY	79,745	0					60.00
64.00 06400	INTRAVENOUS THERAPY	1,275	0					64.00
65.00 06500	RESPIRATORY THERAPY	9,548	0					65.00
66.00 06600	PHYSICAL THERAPY	19,193	0					66.00
69.00 06900	ELECTROCARDIOLOGY	9,468	0					69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,522	0					71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	14,446	0					72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	65,517	0					73.00
74.00 07400	RENAL DIALYSIS	2,528	0					74.00
76.00 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0					76.00
OUTPATIENT SERVICE COST CENTERS								
90.00 09000	CLINIC	1,611	0					90.00
90.01 09001	FAMILY PRACTICE CLINIC	809	0					90.01
90.02 09002	OUTPATIENT PSYCH SERVICES	1,001	0					90.02
90.03 09003	INFUSION CENTER	3,251	0					90.03
90.04 09004	PRIMARY CARE FOR SENIORS	479	0					90.04
90.05 09005	PAIN MANAGEMENT	9,434	0					90.05
90.06 09006	WOUND CARE CENTER	571	0					90.06
90.07 09007	SLEEP CENTER	1,428	0					90.07
91.00 09100	EMERGENCY	54,405	21,647					91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)							92.00
OTHER REIMBURSABLE COST CENTERS								
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	5,660	0					96.00
101.00 10100	HOME HEALTH AGENCY	0	0					101.00
SPECIAL PURPOSE COST CENTERS								
116.00 11600	HOSPICE	0	0					116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	554,523	299,000	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0					190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	297	0					192.00
192.01 19201	DEACONESS URGENT CARE	0	0					192.01
192.02 19202	HEARTCARE	671	0					192.02
192.03 19203	FAMILY PRACTICE	3,808	0					192.03
194.00 07950	MISC NONREIMBURSABLE	0	0					194.00
194.01 07951	OCCUPATIONAL HEALTH	0	0					194.01
194.02 07952	OTHER FACILITIES	0	0					194.02
194.03 07953	HEART HOSPITAL	51,414	0					194.03
194.04 07954	PUBLIC RELATIONS	0	0					194.04
194.05 07955	CHILD CARE CENTER	0	0					194.05
194.06 07956	CENTER FOR LIFE BALANCE	0	0					194.06

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150082

Period:
From 10/01/2014
To 09/30/2015

Worksheet B
Part II
Date/Time Prepared:
2/26/2016 11:44 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM-PHARMACY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
194.07 07957 DEACONESS VNA	272	0				194.07
200.00 Cross Foot Adjustments			66,265	54,458	28,803	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	610,985	299,000	66,265	54,458	28,803	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150082

Period:
From 10/01/2014
To 09/30/2015

Worksheet B
Part II
Date/Time Prepared:
2/26/2016 11:44 am

Cost Center Description			PARAMED PRGM-CHAPLAIN	PARAMED PRGM-NURSING	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	23.03	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED PRGM-PHARMACY						23.00
23.01	02301	PARAMED PRGM-CHAPLAIN	75,630					23.01
23.03	02303	PARAMED PRGM-NURSING		102,213				23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS			12,907,524	0	12,907,524	30.00
31.00	03100	INTENSIVE CARE UNIT			2,857,293	0	2,857,293	31.00
32.00	03200	CORONARY CARE UNIT			565,504	0	565,504	32.00
40.00	04000	SUBPROVIDER - IPF			211,200	0	211,200	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM			7,479,514	0	7,479,514	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			4,797,206	0	4,797,206	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC			615,616	0	615,616	55.00
59.00	05900	CARDIAC CATHETERIZATION			621,905	0	621,905	59.00
60.00	06000	LABORATORY			3,564,886	0	3,564,886	60.00
64.00	06400	INTRAVENOUS THERAPY			134,781	0	134,781	64.00
65.00	06500	RESPIRATORY THERAPY			458,126	0	458,126	65.00
66.00	06600	PHYSICAL THERAPY			587,261	0	587,261	66.00
69.00	06900	ELECTROCARDIOLOGY			207,131	0	207,131	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS			912,575	0	912,575	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			1,236,650	0	1,236,650	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			2,492,499	0	2,492,499	73.00
74.00	07400	RENAL DIALYSIS			95,873	0	95,873	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES			0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC			383,999	0	383,999	90.00
90.01	09001	FAMILY PRACTICE CLINIC			476,465	0	476,465	90.01
90.02	09002	OUTPATIENT PSYCH SERVICES			201,639	0	201,639	90.02
90.03	09003	INFUSION CENTER			154,313	0	154,313	90.03
90.04	09004	PRIMARY CARE FOR SENIORS			121,077	0	121,077	90.04
90.05	09005	PAIN MANAGEMENT			273,588	0	273,588	90.05
90.06	09006	WOUND CARE CENTER			50,494	0	50,494	90.06
90.07	09007	SLEEP CENTER			318,450	0	318,450	90.07
91.00	09100	EMERGENCY			2,938,033	0	2,938,033	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED			1,034,484	0	1,034,484	96.00
101.00	10100	HOME HEALTH AGENCY			0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE			0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	45,698,086	0	45,698,086	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			245,537	0	245,537	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES			671,635	0	671,635	192.00
192.01	19201	DEACONESS URGENT CARE			726	0	726	192.01
192.02	19202	HEARTCARE			50,099	0	50,099	192.02
192.03	19203	FAMILY PRACTICE			717,689	0	717,689	192.03
194.00	07950	MISC NONREIMBURSABLE			492,090	0	492,090	194.00
194.01	07951	OCCUPATIONAL HEALTH			298,738	0	298,738	194.01
194.02	07952	OTHER FACILITIES			1,467,737	0	1,467,737	194.02
194.03	07953	HEART HOSPITAL			1,198,637	0	1,198,637	194.03
194.04	07954	PUBLIC RELATIONS			233,490	0	233,490	194.04
194.05	07955	CHILD CARE CENTER			472,280	0	472,280	194.05
194.06	07956	CENTER FOR LIFE BALANCE			3,588	0	3,588	194.06

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150082		Period: From 10/01/2014 To 09/30/2015		Worksheet B Part II Date/Time Prepared: 2/26/2016 11:44 am	
Cost Center Description			PARAMED ED PRGM-CHAPLAIN	PARAMED ED PRGM-NURSING	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	23.03	24.00	25.00	26.00	
194.07	07957	DEACONESS VNA			211,007	0	211,007	194.07
200.00		Cross Foot Adjustments	75,630	102,213	327,369	0	327,369	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	75,630	102,213	52,088,708	0	52,088,708	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150082

Period:
From 10/01/2014
To 09/30/2015

Worksheet B-1

Date/Time Prepared:
2/26/2016 11:44 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	
	BLDG & FIXT (SQUARE FEET - C)	BLDG & FIXT (SQUARE FEET - B)	MVBLE EQUIP (DOLLAR VALUE)			
	1.00	1.01	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	1,387,193				1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT	0	49,355			1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP			19,252,021		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	11,524	3,533	12,432	219,843,612	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	125,616	31,463	10,492,804	33,588,021	-103,657,098
7.00 00700	OPERATION OF PLANT	191,883	0	118,574	3,259,576	0
8.00 00800	LAUNDRY & LINEN SERVICE	26,389	0	195,341	597,051	0
9.00 00900	HOUSEKEEPING	13,217	0	56,915	3,935,147	0
10.00 01000	DIETARY	29,129	0	132,828	1,361,967	0
11.00 01100	CAFETERIA	10,144	0	0	1,101,144	0
13.00 01300	NURSING ADMINISTRATION	3,749	0	316,793	2,072,832	0
14.00 01400	CENTRAL SERVICES & SUPPLY	28,408	0	202,881	2,068,994	0
15.00 01500	PHARMACY	12,585	0	274,022	7,894,239	0
16.00 01600	MEDICAL RECORDS & LIBRARY	10,495	0	104,448	4,040,053	0
17.00 01700	SOCIAL SERVICE	5,302	0	947	3,101,950	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,237,769	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	973,944	0
23.00 02300	PARAMED PRGM-PHARMACY	309	0	6,897	208,555	0
23.01 02301	PARAMED PRGM-CHAPLAIN	1,656	1,404	10,592	198,735	0
23.03 02303	PARAMED PRGM-NURSING	2,507	0	8,728	444,482	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	299,994	0	1,022,484	47,821,832	0
31.00 03100	INTENSIVE CARE UNIT	56,584	0	393,988	10,316,978	0
32.00 03200	CORONARY CARE UNIT	9,850	0	65,112	2,506,630	0
40.00 04000	SUBPROVIDER - IPF	4,900	0	726	989,988	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	114,488	0	2,121,986	21,926,786	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	45,531	0	1,975,812	9,189,789	0
55.00 05500	RADIOLOGY-THERAPEUTIC	17,400	0	27,149	620,033	0
59.00 05900	CARDIAC CATHETERIZATION	11,612	0	133,056	1,238,193	0
60.00 06000	LABORATORY	49,160	0	560,105	11,943,779	0
64.00 06400	INTRAVENOUS THERAPY	1,275	0	4,599	651,117	0
65.00 06500	RESPIRATORY THERAPY	6,412	0	79,072	3,148,146	0
66.00 06600	PHYSICAL THERAPY	7,738	0	33,559	0	0
69.00 06900	ELECTROCARDIOLOGY	3,989	0	6,026	380,468	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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
74.00 07400	RENAL DIALYSIS	588	0	0	237,749	0
76.00 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	10,464	0	5,871	1,598,758	0
90.01 09001	FAMILY PRACTICE CLINIC	15,159	0	16,705	981,740	0
90.02 09002	OUTPATIENT PSYCH SERVICES	5,911	0	343	754,591	0
90.03 09003	INFUSION CENTER	3,866	0	3,204	393,968	0
90.04 09004	PRIMARY CARE FOR SENIORS	0	0	27,195	2,080,429	0
90.05 09005	PAIN MANAGEMENT	0	0	75,922	2,338,173	0
90.06 09006	WOUND CARE CENTER	475	0	10,557	376,693	0
90.07 09007	SLEEP CENTER	6,986	0	46,326	1,637,803	0
91.00 09100	EMERGENCY	49,845	0	390,172	19,785,309	0
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					0
OTHER REIMBURSABLE COST CENTERS						
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	18,307	0	149,117	2,481,758	0
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
116.00 11600	HOSPICE	0	0	0	0	0
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	1,213,447	36,400	19,083,288	209,485,169	-103,657,098
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,482	0	0	933,495	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	9,148	0	56,407	5,739,964	0
192.01 19201	DEACONESS URGENT CARE	0	0	0	0	0
192.02 19202	HEARTCARE	0	0	1,075	216,176	0
192.03 19203	FAMILY PRACTICE	1,818	0	77,170	582,414	0
194.00 07950	MISC NONREIMBURSABLE	8,726	12,955	16,753	786,773	0
194.01 07951	OCCUPATIONAL HEALTH	10,878	0	449	383,124	0
194.02 07952	OTHER FACILITIES	54,657	0	0	0	0
194.03 07953	HEART HOSPITAL	53,032	0	0	0	0
194.04 07954	PUBLIC RELATIONS	6,178	0	5,452	591,064	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150082

Period:
From 10/01/2014
To 09/30/2015

Worksheet B-1

Date/Time Prepared:
2/26/2016 11:44 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	
	BLDG & FIXT (SQUARE FEET - C)	BLDG & FIXT (SQUARE FEET - B)	MVBLE EQUIP (DOLLAR VALUE)			
	1.00	1.01	2.00			
194.05 07955 CHILD CARE CENTER	15,640	0	9,215	1,119,212	0	194.05
194.06 07956 CENTER FOR LIFE BALANCE	0	0	1,751	4,663	0	194.06
194.07 07957 DEACONESS VNA	7,187	0	461	1,558	0	194.07
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)	26,290,940	62,463	25,735,305	64,084,689		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	18.952619	1.265586	1.336759	0.291501		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)				239,500		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)				0.001089		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150082

Period:
From 10/01/2014
To 09/30/2015

Worksheet B-1
Date/Time Prepared:
2/26/2016 11:44 am

Cost Center Description		ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET - C)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET - C)	DIETARY (MEALS SERVED)	
		5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	419,349,348				5.00
7.00	00700	OPERATION OF PLANT	16,564,073	1,019,521			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,996,749	26,389	5,051,335		8.00
9.00	00900	HOUSEKEEPING	6,151,905	13,217	0	979,915	9.00
10.00	01000	DIETARY	3,899,748	29,129	40,742	29,129	514,033
11.00	01100	CAFETERIA	1,475,102	10,144	0	10,144	0
13.00	01300	NURSING ADMINISTRATION	3,761,120	3,749	0	3,749	0
14.00	01400	CENTRAL SERVICES & SUPPLY	3,719,426	28,408	44,298	28,408	0
15.00	01500	PHARMACY	10,037,564	12,585	0	12,585	0
16.00	01600	MEDICAL RECORDS & LIBRARY	5,201,001	10,495	0	10,495	0
17.00	01700	SOCIAL SERVICE	4,105,395	5,302	0	5,302	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,598,580	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,349,502	0	0	0	0
23.00	02300	PARAMED ED PRGM-PHARMACY	297,418	309	0	309	0
23.01	02301	PARAMED ED PRGM-CHAPLAIN	308,985	3,060	0	3,060	0
23.03	02303	PARAMED ED PRGM-NURSING	633,230	2,507	0	2,507	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	60,259,242	300,018	2,412,191	300,018	368,185
31.00	03100	INTENSIVE CARE UNIT	15,876,417	56,584	411,546	56,584	55,849
32.00	03200	CORONARY CARE UNIT	3,785,935	9,850	114,151	9,850	13,206
40.00	04000	SUBPROVIDER - IPF	1,375,741	4,900	14,087	4,900	10,582
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	40,158,600	114,488	580,871	114,488	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,833,789	45,531	243,570	45,531	0
55.00	05500	RADIOLOGY-THERAPEUTIC	3,830,518	17,400	0	17,400	0
59.00	05900	CARDIAC CATHETERIZATION	2,899,622	11,612	149,293	11,612	0
60.00	06000	LABORATORY	33,788,459	49,160	3,793	49,160	0
64.00	06400	INTRAVENOUS THERAPY	2,005,371	1,275	0	1,275	0
65.00	06500	RESPIRATORY THERAPY	4,468,570	6,412	838	6,412	0
66.00	06600	PHYSICAL THERAPY	8,211,823	7,738	61,731	7,738	0
69.00	06900	ELECTROCARDIOLOGY	2,277,237	3,989	9,427	3,989	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,530,590	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,968,738	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	38,865,224	0	0	0	0
74.00	07400	RENAL DIALYSIS	1,900,009	588	0	588	0
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,628,882	10,464	5,165	10,464	0
90.01	09001	FAMILY PRACTICE CLINIC	1,912,498	15,159	5,052	15,159	0
90.02	09002	OUTPATIENT PSYCH SERVICES	1,249,101	5,911	0	5,911	0
90.03	09003	INFUSION CENTER	1,153,607	3,866	8,700	3,866	0
90.04	09004	PRIMARY CARE FOR SENIORS	1,760,128	0	871	0	0
90.05	09005	PAIN MANAGEMENT	3,317,650	0	37,945	0	0
90.06	09006	WOUND CARE CENTER	481,671	475	6,180	475	0
90.07	09007	SLEEP CENTER	2,083,362	6,986	5,449	6,986	0
91.00	09100	EMERGENCY	22,357,103	49,845	580,742	49,845	9,505
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	8,109,101	18,307	0	18,307	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	384,188,786	885,852	4,736,642	846,246	457,327
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,120,350	6,482	10,951	6,482	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	9,047,151	9,148	27,159	9,148	0
192.01	19201	DEACONESS URGENT CARE	0	0	3,836	0	0
192.02	19202	HEARTCARE	1,197,802	0	0	0	0
192.03	19203	FAMILY PRACTICE	9,437,361	1,818	0	1,818	0
194.00	07950	MISC NONREIMBURSABLE	2,555,753	21,681	51,978	21,681	32,048
194.01	07951	OCCUPATIONAL HEALTH	845,748	10,878	10,935	10,878	0
194.02	07952	OTHER FACILITIES	4,022,873	54,657	0	54,657	0
194.03	07953	HEART HOSPITAL	1,249,526	0	181,382	0	22,041
194.04	07954	PUBLIC RELATIONS	1,944,531	6,178	0	6,178	0
194.05	07955	CHILD CARE CENTER	1,939,083	15,640	16,660	15,640	0
194.06	07956	CENTER FOR LIFE BALANCE	31,592	0	0	0	0
194.07	07957	DEACONESS VNA	768,792	7,187	11,792	7,187	2,617

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150082

Period:
From 10/01/2014
To 09/30/2015

Worksheet B-1

Date/Time Prepared:
2/26/2016 11:44 am

Cost Center Description		ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET - C)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET - C)	DIETARY (MEALS SERVED)	
		5.00	7.00	8.00	9.00	10.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	103,657,098	20,658,480	3,025,035	7,940,385	5,714,385	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.247186	20.262927	0.598859	8.103136	11.116767	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	16,483,490	4,449,824	955,579	630,364	1,037,982	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.039307	4.364622	0.189174	0.643284	2.019291	205.00

COST ALLOCATION - STATISTICAL BASIS

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From 10/01/2014
To 09/30/2015

Worksheet B-1
Date/Time Prepared:
2/26/2016 11:44 am

Cost Center Description			CAFETERIA (FTE'S)	NURSING ADMINISTRATION (FTE'S - NRSG)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	30,054					11.00
13.00	01300	NURSING ADMINISTRATION	438	16,165				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	597	0	58,551,482			14.00
15.00	01500	PHARMACY	1,069	0	0	46,658,686		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,099	0	481	0	2,133,011,419	16.00
17.00	01700	SOCIAL SERVICE	586	0	88	2,205	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	207	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	35	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	26	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-CHAPLAIN	62	0	0	0	0	23.01
23.03	02303	PARAMED ED PRGM-NURSING	73	73	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,953	7,953	1,821,214	19,245	151,544,431	30.00
31.00	03100	INTENSIVE CARE UNIT	1,888	1,888	885,691	6,830	55,875,691	31.00
32.00	03200	CORONARY CARE UNIT	428	428	244,851	2,338	13,193,296	32.00
40.00	04000	SUBPROVIDER - IPF	223	223	0	0	7,623,752	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,902	1,902	413,864	34,559	283,490,838	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,673	0	1,936,388	10,154	335,311,250	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	109	0	4,422	36	34,926,173	55.00
59.00	05900	CARDIAC CATHETERIZATION	183	183	72,834	599	40,018,928	59.00
60.00	06000	LABORATORY	2,936	0	9,827,448	2,021	278,829,325	60.00
64.00	06400	INTRAVENOUS THERAPY	94	94	653,478	215	4,458,668	64.00
65.00	06500	RESPIRATORY THERAPY	587	0	215,708	0	33,386,034	65.00
66.00	06600	PHYSICAL THERAPY	0	0	166,981	7,016	67,109,756	66.00
69.00	06900	ELECTROCARDIOLOGY	69	0	85,482	53	33,105,274	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	15,368,849	0	33,294,084	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	20,904,585	0	50,511,430	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,167,388	37,831,185	229,079,760	73.00
74.00	07400	RENAL DIALYSIS	37	37	126,184	490	8,840,501	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	291	291	148,050	0	5,631,923	90.00
90.01	09001	FAMILY PRACTICE CLINIC	206	206	32,072	73,912	2,829,626	90.01
90.02	09002	OUTPATIENT PSYCH SERVICES	168	168	2	0	3,501,649	90.02
90.03	09003	INFUSION CENTER	75	75	150,824	163	11,365,854	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	218	218	5,413	57,287	1,675,216	90.04
90.05	09005	PAIN MANAGEMENT	430	430	23,405	0	32,987,014	90.05
90.06	09006	WOUND CARE CENTER	70	70	0	13,883	1,996,524	90.06
90.07	09007	SLEEP CENTER	237	0	32,367	80	4,991,401	90.07
91.00	09100	EMERGENCY	1,926	1,926	931,145	2,152	190,226,062	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	618	0	2,934,434	315,626	19,788,696	96.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	26,513	16,165	58,153,648	38,380,049	1,935,593,156	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	377	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	762	0	24,099	69,683	1,036,731	192.00
192.01	19201	DEACONESS URGENT CARE	0	0	0	0	0	192.01
192.02	19202	HEARTCARE	67	0	0	0	2,344,420	192.02
192.03	19203	FAMILY PRACTICE	90	0	246,835	8,194,046	13,315,516	192.03
194.00	07950	MISC NONREIMBURSABLE	209	0	63,123	7,550	457	194.00
194.01	07951	OCCUPATIONAL HEALTH	80	0	43,209	5,900	0	194.01
194.02	07952	OTHER FACILITIES	0	0	0	0	0	194.02
194.03	07953	HEART HOSPITAL	1,408	0	0	1,458	179,769,699	194.03
194.04	07954	PUBLIC RELATIONS	109	0	0	0	0	194.04
194.05	07955	CHILD CARE CENTER	439	0	11,186	0	0	194.05
194.06	07956	CENTER FOR LIFE BALANCE	0	0	0	0	0	194.06

COST ALLOCATION - STATISTICAL BASIS

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To 09/30/2015

Worksheet B-1

Date/Time Prepared:
2/26/2016 11:44 am

Cost Center Description		CAFETERIA (FTE'S)	NURSING ADMINISTRATION (FTE'S - NRSG)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
		11.00	13.00	14.00	15.00	16.00	
194.07	07957 DEACONESS VNA	0	0	9,382	0	951,440	194.07
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,127,472	4,828,166	5,513,428	12,951,369	6,862,158	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	70.788314	298.680235	0.094164	0.277577	0.003217	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	302,236	667,804	1,114,709	1,081,739	610,985	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	10.056432	41.311723	0.019038	0.023184	0.000286	205.00

COST ALLOCATION - STATISTICAL BASIS

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Period:
From 10/01/2014
To 09/30/2015

Worksheet B-1
Date/Time Prepared:
2/26/2016 11:44 am

Cost Center Description	SOCIAL SERVICE (HOURS - A)	INTERNS & RESIDENTS		PARAMED PRGM-PHARMACY (HOURS - C)	PARAMED PRGM-CHAPLAIN (HOURS - D)	
		SERVICES-SALARY & FRINGES (HOURS - B)	SERVICES-OTHER PRGM COSTS (HOURS - B)			
		17.00	21.00			
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 CAP REL COSTS-BLDG & FIXT						1.01
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
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	221					17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	45,687				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0		45,687			22.00
23.00 02300 PARAMED PRGM-PHARMACY	0			100		23.00
23.01 02301 PARAMED PRGM-CHAPLAIN	0				100	23.01
23.03 02303 PARAMED PRGM-NURSING	1					23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	181	20,948	20,948	0	100	30.00
31.00 03100 INTENSIVE CARE UNIT	14	486	486	0	0	31.00
32.00 03200 CORONARY CARE UNIT	9	0	0	0	0	32.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	4,562	4,562	0	0	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	202	202	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
59.00 05900 CARDIAC CATHETERIZATION	0	791	791	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	100	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 FAMILY PRACTICE CLINIC	0	15,603	15,603	0	0	90.01
90.02 09002 OUTPATIENT PSYCH SERVICES	0	0	0	0	0	90.02
90.03 09003 INFUSION CENTER	0	0	0	0	0	90.03
90.04 09004 PRIMARY CARE FOR SENIORS	0	792	792	0	0	90.04
90.05 09005 PAIN MANAGEMENT	0	0	0	0	0	90.05
90.06 09006 WOUND CARE CENTER	0	0	0	0	0	90.06
90.07 09007 SLEEP CENTER	0	0	0	0	0	90.07
91.00 09100 EMERGENCY	16	2,303	2,303	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	221	45,687	45,687	100	100	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 DEACONESS URGENT CARE	0	0	0	0	0	192.01
192.02 19202 HEARTCARE	0	0	0	0	0	192.02
192.03 19203 FAMILY PRACTICE	0	0	0	0	0	192.03
194.00 07950 MISC NONREIMBURSABLE	0	0	0	0	0	194.00
194.01 07951 OCCUPATIONAL HEALTH	0	0	0	0	0	194.01
194.02 07952 OTHER FACILITIES	0	0	0	0	0	194.02
194.03 07953 HEART HOSPITAL	0	0	0	0	0	194.03
194.04 07954 PUBLIC RELATIONS	0	0	0	0	0	194.04
194.05 07955 CHILD CARE CENTER	0	0	0	0	0	194.05
194.06 07956 CENTER FOR LIFE BALANCE	0	0	0	0	0	194.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150082

Period:
From 10/01/2014
To 09/30/2015

Worksheet B-1

Date/Time Prepared:
2/26/2016 11:44 am

Cost Center Description	SOCIAL SERVICE (HOURS - A)	INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY (HOURS - C)	PARAMED ED PRGM-CHAPLAIN (HOURS - D)	
		SERVICES-SALARY & FRINGES (HOURS - B)	SERVICES-OTHER PRGM COSTS (HOURS - B)			
		17.00	21.00			
194.07 07957 DEACONESS VNA	0	0	0	0	0	194.07
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)	5,312,690	2,008,380	1,685,558	381,541	476,552	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	24,039.321267	43.959551	36.893602	3,815.410000	4,765.520000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	299,000	66,265	54,458	28,803	75,630	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	1,352.941176	1.450413	1.191980	288.030000	756.300000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150082

Period:
From 10/01/2014
To 09/30/2015

Worksheet B-1
Date/Time Prepared:
2/26/2016 11:44 am

Cost Center Description		PARAMED ED PRGM-NURSING (HOURS - E) 23.03	
201.00	Negative Cost Centers		201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	911,881	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	62.096084	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	102,213	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	6.960368	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150082

Period:
From 10/01/2014
To 09/30/2015

Worksheet C
Part I
Date/Time Prepared:
2/26/2016 11:44 am

		Title XVIIII		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	RCE Disallowance	Total Costs		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	98,274,320		98,274,320	587,026	98,861,346	30.00
31.00	03100	INTENSIVE CARE UNIT	23,694,525		23,694,525	52,011	23,746,536	31.00
32.00	03200	CORONARY CARE UNIT	5,692,368		5,692,368	0	5,692,368	32.00
40.00	04000	SUBPROVIDER - I/PF	2,087,790		2,087,790	0	2,087,790	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	55,393,824		55,393,824	805,808	56,199,632	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	30,050,738		30,050,738	156,870	30,207,608	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,391,437		5,391,437	0	5,391,437	55.00
59.00	05900	CARDIAC CATHETERIZATION	4,257,663		4,257,663	0	4,257,663	59.00
60.00	06000	LABORATORY	45,568,020		45,568,020	443,832	46,011,852	60.00
64.00	06400	INTRAVENOUS THERAPY	2,652,003		2,652,003	0	2,652,003	64.00
65.00	06500	RESPIRATORY THERAPY	5,924,791	0	5,924,791	0	5,924,791	65.00
66.00	06600	PHYSICAL THERAPY	10,731,699	0	10,731,699	0	10,731,699	66.00
69.00	06900	ELECTROCARDIOLOGY	3,078,383		3,078,383	0	3,078,383	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	20,923,833		20,923,833	0	20,923,833	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	28,282,859		28,282,859	0	28,282,859	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	60,201,636		60,201,636	0	60,201,636	73.00
74.00	07400	RENAL DIALYSIS	2,440,473		2,440,473	1,492	2,441,965	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0		0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,718,194		3,718,194	883	3,719,077	90.00
90.01	09001	FAMILY PRACTICE CLINIC	2,927,016		2,927,016	0	2,927,016	90.01
90.02	09002	OUTPATIENT PSYCH SERVICES	1,798,868		1,798,868	0	1,798,868	90.02
90.03	09003	INFUSION CENTER	1,632,156		1,632,156	0	1,632,156	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	2,299,192		2,299,192	40,775	2,339,967	90.04
90.05	09005	PAIN MANAGEMENT	4,427,646		4,427,646	5,097	4,432,743	90.05
90.06	09006	WOUND CARE CENTER	655,042		655,042	1,840	656,882	90.06
90.07	09007	SLEEP CENTER	2,835,673		2,835,673	4,557	2,840,230	90.07
91.00	09100	EMERGENCY	31,584,724		31,584,724	2,233,785	33,818,509	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	11,985,620		11,985,620	0	11,985,620	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	11,104,190		11,104,190	0	11,104,190	96.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0		0	0	0	116.00
200.00		Subtotal (see instructions)	479,614,683	0	479,614,683	4,333,976	483,948,659	200.00
201.00		Less Observation Beds	11,985,620		11,985,620	0	11,985,620	201.00
202.00		Total (see instructions)	467,629,063	0	467,629,063	4,333,976	471,963,039	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150082	Period: From 10/01/2014 To 09/30/2015	Worksheet C Part I Date/Time Prepared: 2/26/2016 11:44 am
		Title XVII	Hospital	PPS

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	134,329,223		134,329,223	30.00
31.00	03100	INTENSIVE CARE UNIT	56,191,303		56,191,303	31.00
32.00	03200	CORONARY CARE UNIT	13,291,376		13,291,376	32.00
40.00	04000	SUBPROVIDER - IPF	7,698,896		7,698,896	40.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	118,497,941	173,035,677	291,533,618	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	91,139,794	250,554,583	341,694,377	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,803,053	33,949,406	35,752,459	55.00
59.00	05900	CARDIAC CATHETERIZATION	26,370,686	13,839,633	40,210,319	59.00
60.00	06000	LABORATORY	147,516,046	135,222,125	282,738,171	60.00
64.00	06400	INTRAVENOUS THERAPY	4,410,439	84,474	4,494,913	64.00
65.00	06500	RESPIRATORY THERAPY	31,436,387	2,164,793	33,601,180	65.00
66.00	06600	PHYSICAL THERAPY	49,697,448	17,637,489	67,334,937	66.00
69.00	06900	ELECTROCARDIOLOGY	20,218,104	13,267,449	33,485,553	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,421,958	12,678,897	34,100,855	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	38,774,106	12,566,126	51,340,232	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	130,597,682	102,408,550	233,006,232	73.00
74.00	07400	RENAL DIALYSIS	8,265,556	615,589	8,881,145	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	20,784	5,731,095	5,751,879	90.00
90.01	09001	FAMILY PRACTICE CLINIC	8,587	2,833,236	2,841,823	90.01
90.02	09002	OUTPATIENT PSYCH SERVICES	1,502	3,669,234	3,670,736	90.02
90.03	09003	INFUSION CENTER	147,924	11,444,763	11,592,687	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	5,150	1,670,492	1,675,642	90.04
90.05	09005	PAIN MANAGEMENT	30,357	33,702,044	33,732,401	90.05
90.06	09006	WOUND CARE CENTER	16,664	1,981,335	1,997,999	90.06
90.07	09007	SLEEP CENTER	13,407	5,995,734	6,009,141	90.07
91.00	09100	EMERGENCY	78,213,848	114,310,452	192,524,300	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,266,124	14,040,202	18,306,326	92.00
OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	19,788,696	19,788,696	96.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	0	0	0	116.00
200.00		Subtotal (see instructions)	984,384,345	983,192,074	1,967,576,419	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	984,384,345	983,192,074	1,967,576,419	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150082	Period: From 10/01/2014 To 09/30/2015	Worksheet C Part I Date/Time Prepared: 2/26/2016 11:44 am
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - I/PF			40.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.192772		50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.088405		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.150799		55.00
59.00	05900 CARDIAC CATHETERIZATION	0.105885		59.00
60.00	06000 LABORATORY	0.162737		60.00
64.00	06400 INTRAVENOUS THERAPY	0.590001		64.00
65.00	06500 RESPIRATORY THERAPY	0.176327		65.00
66.00	06600 PHYSICAL THERAPY	0.159378		66.00
69.00	06900 ELECTROCARDIOLOGY	0.091932		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.613587		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.550891		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.258369		73.00
74.00	07400 RENAL DIALYSIS	0.274961		74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.646585		90.00
90.01	09001 FAMILY PRACTICE CLINIC	1.029978		90.01
90.02	09002 OUTPATIENT PSYCH SERVICES	0.490056		90.02
90.03	09003 INFUSION CENTER	0.140792		90.03
90.04	09004 PRIMARY CARE FOR SENIORS	1.396460		90.04
90.05	09005 PAIN MANAGEMENT	0.131409		90.05
90.06	09006 WOUND CARE CENTER	0.328770		90.06
90.07	09007 SLEEP CENTER	0.472652		90.07
91.00	09100 EMERGENCY	0.175658		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.654726		92.00
OTHER REIMBURSABLE COST CENTERS				
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.561138		96.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150082

Period:
From 10/01/2014
To 09/30/2015

Worksheet C
Part I
Date/Time Prepared:
2/26/2016 11:44 am

		Title XIX		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	RCE Disallowance	Total Costs		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	98,274,320		98,274,320	587,026	98,861,346	30.00
31.00	03100	INTENSIVE CARE UNIT	23,694,525		23,694,525	52,011	23,746,536	31.00
32.00	03200	CORONARY CARE UNIT	5,692,368		5,692,368	0	5,692,368	32.00
40.00	04000	SUBPROVIDER - I/PF	2,087,790		2,087,790	0	2,087,790	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	55,393,824		55,393,824	805,808	56,199,632	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	30,050,738		30,050,738	156,870	30,207,608	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,391,437		5,391,437	0	5,391,437	55.00
59.00	05900	CARDIAC CATHETERIZATION	4,257,663		4,257,663	0	4,257,663	59.00
60.00	06000	LABORATORY	45,568,020		45,568,020	443,832	46,011,852	60.00
64.00	06400	INTRAVENOUS THERAPY	2,652,003		2,652,003	0	2,652,003	64.00
65.00	06500	RESPIRATORY THERAPY	5,924,791	0	5,924,791	0	5,924,791	65.00
66.00	06600	PHYSICAL THERAPY	10,731,699	0	10,731,699	0	10,731,699	66.00
69.00	06900	ELECTROCARDIOLOGY	3,078,383		3,078,383	0	3,078,383	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	20,923,833		20,923,833	0	20,923,833	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	28,282,859		28,282,859	0	28,282,859	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	60,201,636		60,201,636	0	60,201,636	73.00
74.00	07400	RENAL DIALYSIS	2,440,473		2,440,473	1,492	2,441,965	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0		0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,718,194		3,718,194	883	3,719,077	90.00
90.01	09001	FAMILY PRACTICE CLINIC	2,927,016		2,927,016	0	2,927,016	90.01
90.02	09002	OUTPATIENT PSYCH SERVICES	1,798,868		1,798,868	0	1,798,868	90.02
90.03	09003	INFUSION CENTER	1,632,156		1,632,156	0	1,632,156	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	2,299,192		2,299,192	40,775	2,339,967	90.04
90.05	09005	PAIN MANAGEMENT	4,427,646		4,427,646	5,097	4,432,743	90.05
90.06	09006	WOUND CARE CENTER	655,042		655,042	1,840	656,882	90.06
90.07	09007	SLEEP CENTER	2,835,673		2,835,673	4,557	2,840,230	90.07
91.00	09100	EMERGENCY	31,584,724		31,584,724	2,233,785	33,818,509	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	11,985,620		11,985,620	0	11,985,620	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	11,104,190		11,104,190	0	11,104,190	96.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0		0	0	0	116.00
200.00		Subtotal (see instructions)	479,614,683	0	479,614,683	4,333,976	483,948,659	200.00
201.00		Less Observation Beds	11,985,620		11,985,620	0	11,985,620	201.00
202.00		Total (see instructions)	467,629,063	0	467,629,063	4,333,976	471,963,039	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150082

Period:
From 10/01/2014
To 09/30/2015

Worksheet C
Part I
Date/Time Prepared:
2/26/2016 11:44 am

Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
		Inpatient	Outpatient	Total (col. 6 + col. 7)				
		6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	134,329,223		134,329,223			30.00
31.00	03100	INTENSIVE CARE UNIT	56,191,303		56,191,303			31.00
32.00	03200	CORONARY CARE UNIT	13,291,376		13,291,376			32.00
40.00	04000	SUBPROVIDER - IPF	7,698,896		7,698,896			40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	118,497,941	173,035,677	291,533,618	0.190008	0.000000	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	91,139,794	250,554,583	341,694,377	0.087946	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,803,053	33,949,406	35,752,459	0.150799	0.000000	55.00
59.00	05900	CARDIAC CATHETERIZATION	26,370,686	13,839,633	40,210,319	0.105885	0.000000	59.00
60.00	06000	LABORATORY	147,516,046	135,222,125	282,738,171	0.161167	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	4,410,439	84,474	4,494,913	0.590001	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	31,436,387	2,164,793	33,601,180	0.176327	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	49,697,448	17,637,489	67,334,937	0.159378	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	20,218,104	13,267,449	33,485,553	0.091932	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,421,958	12,678,897	34,100,855	0.613587	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	38,774,106	12,566,126	51,340,232	0.550891	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	130,597,682	102,408,550	233,006,232	0.258369	0.000000	73.00
74.00	07400	RENAL DIALYSIS	8,265,556	615,589	8,881,145	0.274793	0.000000	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0.000000	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	20,784	5,731,095	5,751,879	0.646431	0.000000	90.00
90.01	09001	FAMILY PRACTICE CLINIC	8,587	2,833,236	2,841,823	1.029978	0.000000	90.01
90.02	09002	OUTPATIENT PSYCH SERVICES	1,502	3,669,234	3,670,736	0.490056	0.000000	90.02
90.03	09003	INFUSION CENTER	147,924	11,444,763	11,592,687	0.140792	0.000000	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	5,150	1,670,492	1,675,642	1.372126	0.000000	90.04
90.05	09005	PAIN MANAGEMENT	30,357	33,702,044	33,732,401	0.131258	0.000000	90.05
90.06	09006	WOUND CARE CENTER	16,664	1,981,335	1,997,999	0.327849	0.000000	90.06
90.07	09007	SLEEP CENTER	13,407	5,995,734	6,009,141	0.471893	0.000000	90.07
91.00	09100	EMERGENCY	78,213,848	114,310,452	192,524,300	0.164056	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,266,124	14,040,202	18,306,326	0.654726	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	19,788,696	19,788,696	0.561138	0.000000	96.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	984,384,345	983,192,074	1,967,576,419			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	984,384,345	983,192,074	1,967,576,419			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150082	Period: From 10/01/2014 To 09/30/2015	Worksheet C Part I Date/Time Prepared: 2/26/2016 11:44 am
		Title XIX	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - I/PF			40.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.192772		50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.088405		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.150799		55.00
59.00	05900 CARDIAC CATHETERIZATION	0.105885		59.00
60.00	06000 LABORATORY	0.162737		60.00
64.00	06400 INTRAVENOUS THERAPY	0.590001		64.00
65.00	06500 RESPIRATORY THERAPY	0.176327		65.00
66.00	06600 PHYSICAL THERAPY	0.159378		66.00
69.00	06900 ELECTROCARDIOLOGY	0.091932		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.613587		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.550891		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.258369		73.00
74.00	07400 RENAL DIALYSIS	0.274961		74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.646585		90.00
90.01	09001 FAMILY PRACTICE CLINIC	1.029978		90.01
90.02	09002 OUTPATIENT PSYCH SERVICES	0.490056		90.02
90.03	09003 INFUSION CENTER	0.140792		90.03
90.04	09004 PRIMARY CARE FOR SENIORS	1.396460		90.04
90.05	09005 PAIN MANAGEMENT	0.131409		90.05
90.06	09006 WOUND CARE CENTER	0.328770		90.06
90.07	09007 SLEEP CENTER	0.472652		90.07
91.00	09100 EMERGENCY	0.175658		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.654726		92.00
OTHER REIMBURSABLE COST CENTERS				
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.561138		96.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 150082

Period:
From 10/01/2014
To 09/30/2015

Worksheet C
Part II
Date/Time Prepared:
2/26/2016 11:44 am

Cost Center Description		Title XIX			Hospital		PPS	
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	55,393,824	7,479,514	47,914,310	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	30,050,738	4,797,206	25,253,532	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,391,437	615,616	4,775,821	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	4,257,663	621,905	3,635,758	0	0	59.00
60.00	06000	LABORATORY	45,568,020	3,564,886	42,003,134	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	2,652,003	134,781	2,517,222	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	5,924,791	458,126	5,466,665	0	0	65.00
66.00	06600	PHYSICAL THERAPY	10,731,699	587,261	10,144,438	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	3,078,383	207,131	2,871,252	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	20,923,833	912,575	20,011,258	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	28,282,859	1,236,650	27,046,209	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	60,201,636	2,492,499	57,709,137	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,440,473	95,873	2,344,600	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,718,194	383,999	3,334,195	0	0	90.00
90.01	09001	FAMILY PRACTICE CLINIC	2,927,016	476,465	2,450,551	0	0	90.01
90.02	09002	OUTPATIENT PSYCH SERVICES	1,798,868	201,639	1,597,229	0	0	90.02
90.03	09003	INFUSION CENTER	1,632,156	154,313	1,477,843	0	0	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	2,299,192	121,077	2,178,115	0	0	90.04
90.05	09005	PAIN MANAGEMENT	4,427,646	273,588	4,154,058	0	0	90.05
90.06	09006	WOUND CARE CENTER	655,042	50,494	604,548	0	0	90.06
90.07	09007	SLEEP CENTER	2,835,673	318,450	2,517,223	0	0	90.07
91.00	09100	EMERGENCY	31,584,724	2,938,033	28,646,691	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	11,985,620	1,564,867	10,420,753	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	11,104,190	1,034,484	10,069,706	0	0	96.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
200.00		Subtotal (sum of lines 50 thru 199)	349,865,680	30,721,432	319,144,248	0	0	200.00
201.00		Less Observation Beds	11,985,620	1,564,867	10,420,753	0	0	201.00
202.00		Total (line 200 minus line 201)	337,880,060	29,156,565	308,723,495	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 150082	Period: From 10/01/2014 To 09/30/2015	Worksheet C Part II Date/Time Prepared: 2/26/2016 11:44 am
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Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
		6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	55,393,824	291,533,618	0.190008	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	30,050,738	341,694,377	0.087946	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	5,391,437	35,752,459	0.150799	55.00
59.00	05900 CARDIAC CATHETERIZATION	4,257,663	40,210,319	0.105885	59.00
60.00	06000 LABORATORY	45,568,020	282,738,171	0.161167	60.00
64.00	06400 INTRAVENOUS THERAPY	2,652,003	4,494,913	0.590001	64.00
65.00	06500 RESPIRATORY THERAPY	5,924,791	33,601,180	0.176327	65.00
66.00	06600 PHYSICAL THERAPY	10,731,699	67,334,937	0.159378	66.00
69.00	06900 ELECTROCARDIOLOGY	3,078,383	33,485,553	0.091932	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	20,923,833	34,100,855	0.613587	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	28,282,859	51,340,232	0.550891	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	60,201,636	233,006,232	0.258369	73.00
74.00	07400 RENAL DIALYSIS	2,440,473	8,881,145	0.274793	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	3,718,194	5,751,879	0.646431	90.00
90.01	09001 FAMILY PRACTICE CLINIC	2,927,016	2,841,823	1.029978	90.01
90.02	09002 OUTPATIENT PSYCH SERVICES	1,798,868	3,670,736	0.490056	90.02
90.03	09003 INFUSION CENTER	1,632,156	11,592,687	0.140792	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	2,299,192	1,675,642	1.372126	90.04
90.05	09005 PAIN MANAGEMENT	4,427,646	33,732,401	0.131258	90.05
90.06	09006 WOUND CARE CENTER	655,042	1,997,999	0.327849	90.06
90.07	09007 SLEEP CENTER	2,835,673	6,009,141	0.471893	90.07
91.00	09100 EMERGENCY	31,584,724	192,524,300	0.164056	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	11,985,620	18,306,326	0.654726	92.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	11,104,190	19,788,696	0.561138	96.00
101.00	10100 HOME HEALTH AGENCY	0	0	0.000000	101.00
SPECIAL PURPOSE COST CENTERS					
116.00	11600 HOSPICE	0	0	0.000000	116.00
200.00	Subtotal (sum of lines 50 thru 199)	349,865,680	1,756,065,621		200.00
201.00	Less Observation Beds	11,985,620	0		201.00
202.00	Total (line 200 minus line 201)	337,880,060	1,756,065,621		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150082		Period: From 10/01/2014 To 09/30/2015		Worksheet D Part I Date/Time Prepared: 2/26/2016 11:44 am	
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)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	12,907,524	0	12,907,524	120,954	106.71	30.00
31.00	INTENSIVE CARE UNIT	2,857,293		2,857,293	18,350	155.71	31.00
32.00	CORONARY CARE UNIT	565,504		565,504	4,339	130.33	32.00
40.00	SUBPROVIDER - IPF	211,200	0	211,200	3,477	60.74	40.00
200.00	Total (lines 30-199)	16,541,521		16,541,521	147,120		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	50,558	5,395,044				
31.00	INTENSIVE CARE UNIT	7,531	1,172,652				
32.00	CORONARY CARE UNIT	2,062	268,740				
40.00	SUBPROVIDER - IPF	1,353	82,181				
200.00	Total (lines 30-199)	61,504	6,918,617				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150082	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part II Date/Time Prepared: 2/26/2016 11:44 am
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,479,514	291,533,618	0.025656	46,542,618	1,194,097	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,797,206	341,694,377	0.014039	44,564,083	625,635	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	615,616	35,752,459	0.017219	594,226	10,232	55.00
59.00	05900	CARDIAC CATHETERIZATION	621,905	40,210,319	0.015466	12,954,888	200,360	59.00
60.00	06000	LABORATORY	3,564,886	282,738,171	0.012608	72,671,014	916,236	60.00
64.00	06400	INTRAVENOUS THERAPY	134,781	4,494,913	0.029985	2,033,263	60,967	64.00
65.00	06500	RESPIRATORY THERAPY	458,126	33,601,180	0.013634	14,255,951	194,366	65.00
66.00	06600	PHYSICAL THERAPY	587,261	67,334,937	0.008721	26,453,706	230,703	66.00
69.00	06900	ELECTROCARDIOLOGY	207,131	33,485,553	0.006186	10,961,172	67,806	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	912,575	34,100,855	0.026761	10,315,686	276,058	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,236,650	51,340,232	0.024087	16,195,503	390,101	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,492,499	233,006,232	0.010697	57,017,953	609,921	73.00
74.00	07400	RENAL DIALYSIS	95,873	8,881,145	0.010795	4,366,894	47,141	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	383,999	5,751,879	0.066761	13,415	896	90.00
90.01	09001	FAMILY PRACTICE CLINIC	476,465	2,841,823	0.167662	3,756	630	90.01
90.02	09002	OUTPATIENT PSYCH SERVICES	201,639	3,670,736	0.054931	491	27	90.02
90.03	09003	INFUSION CENTER	154,313	11,592,687	0.013311	53,338	710	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	121,077	1,675,642	0.072257	4,830	349	90.04
90.05	09005	PAIN MANAGEMENT	273,588	33,732,401	0.008111	1,816	15	90.05
90.06	09006	WOUND CARE CENTER	50,494	1,997,999	0.025272	8,090	204	90.06
90.07	09007	SLEEP CENTER	318,450	6,009,141	0.052994	8,491	450	90.07
91.00	09100	EMERGENCY	2,938,033	192,524,300	0.015261	32,995,973	503,552	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,564,867	18,306,326	0.085482	2,439,117	208,501	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	1,034,484	19,788,696	0.052277	0	0	96.00
200.00		Total (lines 50-199)	30,721,432	1,756,065,621		354,456,274	5,538,957	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150082		Period: From 10/01/2014 To 09/30/2015		Worksheet D Part III Date/Time Prepared: 2/26/2016 11:44 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital Swing-Bed Adjustment Amount (see instructions)	PPS 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	1,118,252	0	0	1,118,252	30.00
31.00	03100	INTENSIVE CARE UNIT	0	122,143	0	0	122,143	31.00
32.00	03200	CORONARY CARE UNIT	0	35,395	0	0	35,395	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
200.00		Total (lines 30-199)	0	1,275,790	0	0	1,275,790	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	120,954	9.25	50,558	467,662		30.00
31.00	03100	INTENSIVE CARE UNIT	18,350	6.66	7,531	50,156		31.00
32.00	03200	CORONARY CARE UNIT	4,339	8.16	2,062	16,826		32.00
40.00	04000	SUBPROVIDER - IPF	3,477	0.00	1,353	0		40.00
200.00		Total (lines 30-199)	147,120		61,504	534,644		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150082	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part IV Date/Time Prepared: 2/26/2016 11:44 am
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Cost Center Description		Title XVIII				Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	49,863	0	49,863	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	19,126	0	19,126	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	4,098	0	4,098	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	381,541	0	381,541	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09002	OUTPATIENT PSYCH SERVICES	0	0	0	0	0	90.02
90.03	09003	INFUSION CENTER	0	0	0	0	0	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0	0	1,118	0	1,118	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	0	0	90.05
90.06	09006	WOUND CARE CENTER	0	0	994	0	994	90.06
90.07	09007	SLEEP CENTER	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	37,444	0	37,444	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	135,569	0	135,569	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00		Total (lines 50-199)	0	0	629,753	0	629,753	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150082	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part IV Date/Time Prepared: 2/26/2016 11:44 am
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Cost Center Description		Title XVIII			Hospital		PPS
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	49,863	291,533,618	0.000171	0.000171	46,542,618	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	341,694,377	0.000000	0.000000	44,564,083	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	35,752,459	0.000000	0.000000	594,226	55.00
59.00	05900 CARDIAC CATHETERIZATION	19,126	40,210,319	0.000476	0.000476	12,954,888	59.00
60.00	06000 LABORATORY	0	282,738,171	0.000000	0.000000	72,671,014	60.00
64.00	06400 INTRAVENOUS THERAPY	4,098	4,494,913	0.000912	0.000912	2,033,263	64.00
65.00	06500 RESPIRATORY THERAPY	0	33,601,180	0.000000	0.000000	14,255,951	65.00
66.00	06600 PHYSICAL THERAPY	0	67,334,937	0.000000	0.000000	26,453,706	66.00
69.00	06900 ELECTROCARDIOLOGY	0	33,485,553	0.000000	0.000000	10,961,172	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	34,100,855	0.000000	0.000000	10,315,686	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	51,340,232	0.000000	0.000000	16,195,503	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	381,541	233,006,232	0.001637	0.001637	57,017,953	73.00
74.00	07400 RENAL DIALYSIS	0	8,881,145	0.000000	0.000000	4,366,894	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	5,751,879	0.000000	0.000000	13,415	90.00
90.01	09001 FAMILY PRACTICE CLINIC	0	2,841,823	0.000000	0.000000	3,756	90.01
90.02	09002 OUTPATIENT PSYCH SERVICES	0	3,670,736	0.000000	0.000000	491	90.02
90.03	09003 INFUSION CENTER	0	11,592,687	0.000000	0.000000	53,338	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	1,118	1,675,642	0.000667	0.000667	4,830	90.04
90.05	09005 PAIN MANAGEMENT	0	33,732,401	0.000000	0.000000	1,816	90.05
90.06	09006 WOUND CARE CENTER	994	1,997,999	0.000497	0.000497	8,090	90.06
90.07	09007 SLEEP CENTER	0	6,009,141	0.000000	0.000000	8,491	90.07
91.00	09100 EMERGENCY	37,444	192,524,300	0.000194	0.000194	32,995,973	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	135,569	18,306,326	0.007406	0.007406	2,439,117	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	19,788,696	0.000000	0.000000	0	96.00
200.00	Total (lines 50-199)	629,753	1,756,065,621			354,456,274	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150082	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part IV Date/Time Prepared: 2/26/2016 11:44 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	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	7,959	27,575,613	4,715	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	62,278,028	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	13,174,650	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	6,167	5,333,431	2,539	59.00
60.00	06000 LABORATORY	0	17,390,040	0	60.00
64.00	06400 INTRAVENOUS THERAPY	1,854	12,315	11	64.00
65.00	06500 RESPIRATORY THERAPY	0	460,221	0	65.00
66.00	06600 PHYSICAL THERAPY	0	84,762	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	3,066,165	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,675,126	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	4,032,989	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	93,338	37,211,259	60,915	73.00
74.00	07400 RENAL DIALYSIS	0	422,080	0	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	1,761,240	0	90.00
90.01	09001 FAMILY PRACTICE CLINIC	0	249,072	0	90.01
90.02	09002 OUTPATIENT PSYCH SERVICES	0	294,104	0	90.02
90.03	09003 INFUSION CENTER	0	4,387,323	0	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	3	994,417	663	90.04
90.05	09005 PAIN MANAGEMENT	0	13,241,876	0	90.05
90.06	09006 WOUND CARE CENTER	4	889,237	442	90.06
90.07	09007 SLEEP CENTER	0	2,058,263	0	90.07
91.00	09100 EMERGENCY	6,401	21,038,601	4,081	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	18,064	2,056,417	15,230	92.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
200.00	Total (lines 50-199)	133,790	221,687,229	88,596	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150082	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part V Date/Time Prepared: 2/26/2016 11:44 am
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		Title VIII		Hospital		PPS		
Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs			
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.190008	27,575,613	0	0	5,239,587	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.087946	62,278,028	180	19,056	5,477,103	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.150799	13,174,650	0	0	1,986,724	55.00
59.00	05900	CARDIAC CATHETERIZATION	0.105885	5,333,431	10	0	564,730	59.00
60.00	06000	LABORATORY	0.161167	17,390,040	5,535	0	2,802,701	60.00
64.00	06400	INTRAVENOUS THERAPY	0.590001	12,315	0	0	7,266	64.00
65.00	06500	RESPIRATORY THERAPY	0.176327	460,221	0	0	81,149	65.00
66.00	06600	PHYSICAL THERAPY	0.159378	84,762	0	0	13,509	66.00
69.00	06900	ELECTROCARDIOLOGY	0.091932	3,066,165	0	0	281,879	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.613587	3,675,126	1,962	0	2,255,010	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.550891	4,032,989	0	0	2,221,737	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.258369	37,211,259	132	298,419	9,614,236	73.00
74.00	07400	RENAL DIALYSIS	0.274793	422,080	0	0	115,985	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.646431	1,761,240	0	0	1,138,520	90.00
90.01	09001	FAMILY PRACTICE CLINIC	1.029978	249,072	0	2	256,539	90.01
90.02	09002	OUTPATIENT PSYCH SERVICES	0.490056	294,104	0	0	144,127	90.02
90.03	09003	INFUSION CENTER	0.140792	4,387,323	0	0	617,700	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	1.372126	994,417	0	14	1,364,465	90.04
90.05	09005	PAIN MANAGEMENT	0.131258	13,241,876	0	0	1,738,102	90.05
90.06	09006	WOUND CARE CENTER	0.327849	889,237	0	0	291,535	90.06
90.07	09007	SLEEP CENTER	0.471893	2,058,263	0	0	971,280	90.07
91.00	09100	EMERGENCY	0.164056	21,038,601	246	9	3,451,509	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.654726	2,056,417	1,341	4	1,346,390	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.561138	0	0	0	0	96.00
200.00		Subtotal (see instructions)		221,687,229	9,406	317,504	41,981,783	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		221,687,229	9,406	317,504	41,981,783	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150082	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part V Date/Time Prepared: 2/26/2016 11:44 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	16	1,676		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
59.00 05900 CARDIAC CATHETERIZATION	1	0		59.00
60.00 06000 LABORATORY	892	0		60.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,204	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	34	77,102		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 FAMILY PRACTICE CLINIC	0	2		90.01
90.02 09002 OUTPATIENT PSYCH SERVICES	0	0		90.02
90.03 09003 INFUSION CENTER	0	0		90.03
90.04 09004 PRIMARY CARE FOR SENIORS	0	19		90.04
90.05 09005 PAIN MANAGEMENT	0	0		90.05
90.06 09006 WOUND CARE CENTER	0	0		90.06
90.07 09007 SLEEP CENTER	0	0		90.07
91.00 09100 EMERGENCY	40	1		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	878	3		92.00
OTHER REIMBURSABLE COST CENTERS				
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
200.00 Subtotal (see instructions)	3,065	78,803		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	3,065	78,803		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150082		Period: From 10/01/2014 To 09/30/2015		Worksheet D Part II Date/Time Prepared: 2/26/2016 11:44 am		
		Component CCN: 15S082		Title XVIII		Subprovider - IPF		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,479,514	291,533,618	0.025656	29,001	744	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,797,206	341,694,377	0.014039	72,114	1,012	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	615,616	35,752,459	0.017219	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	621,905	40,210,319	0.015466	0	0	59.00
60.00	06000	LABORATORY	3,564,886	282,738,171	0.012608	409,955	5,169	60.00
64.00	06400	INTRAVENOUS THERAPY	134,781	4,494,913	0.029985	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	458,126	33,601,180	0.013634	138	2	65.00
66.00	06600	PHYSICAL THERAPY	587,261	67,334,937	0.008721	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	207,131	33,485,553	0.006186	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	912,575	34,100,855	0.026761	1,959	52	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,236,650	51,340,232	0.024087	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,492,499	233,006,232	0.010697	325,735	3,484	73.00
74.00	07400	RENAL DIALYSIS	95,873	8,881,145	0.010795	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	383,999	5,751,879	0.066761	0	0	90.00
90.01	09001	FAMILY PRACTICE CLINIC	476,465	2,841,823	0.167662	0	0	90.01
90.02	09002	OUTPATIENT PSYCH SERVICES	201,639	3,670,736	0.054931	0	0	90.02
90.03	09003	INFUSION CENTER	154,313	11,592,687	0.013311	0	0	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	121,077	1,675,642	0.072257	0	0	90.04
90.05	09005	PAIN MANAGEMENT	273,588	33,732,401	0.008111	0	0	90.05
90.06	09006	WOUND CARE CENTER	50,494	1,997,999	0.025272	0	0	90.06
90.07	09007	SLEEP CENTER	318,450	6,009,141	0.052994	0	0	90.07
91.00	09100	EMERGENCY	2,938,033	192,524,300	0.015261	259,655	3,963	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	18,306,326	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	1,034,484	19,788,696	0.052277	0	0	96.00
200.00		Total (lines 50-199)	29,156,565	1,756,065,621		1,098,557	14,426	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150082 Component CCN: 15S082	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part IV Date/Time Prepared: 2/26/2016 11:44 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	49,863	0	49,863	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	19,126	0	19,126	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	4,098	0	4,098	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	381,541	0	381,541	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09002 OUTPATIENT PSYCH SERVICES	0	0	0	0	0	90.02
90.03	09003 INFUSION CENTER	0	0	0	0	0	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	0	0	1,118	0	1,118	90.04
90.05	09005 PAIN MANAGEMENT	0	0	0	0	0	90.05
90.06	09006 WOUND CARE CENTER	0	0	994	0	994	90.06
90.07	09007 SLEEP CENTER	0	0	0	0	0	90.07
91.00	09100 EMERGENCY	0	0	37,444	0	37,444	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00	Total (lines 50-199)	0	0	494,184	0	494,184	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150082 Component CCN: 15S082	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part IV Date/Time Prepared: 2/26/2016 11:44 am
		Title XVIII	Subprovider - IPF

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	49,863	291,533,618	0.000171	0.000171	29,001	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	341,694,377	0.000000	0.000000	72,114	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	35,752,459	0.000000	0.000000	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	19,126	40,210,319	0.000476	0.000476	0	59.00
60.00	06000 LABORATORY	0	282,738,171	0.000000	0.000000	409,955	60.00
64.00	06400 INTRAVENOUS THERAPY	4,098	4,494,913	0.000912	0.000912	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	33,601,180	0.000000	0.000000	138	65.00
66.00	06600 PHYSICAL THERAPY	0	67,334,937	0.000000	0.000000	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	33,485,553	0.000000	0.000000	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	34,100,855	0.000000	0.000000	1,959	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	51,340,232	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	381,541	233,006,232	0.001637	0.001637	325,735	73.00
74.00	07400 RENAL DIALYSIS	0	8,881,145	0.000000	0.000000	0	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	5,751,879	0.000000	0.000000	0	90.00
90.01	09001 FAMILY PRACTICE CLINIC	0	2,841,823	0.000000	0.000000	0	90.01
90.02	09002 OUTPATIENT PSYCH SERVICES	0	3,670,736	0.000000	0.000000	0	90.02
90.03	09003 INFUSION CENTER	0	11,592,687	0.000000	0.000000	0	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	1,118	1,675,642	0.000667	0.000667	0	90.04
90.05	09005 PAIN MANAGEMENT	0	33,732,401	0.000000	0.000000	0	90.05
90.06	09006 WOUND CARE CENTER	994	1,997,999	0.000497	0.000497	0	90.06
90.07	09007 SLEEP CENTER	0	6,009,141	0.000000	0.000000	0	90.07
91.00	09100 EMERGENCY	37,444	192,524,300	0.000194	0.000194	259,655	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	18,306,326	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	19,788,696	0.000000	0.000000	0	96.00
200.00	Total (lines 50-199)	494,184	1,756,065,621			1,098,557	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150082 Component CCN: 15S082	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part IV Date/Time Prepared: 2/26/2016 11:44 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	5	0	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	533	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 FAMILY PRACTICE CLINIC	0	0	0	90.01
90.02	09002 OUTPATIENT PSYCH SERVICES	0	0	0	90.02
90.03	09003 INFUSION CENTER	0	0	0	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	0	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0	0	0	90.05
90.06	09006 WOUND CARE CENTER	0	0	0	90.06
90.07	09007 SLEEP CENTER	0	0	0	90.07
91.00	09100 EMERGENCY	50	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
200.00	Total (lines 50-199)	588	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150082	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part I Date/Time Prepared: 2/26/2016 11:44 am
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Cost Center Description		Title XIX			Hospital	PPS		
		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	12,907,524	0	12,907,524	120,954	106.71	30.00	
31.00	INTENSIVE CARE UNIT	2,857,293		2,857,293	18,350	155.71	31.00	
32.00	CORONARY CARE UNIT	565,504		565,504	4,339	130.33	32.00	
40.00	SUBPROVIDER - IPF	211,200	0	211,200	3,477	60.74	40.00	
200.00	Total (lines 30-199)	16,541,521		16,541,521	147,120		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	7,477	797,871					30.00
31.00	INTENSIVE CARE UNIT	1,696	264,084					31.00
32.00	CORONARY CARE UNIT	471	61,385					32.00
40.00	SUBPROVIDER - IPF	494	30,006					40.00
200.00	Total (lines 30-199)	10,138	1,153,346					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150082	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part II Date/Time Prepared: 2/26/2016 11:44 am
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Cost Center Description		Title XIX			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,479,514	291,533,618	0.025656	12,520,263	321,220	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,797,206	341,694,377	0.014039	9,954,560	139,752	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	615,616	35,752,459	0.017219	194,462	3,348	55.00
59.00	05900	CARDIAC CATHETERIZATION	621,905	40,210,319	0.015466	2,488,198	38,482	59.00
60.00	06000	LABORATORY	3,564,886	282,738,171	0.012608	20,120,847	253,684	60.00
64.00	06400	INTRAVENOUS THERAPY	134,781	4,494,913	0.029985	653,570	19,597	64.00
65.00	06500	RESPIRATORY THERAPY	458,126	33,601,180	0.013634	5,086,350	69,347	65.00
66.00	06600	PHYSICAL THERAPY	587,261	67,334,937	0.008721	4,611,166	40,214	66.00
69.00	06900	ELECTROCARDIOLOGY	207,131	33,485,553	0.006186	1,774,412	10,977	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	912,575	34,100,855	0.026761	2,515,110	67,307	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,236,650	51,340,232	0.024087	3,463,018	83,414	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,492,499	233,006,232	0.010697	18,820,026	201,318	73.00
74.00	07400	RENAL DIALYSIS	95,873	8,881,145	0.010795	1,006,441	10,865	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	383,999	5,751,879	0.066761	2,634	176	90.00
90.01	09001	FAMILY PRACTICE CLINIC	476,465	2,841,823	0.167662	3,958	664	90.01
90.02	09002	OUTPATIENT PSYCH SERVICES	201,639	3,670,736	0.054931	87	5	90.02
90.03	09003	INFUSION CENTER	154,313	11,592,687	0.013311	9,545	127	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	121,077	1,675,642	0.072257	0	0	90.04
90.05	09005	PAIN MANAGEMENT	273,588	33,732,401	0.008111	3,863	31	90.05
90.06	09006	WOUND CARE CENTER	50,494	1,997,999	0.025272	568	14	90.06
90.07	09007	SLEEP CENTER	318,450	6,009,141	0.052994	260	14	90.07
91.00	09100	EMERGENCY	2,938,033	192,524,300	0.015261	10,264,905	156,653	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,564,867	18,306,326	0.085482	285,280	24,386	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	1,034,484	19,788,696	0.052277	0	0	96.00
200.00		Total (lines 50-199)	30,721,432	1,756,065,621		93,779,523	1,441,595	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150082	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part III Date/Time Prepared: 2/26/2016 11:44 am
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Cost Center Description		Title XIX				Hospital		
		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	PPS	
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,118,252	0	0	1,118,252	30.00
31.00	03100	INTENSIVE CARE UNIT	0	122,143	0	0	122,143	31.00
32.00	03200	CORONARY CARE UNIT	0	35,395	0	0	35,395	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
200.00		Total (lines 30-199)	0	1,275,790	0	0	1,275,790	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	120,954	9.25	7,477	69,162		30.00
31.00	03100	INTENSIVE CARE UNIT	18,350	6.66	1,696	11,295		31.00
32.00	03200	CORONARY CARE UNIT	4,339	8.16	471	3,843		32.00
40.00	04000	SUBPROVIDER - IPF	3,477	0.00	494	0		40.00
200.00		Total (lines 30-199)	147,120		10,138	84,300		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150082	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part IV Date/Time Prepared: 2/26/2016 11:44 am
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Cost Center Description	Title XIX				Hospital	PPS	Total Cost (sum of col 1 through col . 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	49,863	0	49,863	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	19,126	0	19,126	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	4,098	0	4,098	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	381,541	0	381,541	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09002	OUTPATIENT PSYCH SERVICES	0	0	0	0	0	90.02
90.03	09003	INFUSION CENTER	0	0	0	0	0	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0	0	1,118	0	1,118	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	0	0	90.05
90.06	09006	WOUND CARE CENTER	0	0	994	0	994	90.06
90.07	09007	SLEEP CENTER	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	37,444	0	37,444	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00		Total (lines 50-199)	0	0	494,184	0	494,184	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150082

Period:
From 10/01/2014
To 09/30/2015

Worksheet D
Part IV
Date/Time Prepared:
2/26/2016 11:44 am

Cost Center Description		Title XIX			Hospital		PPS
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	49,863	291,533,618	0.000171	0.000171	12,520,263	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	341,694,377	0.000000	0.000000	9,954,560	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	35,752,459	0.000000	0.000000	194,462	55.00
59.00	05900 CARDIAC CATHETERIZATION	19,126	40,210,319	0.000476	0.000476	2,488,198	59.00
60.00	06000 LABORATORY	0	282,738,171	0.000000	0.000000	20,120,847	60.00
64.00	06400 INTRAVENOUS THERAPY	4,098	4,494,913	0.000912	0.000912	653,570	64.00
65.00	06500 RESPIRATORY THERAPY	0	33,601,180	0.000000	0.000000	5,086,350	65.00
66.00	06600 PHYSICAL THERAPY	0	67,334,937	0.000000	0.000000	4,611,166	66.00
69.00	06900 ELECTROCARDIOLOGY	0	33,485,553	0.000000	0.000000	1,774,412	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	34,100,855	0.000000	0.000000	2,515,110	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	51,340,232	0.000000	0.000000	3,463,018	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	381,541	233,006,232	0.001637	0.001637	18,820,026	73.00
74.00	07400 RENAL DIALYSIS	0	8,881,145	0.000000	0.000000	1,006,441	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	5,751,879	0.000000	0.000000	2,634	90.00
90.01	09001 FAMILY PRACTICE CLINIC	0	2,841,823	0.000000	0.000000	3,958	90.01
90.02	09002 OUTPATIENT PSYCH SERVICES	0	3,670,736	0.000000	0.000000	87	90.02
90.03	09003 INFUSION CENTER	0	11,592,687	0.000000	0.000000	9,545	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	1,118	1,675,642	0.000667	0.000667	0	90.04
90.05	09005 PAIN MANAGEMENT	0	33,732,401	0.000000	0.000000	3,863	90.05
90.06	09006 WOUND CARE CENTER	994	1,997,999	0.000497	0.000497	568	90.06
90.07	09007 SLEEP CENTER	0	6,009,141	0.000000	0.000000	260	90.07
91.00	09100 EMERGENCY	37,444	192,524,300	0.000194	0.000194	10,264,905	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	18,306,326	0.000000	0.000000	285,280	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	19,788,696	0.000000	0.000000	0	96.00
200.00	Total (lines 50-199)	494,184	1,756,065,621			93,779,523	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150082

Period:
From 10/01/2014
To 09/30/2015

Worksheet D
Part IV
Date/Time Prepared:
2/26/2016 11:44 am

Cost Center Description		Title XIX			Hospital	PPS
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	2,141	0	0		50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
59.00	05900 CARDIAC CATHETERIZATION	1,184	0	0		59.00
60.00	06000 LABORATORY	0	0	0		60.00
64.00	06400 INTRAVENOUS THERAPY	596	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	30,808	0	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0		76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0		90.00
90.01	09001 FAMILY PRACTICE CLINIC	0	0	0		90.01
90.02	09002 OUTPATIENT PSYCH SERVICES	0	0	0		90.02
90.03	09003 INFUSION CENTER	0	0	0		90.03
90.04	09004 PRIMARY CARE FOR SENIORS	0	0	0		90.04
90.05	09005 PAIN MANAGEMENT	0	0	0		90.05
90.06	09006 WOUND CARE CENTER	0	0	0		90.06
90.07	09007 SLEEP CENTER	0	0	0		90.07
91.00	09100 EMERGENCY	1,991	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
200.00	Total (lines 50-199)	36,720	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150082	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part V Date/Time Prepared: 2/26/2016 11:44 am
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		Title XIX		Hospital		PPS	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.190008	0	0	13,987,726	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.087946	0	0	32,485,163	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.150799	0	0	3,328,750	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0.105885	0	0	1,243,276	0	59.00
60.00	06000 LABORATORY	0.161167	0	0	22,585,350	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.590001	0	0	29,084	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.176327	0	0	495,302	0	65.00
66.00	06600 PHYSICAL THERAPY	0.159378	0	0	446,590	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.091932	0	0	1,532,948	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.613587	0	0	2,596,097	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.550891	0	0	1,848,843	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.258369	0	0	10,051,634	0	73.00
74.00	07400 RENAL DIALYSIS	0.274793	0	0	60,040	0	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.646431	0	0	652,726	0	90.00
90.01	09001 FAMILY PRACTICE CLINIC	1.029978	0	0	1,951,658	0	90.01
90.02	09002 OUTPATIENT PSYCH SERVICES	0.490056	0	0	126,557	0	90.02
90.03	09003 INFUSION CENTER	0.140792	0	0	953,433	0	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	1.372126	0	0	516	0	90.04
90.05	09005 PAIN MANAGEMENT	0.131258	0	0	3,012,783	0	90.05
90.06	09006 WOUND CARE CENTER	0.327849	0	0	280,003	0	90.06
90.07	09007 SLEEP CENTER	0.471893	0	0	674,738	0	90.07
91.00	09100 EMERGENCY	0.164056	0	0	29,599,446	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.654726	0	0	3,630,528	0	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.561138	0	0	0	0	96.00
200.00	Subtotal (see instructions)		0	0	131,573,191	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges				0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	0	131,573,191	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150082	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part V Date/Time Prepared: 2/26/2016 11:44 am
		Title XIX	Hospital	PPS

Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	2,657,780	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,856,940	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	501,972	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	131,644	59.00
60.00	06000	LABORATORY	0	3,640,013	60.00
64.00	06400	INTRAVENOUS THERAPY	0	17,160	64.00
65.00	06500	RESPIRATORY THERAPY	0	87,335	65.00
66.00	06600	PHYSICAL THERAPY	0	71,177	66.00
69.00	06900	ELECTROCARDIOLOGY	0	140,927	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,592,931	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,018,511	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,597,031	73.00
74.00	07400	RENAL DIALYSIS	0	16,499	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	421,942	90.00
90.01	09001	FAMILY PRACTICE CLINIC	0	2,010,165	90.01
90.02	09002	OUTPATIENT PSYCH SERVICES	0	62,020	90.02
90.03	09003	INFUSION CENTER	0	134,236	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0	708	90.04
90.05	09005	PAIN MANAGEMENT	0	395,452	90.05
90.06	09006	WOUND CARE CENTER	0	91,799	90.06
90.07	09007	SLEEP CENTER	0	318,404	90.07
91.00	09100	EMERGENCY	0	4,855,967	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,377,001	92.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
200.00		Subtotal (see instructions)	0	25,997,614	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	0	25,997,614	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150082 Component CCN: 15S082		Period: From 10/01/2014 To 09/30/2015		Worksheet D Part II Date/Time Prepared: 2/26/2016 11:44 am		
				Title XIX		Subprovider - IPF	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,479,514	291,533,618	0.025656	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,797,206	341,694,377	0.014039	56,392	792	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	615,616	35,752,459	0.017219	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	621,905	40,210,319	0.015466	0	0	59.00
60.00	06000	LABORATORY	3,564,886	282,738,171	0.012608	482,331	6,081	60.00
64.00	06400	INTRAVENOUS THERAPY	134,781	4,494,913	0.029985	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	458,126	33,601,180	0.013634	0	0	65.00
66.00	06600	PHYSICAL THERAPY	587,261	67,334,937	0.008721	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	207,131	33,485,553	0.006186	2,448	15	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	912,575	34,100,855	0.026761	1,893	51	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,236,650	51,340,232	0.024087	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,492,499	233,006,232	0.010697	144,725	1,548	73.00
74.00	07400	RENAL DIALYSIS	95,873	8,881,145	0.010795	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	383,999	5,751,879	0.066761	0	0	90.00
90.01	09001	FAMILY PRACTICE CLINIC	476,465	2,841,823	0.167662	0	0	90.01
90.02	09002	OUTPATIENT PSYCH SERVICES	201,639	3,670,736	0.054931	0	0	90.02
90.03	09003	INFUSION CENTER	154,313	11,592,687	0.013311	0	0	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	121,077	1,675,642	0.072257	0	0	90.04
90.05	09005	PAIN MANAGEMENT	273,588	33,732,401	0.008111	0	0	90.05
90.06	09006	WOUND CARE CENTER	50,494	1,997,999	0.025272	0	0	90.06
90.07	09007	SLEEP CENTER	318,450	6,009,141	0.052994	0	0	90.07
91.00	09100	EMERGENCY	2,938,033	192,524,300	0.015261	461,284	7,040	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	18,306,326	0.000000	1,147	0	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	1,034,484	19,788,696	0.052277	0	0	96.00
200.00		Total (lines 50-199)	29,156,565	1,756,065,621		1,150,220	15,527	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150082 Component CCN: 15S082	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part IV Date/Time Prepared: 2/26/2016 11:44 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	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	49,863	0	49,863	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	19,126	0	19,126	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	4,098	0	4,098	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	381,541	0	381,541	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09002 OUTPATIENT PSYCH SERVICES	0	0	0	0	0	90.02
90.03	09003 INFUSION CENTER	0	0	0	0	0	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	0	0	1,118	0	1,118	90.04
90.05	09005 PAIN MANAGEMENT	0	0	0	0	0	90.05
90.06	09006 WOUND CARE CENTER	0	0	994	0	994	90.06
90.07	09007 SLEEP CENTER	0	0	0	0	0	90.07
91.00	09100 EMERGENCY	0	0	37,444	0	37,444	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00	Total (lines 50-199)	0	0	494,184	0	494,184	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150082 Component CCN: 15S082		Period: From 10/01/2014 To 09/30/2015		Worksheet D Part IV Date/Time Prepared: 2/26/2016 11:44 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		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	49,863	291,533,618	0.000171	0.000171	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	341,694,377	0.000000	0.000000	56,392	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	35,752,459	0.000000	0.000000	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	19,126	40,210,319	0.000476	0.000476	0	59.00
60.00	06000	LABORATORY	0	282,738,171	0.000000	0.000000	482,331	60.00
64.00	06400	INTRAVENOUS THERAPY	4,098	4,494,913	0.000912	0.000912	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	33,601,180	0.000000	0.000000	0	65.00
66.00	06600	PHYSICAL THERAPY	0	67,334,937	0.000000	0.000000	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	33,485,553	0.000000	0.000000	2,448	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	34,100,855	0.000000	0.000000	1,893	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	51,340,232	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	381,541	233,006,232	0.001637	0.001637	144,725	73.00
74.00	07400	RENAL DIALYSIS	0	8,881,145	0.000000	0.000000	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	5,751,879	0.000000	0.000000	0	90.00
90.01	09001	FAMILY PRACTICE CLINIC	0	2,841,823	0.000000	0.000000	0	90.01
90.02	09002	OUTPATIENT PSYCH SERVICES	0	3,670,736	0.000000	0.000000	0	90.02
90.03	09003	INFUSION CENTER	0	11,592,687	0.000000	0.000000	0	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	1,118	1,675,642	0.000667	0.000667	0	90.04
90.05	09005	PAIN MANAGEMENT	0	33,732,401	0.000000	0.000000	0	90.05
90.06	09006	WOUND CARE CENTER	994	1,997,999	0.000497	0.000497	0	90.06
90.07	09007	SLEEP CENTER	0	6,009,141	0.000000	0.000000	0	90.07
91.00	09100	EMERGENCY	37,444	192,524,300	0.000194	0.000194	461,284	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	18,306,326	0.000000	0.000000	1,147	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	19,788,696	0.000000	0.000000	0	96.00
200.00		Total (lines 50-199)	494,184	1,756,065,621			1,150,220	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150082 Component CCN: 15S082	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part IV Date/Time Prepared: 2/26/2016 11:44 am
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	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	237	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 FAMILY PRACTICE CLINIC	0	0	0	90.01
90.02	09002 OUTPATIENT PSYCH SERVICES	0	0	0	90.02
90.03	09003 INFUSION CENTER	0	0	0	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	0	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0	0	0	90.05
90.06	09006 WOUND CARE CENTER	0	0	0	90.06
90.07	09007 SLEEP CENTER	0	0	0	90.07
91.00	09100 EMERGENCY	89	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
200.00	Total (lines 50-199)	326	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150082	Period: From 10/01/2014 To 09/30/2015	Worksheet D-1 Date/Time Prepared: 2/26/2016 11:44 am
		Title XVIII	Hospital	PPS
Cost Center Description		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		120,954	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		120,954	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)		106,290	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)		50,558	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		98,861,346	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)		98,861,346	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		98,861,346	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		817.35	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		41,323,581	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)		41,323,581	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150082	Period: From 10/01/2014 To 09/30/2015	Worksheet D-1 Date/Time Prepared: 2/26/2016 11:44 am			
Cost Center Description			Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
NURSERY (title V & XIX only)			1.00	2.00	3.00	4.00	5.00	
42.00	Intensive Care Type Inpatient Hospital Units						42.00	
43.00	INTENSIVE CARE UNIT	23,746,536	18,350	1,294.09	7,531	9,745,792	43.00	
44.00	CORONARY CARE UNIT	5,692,368	4,339	1,311.91	2,062	2,705,158	44.00	
45.00	BURN INTENSIVE CARE UNIT						45.00	
46.00	SURGICAL INTENSIVE CARE UNIT						46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00	
Cost Center Description							1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						73,747,395	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						127,521,926	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)						7,371,080	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						5,672,747	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						13,043,827	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						114,478,099	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)						14,664	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						817.35	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						11,985,620	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150082		Period: From 10/01/2014 To 09/30/2015		Worksheet D-1 Date/Time Prepared: 2/26/2016 11:44 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	12,907,524	98,861,346	0.130562	11,985,620	1,564,867	90.00
91.00	Nursing School cost	0	98,861,346	0.000000	11,985,620	0	91.00
92.00	Allied health cost	1,118,252	98,861,346	0.011311	11,985,620	135,569	92.00
93.00	All other Medical Education	0	98,861,346	0.000000	11,985,620	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150082	Period: From 10/01/2014 To 09/30/2015	Worksheet D-1
		Component CCN: 15S082		Date/Time Prepared: 2/26/2016 11:44 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,477	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,477	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)		3,477	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)		1,353	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,087,790	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)		2,087,790	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,087,790	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		600.46	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		812,422	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)		812,422	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150082		Period: From 10/01/2014 To 09/30/2015		Worksheet D-1		
		Component CCN: 15S082				Date/Time Prepared: 2/26/2016 11:44 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)							42.00
Intensive Care Type Inpatient Hospital Units								
43.00	0	0	0.00	0	0		43.00	
44.00	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	OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description								
					1.00			
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					209,677		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,022,099		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)					82,181		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					15,014		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					97,195		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					924,904		53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges					0		54.00
55.00	Target amount per discharge					0.00		55.00
56.00	Target amount (line 54 x line 55)					0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00	Bonus payment (see instructions)					0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00	Relief payment (see instructions)					0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)					0		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150082		Period: From 10/01/2014 To 09/30/2015		Worksheet D-1	
		Component CCN: 15S082				Date/Time Prepared: 2/26/2016 11:44 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	211,200	2,087,790	0.101160	0	0	90.00
91.00	Nursing School cost	0	2,087,790	0.000000	0	0	91.00
92.00	Allied health cost	0	2,087,790	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,087,790	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150082	Period: From 10/01/2014 To 09/30/2015	Worksheet D-1 Date/Time Prepared: 2/26/2016 11:44 am
		Title XIX	Hospital	PPS
Cost Center Description		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		120,954	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		120,954	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)		106,290	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		7,477	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		98,861,346	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)		98,861,346	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		98,861,346	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		817.35	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,111,326	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		6,111,326	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150082	Period: From 10/01/2014 To 09/30/2015	Worksheet D-1 Date/Time Prepared: 2/26/2016 11:44 am	
Cost Center Description			Title XIX	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)					42.00
Intensive Care Type Inpatient Hospital Units						
43.00	23,746,536	18,350	1,294.09	1,696	2,194,777	43.00
44.00	5,692,368	4,339	1,311.91	471	617,910	44.00
45.00						45.00
46.00						46.00
47.00						47.00
Cost Center Description						
					1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				19,629,399	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				28,553,412	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)				1,207,640	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				1,478,315	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				2,685,955	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				25,867,457	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)				14,664	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				817.35	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				11,985,620	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150082		Period: From 10/01/2014 To 09/30/2015		Worksheet D-1 Date/Time Prepared: 2/26/2016 11:44 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	12,907,524	98,861,346	0.130562	11,985,620	1,564,867	90.00
91.00	Nursing School cost	0	98,861,346	0.000000	11,985,620	0	91.00
92.00	Allied health cost	1,118,252	98,861,346	0.011311	11,985,620	135,569	92.00
93.00	All other Medical Education	0	98,861,346	0.000000	11,985,620	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150082	Period: From 10/01/2014 To 09/30/2015	Worksheet D-1
		Component CCN: 15S082		Date/Time Prepared: 2/26/2016 11:44 am
		Title XIX	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,477	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,477	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)		3,477	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)		494	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,087,790	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)		2,087,790	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,087,790	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		600.46	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		296,627	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)		296,627	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150082		Period: From 10/01/2014 To 09/30/2015		Worksheet D-1		
		Component CCN: 15S082				Date/Time Prepared: 2/26/2016 11:44 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)							42.00
Intensive Care Type Inpatient Hospital Units								
43.00	0	0	0.00	0	0		43.00	
44.00	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	OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description								
					1.00			
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					204,036		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					500,663		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)					30,006		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					15,853		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					45,859		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					454,804		53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges					0		54.00
55.00	Target amount per discharge					0.00		55.00
56.00	Target amount (line 54 x line 55)					0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00	Bonus payment (see instructions)					0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00	Relief payment (see instructions)					0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)					0		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150082 Component CCN: 15S082		Period: From 10/01/2014 To 09/30/2015		Worksheet D-1 Date/Time Prepared: 2/26/2016 11:44 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	211,200	2,087,790	0.101160	0	0	90.00
91.00	Nursing School cost	0	2,087,790	0.000000	0	0	91.00
92.00	Allied health cost	0	2,087,790	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,087,790	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150082	Period: From 10/01/2014 To 09/30/2015	Worksheet D-3 Date/Time Prepared: 2/26/2016 11:44 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		58,525,901	30.00
31.00	03100	INTENSIVE CARE UNIT		23,681,393	31.00
32.00	03200	CORONARY CARE UNIT		6,289,640	32.00
40.00	04000	SUBPROVIDER - I/PF		0	40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.192772	46,542,618	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.088405	44,564,083	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.150799	594,226	55.00
59.00	05900	CARDIAC CATHETERIZATION	0.105885	12,954,888	59.00
60.00	06000	LABORATORY	0.162737	72,671,014	60.00
64.00	06400	INTRAVENOUS THERAPY	0.590001	2,033,263	64.00
65.00	06500	RESPIRATORY THERAPY	0.176327	14,255,951	65.00
66.00	06600	PHYSICAL THERAPY	0.159378	26,453,706	66.00
69.00	06900	ELECTROCARDIOLOGY	0.091932	10,961,172	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.613587	10,315,686	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.550891	16,195,503	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.258369	57,017,953	73.00
74.00	07400	RENAL DIALYSIS	0.274961	4,366,894	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.646585	13,415	90.00
90.01	09001	FAMILY PRACTICE CLINIC	1.029978	3,756	90.01
90.02	09002	OUTPATIENT PSYCH SERVICES	0.490056	491	90.02
90.03	09003	INFUSION CENTER	0.140792	53,338	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	1.396460	4,830	90.04
90.05	09005	PAIN MANAGEMENT	0.131409	1,816	90.05
90.06	09006	WOUND CARE CENTER	0.328770	8,090	90.06
90.07	09007	SLEEP CENTER	0.472652	8,491	90.07
91.00	09100	EMERGENCY	0.175658	32,995,973	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.654726	2,439,117	92.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.561138	0	96.00
200.00		Total (sum of lines 50-94 and 96-98)		354,456,274	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)		354,456,274	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150082	Period: From 10/01/2014 To 09/30/2015	Worksheet D-3	
		Component CCN: 15S082		Date/Time Prepared: 2/26/2016 11:44 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
40.00	04000 SUBPROVIDER - IPF		2,979,216		40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.192772	29,001	5,591	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.088405	72,114	6,375	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.150799	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0.105885	0	0	59.00
60.00	06000 LABORATORY	0.162737	409,955	66,715	60.00
64.00	06400 INTRAVENOUS THERAPY	0.590001	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.176327	138	24	65.00
66.00	06600 PHYSICAL THERAPY	0.159378	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.091932	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.613587	1,959	1,202	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.550891	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.258369	325,735	84,160	73.00
74.00	07400 RENAL DIALYSIS	0.274961	0	0	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.646585	0	0	90.00
90.01	09001 FAMILY PRACTICE CLINIC	1.029978	0	0	90.01
90.02	09002 OUTPATIENT PSYCH SERVICES	0.490056	0	0	90.02
90.03	09003 INFUSION CENTER	0.140792	0	0	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	1.396460	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0.131409	0	0	90.05
90.06	09006 WOUND CARE CENTER	0.328770	0	0	90.06
90.07	09007 SLEEP CENTER	0.472652	0	0	90.07
91.00	09100 EMERGENCY	0.175658	259,655	45,610	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.654726	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.561138	0	0	96.00
200.00	Total (sum of lines 50-94 and 96-98)		1,098,557	209,677	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)		1,098,557		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150082	Period: From 10/01/2014 To 09/30/2015	Worksheet D-3 Date/Time Prepared: 2/26/2016 11:44 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		23,015,428	30.00
31.00	03100	INTENSIVE CARE UNIT		9,105,136	31.00
32.00	03200	CORONARY CARE UNIT		2,438,032	32.00
40.00	04000	SUBPROVIDER - I/PF		0	40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.192772	12,520,263	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.088405	9,954,560	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.150799	194,462	55.00
59.00	05900	CARDIAC CATHETERIZATION	0.105885	2,488,198	59.00
60.00	06000	LABORATORY	0.162737	20,120,847	60.00
64.00	06400	INTRAVENOUS THERAPY	0.590001	653,570	64.00
65.00	06500	RESPIRATORY THERAPY	0.176327	5,086,350	65.00
66.00	06600	PHYSICAL THERAPY	0.159378	4,611,166	66.00
69.00	06900	ELECTROCARDIOLOGY	0.091932	1,774,412	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.613587	2,515,110	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.550891	3,463,018	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.258369	18,820,026	73.00
74.00	07400	RENAL DIALYSIS	0.274961	1,006,441	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.646585	2,634	90.00
90.01	09001	FAMILY PRACTICE CLINIC	1.029978	3,958	90.01
90.02	09002	OUTPATIENT PSYCH SERVICES	0.490056	87	90.02
90.03	09003	INFUSION CENTER	0.140792	9,545	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	1.396460	0	90.04
90.05	09005	PAIN MANAGEMENT	0.131409	3,863	90.05
90.06	09006	WOUND CARE CENTER	0.328770	568	90.06
90.07	09007	SLEEP CENTER	0.472652	260	90.07
91.00	09100	EMERGENCY	0.175658	10,264,905	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.654726	285,280	92.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.561138	0	96.00
200.00		Total (sum of lines 50-94 and 96-98)		93,779,523	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		93,779,523	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150082	Period: From 10/01/2014 To 09/30/2015	Worksheet D-3	
		Component CCN: 15S082		Date/Time Prepared: 2/26/2016 11:44 am	
		Title XIX	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		2,525,048	40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.192772	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.088405	56,392	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.150799	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0.105885	0	59.00
60.00	06000	LABORATORY	0.162737	482,331	60.00
64.00	06400	INTRAVENOUS THERAPY	0.590001	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.176327	0	65.00
66.00	06600	PHYSICAL THERAPY	0.159378	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.091932	2,448	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.613587	1,893	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.550891	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.258369	144,725	73.00
74.00	07400	RENAL DIALYSIS	0.274961	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.646585	0	90.00
90.01	09001	FAMILY PRACTICE CLINIC	1.029978	0	90.01
90.02	09002	OUTPATIENT PSYCH SERVICES	0.490056	0	90.02
90.03	09003	INFUSION CENTER	0.140792	0	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	1.396460	0	90.04
90.05	09005	PAIN MANAGEMENT	0.131409	0	90.05
90.06	09006	WOUND CARE CENTER	0.328770	0	90.06
90.07	09007	SLEEP CENTER	0.472652	0	90.07
91.00	09100	EMERGENCY	0.175658	461,284	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.654726	1,147	92.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.561138	0	96.00
200.00		Total (sum of lines 50-94 and 96-98)		1,150,220	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		1,150,220	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150082	Period: From 10/01/2014 To 09/30/2015	Worksheet E Part A Date/Time Prepared: 2/26/2016 11:44 am	
		Title XVIII	Hospital	PPS	
		0	before 1/1	on/after 1/1	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments		0		1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		0		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		93,563,222		1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0		1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0		1.04
2.00	Outlier payments for discharges. (see instructions)		2,473,216		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		24,827,730		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		456.62		4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		15.30		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		15.30		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		20.44		10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00		11.00
12.00	Current year allowable FTE (see instructions)		15.30		12.00
13.00	Total allowable FTE count for the prior year.		15.30		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.		15.30		14.00
15.00	Sum of lines 12 through 14 divided by 3.		15.30		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		15.30		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.033507		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.042152		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.033507		21.00
22.00	IME payment adjustment (see instructions)		1,697,237		22.00
22.01	IME payment adjustment - Managed Care (see instructions)		450,375		22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		2.22		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		5.14		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)		2.22		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.004862		26.00
27.00	IME payments adjustment factor. (see instructions)		0.001298		27.00
28.00	IME add-on adjustment amount (see instructions)		121,445		28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		32,226		28.01
29.00	Total IME payment (sum of lines 22 and 28)		1,818,682		29.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150082	Period: From 10/01/2014 To 09/30/2015	Worksheet E Part A Date/Time Prepared: 2/26/2016 11:44 am	
		Title XVIII	Hospital	PPS	
		0	before 1/1	on/after 1/1	2.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		482,601		29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.55		30.00
31.00	Percentage of Medicaid patient days (see instructions)		16.21		31.00
32.00	Sum of lines 30 and 31		21.76		32.00
33.00	Allowable disproportionate share percentage (see instructions)		7.17		33.00
34.00	Disproportionate share adjustment (see instructions)		1,677,121		34.00
			Prior to October 1	On/After October 1	
		0	1.00	1.01	2.00
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0		7,647,644,885 35.00
35.01	Factor 3 (see instructions)		0.000000000		0.000565663 35.01
35.02	Hospital uncompensated care payment (if line 34 is zero, enter zero on this line) (see instructions)		0		4,325,990 35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0		4,325,990 35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		4,325,990		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		103,858,231		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)		104,340,832		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		8,300,345		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).		866,493		52.00
53.00	Nursing and Allied Health Managed Care payment		384,733		53.00
54.00	Special add-on payments for new technologies		2,425		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).		534,644		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		133,790		58.00
59.00	Total (sum of amounts on lines 49 through 58)		114,563,262		59.00
60.00	Primary payer payments		25,177		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		114,538,085		61.00
62.00	Deductibles billed to program beneficiaries		10,774,113		62.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150082	Period: From 10/01/2014 To 09/30/2015	Worksheet E Part A Date/Time Prepared: 2/26/2016 11:44 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	1.01	On/After October 1 2.00
63.00	Coinsurance billed to program beneficiaries		378,527		63.00
64.00	Allowable bad debts (see instructions)		866,879		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		563,471		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		609,560		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		103,948,916		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)		-409,648		70.93
70.94	HRR adjustment amount (see instructions)		-374,269		70.94
70.95	Recovery of accelerated depreciation		0		70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		103,164,999		71.00
71.01	Sequestration adjustment (see instructions)		2,063,300		71.01
72.00	Interim payments		101,953,501		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)		-851,802		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		2,094,398		75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150082	Period: From 10/01/2014 To 09/30/2015	Worksheet E Part A Date/Time Prepared: 2/26/2016 11:44 am
		Title XVIII	Hospital	PPS
		Prior to 10/1		On/After 10/1
	HSP Bonus Payment Amount	1.00	1.01	2.00
100.00	HSP bonus amount (see instructions)			0
	HVBP Adjustment for HSP Bonus Payment			
101.00	HVBP adjustment factor (see instructions)			0
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0
	HRR Adjustment for HSP Bonus Payment			
103.00	HRR adjustment factor (see instructions)			0.0000
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150082

Period:
From 10/01/2014
To 09/30/2015

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
2/26/2016 11:44 am

		Title XVIII		Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
	0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0	0	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	93,563,222	0	0	93,563,222	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	2,473,216	0	0	2,473,216	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	24,827,730	0	0	24,827,730	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.033507	0.033507	0.033507	0.033507	5.00
6.00	IME payment adjustment (see instructions)	22.00	1,697,237	0	0	1,697,237	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	450,375	0	0	450,375	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.001298	0.001298	0.001298	0.001298	7.00
8.00	IME adjustment (see instructions)	28.00	121,445	0	0	121,445	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	32,226	0	0	32,226	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,818,682	0	0	1,818,682	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	482,601	0	0	482,601	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0717	0.0717	0.0717	0.0717	10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,677,121	0	0	1,677,121	11.00
11.01	Uncompensated care payments	36.00	4,325,990	0	0	4,325,990	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	103,858,231	0	0	103,858,231	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	104,340,832	0	0	104,340,832	15.00
16.00	Payment for inpatient program capital	50.00	8,300,345	0	0	8,300,345	16.00
17.00	Special add-on payments for new technologies	54.00	2,425	0	0	2,425	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150082

Period:
From 10/01/2014
To 09/30/2015

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
2/26/2016 11:44 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	0	112,643,602	112,643,602	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	7,389,503	0	0	7,389,503	7,389,503	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	473,383	0	0	473,383	473,383	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0141	0.0141	0.0141	0.0141		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	104,192	0	0	104,192	104,192	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0451	0.0451	0.0451	0.0451		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	333,267	0	0	333,267	333,267	25.00
26.00	Total prospective capital payments (see instructions)	12.00	8,300,345	0	0	8,300,345	8,300,345	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 150082	Period: From 10/01/2014 To 09/30/2015	Worksheet E Part A Exhibit 5 Date/Time Prepared: 2/26/2016 11:44 am
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		Title XVIII			Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col. 2 and 3)		
		0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00						1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0		0		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	93,563,222		93,563,222	93,563,222		1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0		1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0		1.04
2.00	Outlier payments for discharges (see instructions)	2.00	2,473,216	0	2,473,216	2,473,216		2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0		2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0		3.00
4.00	Managed care simulated payments	3.00	24,827,730	0	24,827,730	24,827,730		4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.033507	0.033507	0.033507			5.00
6.00	IME payment adjustment (see instructions)	22.00	1,697,237	0	1,697,237	1,697,237		6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	450,375	0	450,375	450,375		6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.001298	0.001298	0.001298			7.00
8.00	IME adjustment (see instructions)	28.00	121,445	0	121,445	121,445		8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	32,226	0	32,226	32,226		8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,818,682	0	1,818,682	1,818,682		9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	482,601	0	482,601	482,601		9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0717	0.0717	0.0717			10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,677,121	0	1,677,121	1,677,121		11.00
11.01	Uncompensated care payments	36.00	4,325,990	0	4,325,990	4,325,990		11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0		12.00
13.00	Subtotal (see instructions)	47.00	103,858,231	0	103,858,231	103,858,231		13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0		14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	104,340,832	0	104,340,832	104,340,832		15.00
16.00	Payment for inpatient program capital	50.00	8,300,345	0	8,300,345	8,300,345		16.00
17.00	Special add-on payments for new technologies	54.00	2,425	0	2,425	2,425		17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0		17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0		17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0		18.00
19.00	SUBTOTAL			0	112,643,602	112,643,602		19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 150082

Period:
From 10/01/2014
To 09/30/2015

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
2/26/2016 11:44 am

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	7,389,503	0	7,389,503	7,389,503	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	473,383	0	473,383	473,383	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0141	0.0141	0.0141		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	104,192	0	104,192	104,192	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0451	0.0451	0.0451		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	333,267	0	333,267	333,267	25.00
26.00	Total prospective capital payments (see instructions)	12.00	8,300,345	0	8,300,345	8,300,345	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-409,648	0	-409,648	-409,648	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-374,269	0	-374,269	-374,269	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0		32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150082	Period: From 10/01/2014 To 09/30/2015	Worksheet E Part B Date/Time Prepared: 2/26/2016 11:44 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		81,868	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		41,893,187	2.00
3.00	PPS payments		43,167,115	3.00
4.00	Outlier payment (see instructions)		48,315	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		88,596	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		81,868	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		326,910	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)		326,910	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		326,910	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		245,042	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)		81,868	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)		43,304,026	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		416	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		9,010,636	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)		34,374,842	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		283,497	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)		34,658,339	30.00
31.00	Primary payer payments		15,246	31.00
32.00	Subtotal (line 30 minus line 31)		34,643,093	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		838,786	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		545,211	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		719,812	36.00
37.00	Subtotal (see instructions)		35,188,304	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-384	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)		35,188,688	40.00
40.01	Sequestration adjustment (see instructions)		703,774	40.01
41.00	Interim payments		34,554,626	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-69,712	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		402,080	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150082

Period:
From 10/01/2014
To 09/30/2015

Worksheet E-1
Part I
Date/Time Prepared:
2/26/2016 11:44 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		101,908,801		34,554,626	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	04/27/2015	44,700		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)		44,700		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)		101,953,501		34,554,626	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		851,802		69,712	6.02
7.00	Total Medicare program liability (see instructions)		101,101,699		34,484,914	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: 150082
Component CCN: 15S082

Period:
From 10/01/2014
To 09/30/2015

Worksheet E-1
Part I
Date/Time Prepared:
2/26/2016 11:44 am

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		829,928		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		829,928		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		8,341		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		838,269		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: 150082

Period:
From 10/01/2014
To 09/30/2015

Worksheet E-1
Part II
Date/Time Prepared:
2/26/2016 11:44 am

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			26,962 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			60,151 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			16,969 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			128,979 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			1,967,576,419 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			40,842,199 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			0 8.00
9.00	Sequestration adjustment amount (see instructions)			0 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			0 10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			0 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150082	Period: From 10/01/2014 To 09/30/2015	Worksheet E-3 Part II Date/Time Prepared: 2/26/2016 11:44 am
		Component CCN: 15S082	Title XVII I	Subprovider - IPF
		PPS		
		1.00		
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		986,478	1.00
2.00	Net IPF PPS Outlier Payments		2,782	2.00
3.00	Net IPF PPS ECT Payments		7,516	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)		9.526027	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)		996,776	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)		996,776	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		996,776	18.00
19.00	Deductibles		128,284	19.00
20.00	Subtotal (line 18 minus line 19)		868,492	20.00
21.00	Coinsurance		21,603	21.00
22.00	Subtotal (line 20 minus line 21)		846,889	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		12,154	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		7,900	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		6,025	25.00
26.00	Subtotal (sum of lines 22 and 24)		854,789	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)		588	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)		855,377	31.00
31.01	Sequestration adjustment (see instructions)		17,108	31.01
32.00	Interim payments		829,928	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)		8,341	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		2,782	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150082	Period: From 10/01/2014 To 09/30/2015	Worksheet E-4 Date/Time Prepared: 2/26/2016 11:44 am	
		Title XVII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			18.00	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			1.40	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)			16.60	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			20.51	6.00
7.00	Enter the lesser of line 5 or line 6			16.60	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.	20.51	0.00	20.51	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.	16.60	0.00	16.60	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	16.60	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	16.60	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	16.60	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	16.60	0.00		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	16.60	0.00		17.00
18.00	Per resident amount	120,498.99	0.00		18.00
19.00	Approved amount for resident costs	2,000,283	0	2,000,283	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)			3.91	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			2,000,283	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	61,504	17,057		26.00
27.00	Total Inpatient Days (see instructions)	132,456	132,456		27.00
28.00	Ratio of inpatient days to total inpatient days	0.464335	0.128775		28.00
29.00	Program direct GME amount	928,801	257,586		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		36,397		30.00
31.00	Net Program direct GME amount			1,149,990	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150082	Period: From 10/01/2014 To 09/30/2015	Worksheet E-4 Date/Time Prepared: 2/26/2016 11:44 am
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		8,881,145	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		128,544,025	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		25,177	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		128,518,848	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		42,063,651	42.00
43.00	Primary payer payments (see instructions)		15,246	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		42,048,405	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		170,567,253	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.753479	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.246521	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		1,149,990	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		866,493	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		283,497	50.00

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

Provider CCN: 150082

Period:
From 10/01/2014
To 09/30/2015

Worksheet G

Date/Time Prepared:
2/26/2016 11:44 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	84,419,547	0	0	0	1.00
2.00	Temporary investments	33,754	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	102,536,399	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	6,858,270	0	0	0	7.00
8.00	Prepaid expenses	7,028,211	0	0	0	8.00
9.00	Other current assets	15,468,480	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)	216,344,661	0	0	0	11.00
FIXED ASSETS						
12.00	Land	13,251,527	0	0	0	12.00
13.00	Land improvements	5,900,605	0	0	0	13.00
14.00	Accumulated depreciation	-4,304,136	0	0	0	14.00
15.00	Buildings	495,659,631	0	0	0	15.00
16.00	Accumulated depreciation	-274,853,345	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	285,044,852	0	0	0	19.00
20.00	Accumulated depreciation	-224,642,359	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	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	296,056,775	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	506,544,022	12,263,197	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	49,560,455	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	556,104,477	12,263,197	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	1,068,505,913	12,263,197	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	37,004,719	0	0	0	37.00
38.00	Salaries, wages, and fees payable	31,899,544	0	0	0	38.00
39.00	Payroll taxes payable	1,469,299	0	0	0	39.00
40.00	Notes and loans payable (short term)	6,105,639	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	14,174,139	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	90,653,340	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	207,056,700	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	89,645,617	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	296,702,317	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	387,355,657	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	681,150,256				52.00
53.00	Specific purpose fund		12,263,197			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)	681,150,256	12,263,197	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	1,068,505,913	12,263,197	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150082

Period:
From 10/01/2014
To 09/30/2015

Worksheet G-1

Date/Time Prepared:
2/26/2016 11:44 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		625,479,832		12,453,541		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		138,261,813				2.00
3.00	Total (sum of line 1 and line 2)		763,741,645		12,453,541		3.00
4.00	NET UNREALIZED GAIN ON INVESTMENTS	-18,797,983		-458,304		0	4.00
5.00	BENEFIT RELATED CHANGES	-38,019,360		0		0	5.00
6.00	FOUNDATION NET INCOME	0		267,961		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		-56,817,343		-190,343		10.00
11.00	Subtotal (line 3 plus line 10)		706,924,302		12,263,198		11.00
12.00	CHANGES IN UNRESTRICTED ASSETS (TRAN	25,774,047		0		0	12.00
13.00	ROUNDING (CORRECT VARIANCE IN REV)	-1		1		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		25,774,046		1		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		681,150,256		12,263,197		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	NET UNREALIZED GAIN ON INVESTMENTS		0				4.00
5.00	BENEFIT RELATED CHANGES		0				5.00
6.00	FOUNDATION NET INCOME		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	CHANGES IN UNRESTRICTED ASSETS (TRAN		0				12.00
13.00	ROUNDING (CORRECT VARIANCE IN REV)		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: 150082

Period:
From 10/01/2014
To 09/30/2015

Worksheet G-2
Parts I & II
Date/Time Prepared:
2/26/2016 11:44 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	160,846,799		160,846,799	1.00
2.00	SUBPROVIDER - IPF	7,698,896		7,698,896	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	168,545,695		168,545,695	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	56,565,604		56,565,604	11.00
12.00	CORONARY CARE UNIT	13,403,006		13,403,006	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	69,968,610		69,968,610	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	238,514,305		238,514,305	17.00
18.00	Ancillary services	708,092,140	773,833,755	1,481,925,895	18.00
19.00	Outpatient services	80,029,491	288,158,129	368,187,620	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		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,026,635,936	1,061,991,884	2,088,627,820	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		596,842,235		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)		596,842,235		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150082

Period:
From 10/01/2014
To 09/30/2015

Worksheet G-3

Date/Time Prepared:
2/26/2016 11:44 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,088,627,820	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,407,657,887	2.00
3.00	Net patient revenues (line 1 minus line 2)	680,969,933	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	596,842,235	4.00
5.00	Net income from service to patients (line 3 minus line 4)	84,127,698	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	6,012,669	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	48,121,448	24.00
25.00	Total other income (sum of lines 6-24)	54,134,117	25.00
26.00	Total (line 5 plus line 25)	138,261,815	26.00
27.00	ROUNDING	2	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	2	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	138,261,813	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150082	Period: From 10/01/2014 To 09/30/2015	Worksheet L Parts I-III Date/Time Prepared: 2/26/2016 11:44 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		7,389,503	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		473,383	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)		353.37	3.00
4.00	Number of interns & residents (see instructions)		17.52	4.00
5.00	Indirect medical education percentage (see instructions)		1.41	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)		104,192	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.55	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		16.21	8.00
9.00	Sum of lines 7 and 8		21.76	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.51	10.00
11.00	Disproportionate share adjustment (see instructions)		333,267	11.00
12.00	Total prospective capital payments (see instructions)		8,300,345	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00