

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). OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 160057	Period: From 07/01/2014 To 06/30/2015	Worksheet S Parts I-III Date/Time Prepared: 11/24/2015 3:26 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 11/24/2015 Time: 3:26 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by GREAT RIVER MEDICAL CENTER (160057) for the cost reporting period beginning 07/01/2014 and ending 06/30/2015 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

Cost Center Description	Title 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	181,016	6,883	1,024,646	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	-3,690	0	0	0	3.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	177,326	6,883	1,024,646	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-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 160057		Period: From 07/01/2014 To 06/30/2015		Worksheet S-2 Part I Date/Time Prepared: 11/24/2015 3:21 pm					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 1221 SOUTH GEAR AVENUE			PO Box:						1.00	
2.00	City: WEST BURLINGTON			State: IA		Zip Code: 52655		County: DES MOINES		2.00	
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital	GREAT RIVER MEDICAL CENTER	160057	99916	1	07/01/1965	N	P	P	3.00	
4.00	Subprovider - IPF									4.00	
5.00	Subprovider - IRF	GREAT RIVER MEDICAL CENTER	16T057	99916	5	07/01/1985	N	P	P	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	GREAT RIVER MEDICAL CENTER	165110	99916		05/01/1977	N	P	P	9.00	
10.00	Hospital-Based NF									10.00	
11.00	Hospital-Based OLTC									11.00	
12.00	Hospital-Based HHA	GREAT RIVER MEDICAL CENTER	167136	99916		11/08/1984	N	P	P	12.00	
13.00	Separately Certified ASC									13.00	
14.00	Hospital-Based Hospice	GREAT RIVER MEDICAL CENTER	161567	99916		03/06/2002				14.00	
15.00	Hospital-Based Health Clinic - RHC									15.00	
16.00	Hospital-Based Health Clinic - FOHC									16.00	
17.00	Hospital-Based (CMHC) I									17.00	
18.00	Renal Dialysis									18.00	
19.00	Other									19.00	
						From:		To:			
						1.00		2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					07/01/2014		06/30/2015		20.00	
21.00	Type of Control (see instructions)							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.	5,067	0	0	0	0	0		24.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 160057		Period: From 07/01/2014 To 06/30/2015		Worksheet S-2 Part I Date/Time Prepared: 11/24/2015 3:21 pm			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	201	0	0	0	0	0	25.00	
								Urban/Rural S Date of Geogr	
								1.00 2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					2		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.					2		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 XVIII 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	N	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.								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.								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)					N			60.00
								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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 160057

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

Worksheet S-2
Part I
Date/Time Prepared:
11/24/2015 3:21 pm

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

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

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		1.00	2.00	3.00	
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N		0	76.00
		1.00			
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.			Y	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		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		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)				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. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				109.00
		1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N	110.00
		1.00	2.00	3.00	
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.	Y			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

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		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	470,686	0	238,312
		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	
119.00	DO NOT USE THIS LINE			
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
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	
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	
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.			
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.			
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.			
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.			
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.			
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.			
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.			
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.			
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.			
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	
		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	
			1.00	2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.		N	
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	
			1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 160057		Period: From 07/01/2014 To 06/30/2015		Worksheet S-2 Part I Date/Time Prepared: 11/24/2015 3:21 pm		
		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	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	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00
						1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.					Y	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)						168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.50	169.00	
				Beginning	Ending			
				1.00	2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			07/01/2014	06/30/2015	170.00		
						1.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 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: 160057	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part II Date/Time Prepared: 11/24/2015 3:21 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)		N		1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.		N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)		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?		N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.		N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.		N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.		N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.		N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.		N		11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			N	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
			Y/N	Date	Y/N
			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		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	10/26/2015	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		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		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		20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 160057	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part II Date/Time Prepared: 11/24/2015 3:21 pm
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	Description	Part A		Part B		
		Y/N	Date	Y/N		
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	1.00	2.00	3.00	21.00
		N			N	
				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.	KOREY		BOELTER		41.00
42.00	Enter the employer/company name of the cost report preparer.	CLIFTONLARSONALLEN				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	6123764500		KOREY.BOELTER@CLACONNECT.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)	10/26/2015		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			21.00
			3.00	
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.		PRINCIPAL	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: 160057	Period: From 07/01/2014 To 06/30/2015	Worksheet S-3 Part I Date/Time Prepared: 11/24/2015 3:21 pm
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Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
	Line Number				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	126	45,990	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)		126	45,990	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	12	4,380	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY					0	13.00
14.00 Total (see instructions)	43.00	138	50,370	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	11	4,015		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	165	60,225		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	6	2,190			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	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)		320				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: 160057

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

Worksheet S-3
Part I
Date/Time Prepared:
11/24/2015 3:21 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	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)	11,548	3,748	20,979			1.00
2.00 HMO and other (see instructions)	1,127	0				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	3	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)	11,548	3,748	20,979			7.00
8.00 INTENSIVE CARE UNIT	1,252	392	1,985			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		870	1,309			13.00
14.00 Total (see instructions)	12,800	5,010	24,273	0.00	1,040.08	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	1,126	201	1,777	0.00	8.77	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	3,387	0	4,395	0.00	20.32	19.00
20.00 NURSING FACILITY		0	0	0.00	130.94	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	6,398	0	14,511	0.00	29.10	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	536	0	1,366	0.00	25.24	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
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	1,254.45	27.00
28.00 Observation Bed Days		0	1,993			28.00
29.00 Ambulance Trips	674					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	57	134			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: 160057

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

Worksheet S-3
Part I
Date/Time Prepared:
11/24/2015 3:21 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	2,831	1,378	7,690	1.00
2.00 HMO and other (see instructions)				248	0		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		2,831	1,378	7,690	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF	0.00	0		110	0	177	17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY	0.00						19.00
20.00 NURSING FACILITY	0.00						20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE	0.00						24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC	0.00						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: 160057	Period: From 07/01/2014 To 06/30/2015	Worksheet S-3 Part II Date/Time Prepared: 11/24/2015 3:21 pm			
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	64,838,318	0	64,838,318	2,609,238.00	24.85	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	878,062	19,597	897,659	41,098.00	21.84	9.00
10.00	Excluded area salaries (see instructions)		9,093,409	244,808	9,338,217	455,149.00	20.52	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		378,330	0	378,330	4,242.00	89.19	11.00
12.00	Contract labor: Top level management and other management and administrative services		239,726	0	239,726	8,157.00	29.39	12.00
13.00	Contract labor: Physician-Part A - Administrative		68,524	0	68,524	548.00	125.04	13.00
14.00	Home office salaries & wage-related costs		2,180,615	0	2,180,615	14,484.00	150.55	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		13,376,651	0	13,376,651			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		3,141,576	0	3,141,576			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	631,016	0	631,016	22,416.00	28.15	26.00
27.00	Administrative & General	5.00	6,462,590	-264,405	6,198,185	250,620.00	24.73	27.00
28.00	Administrative & General under contract (see inst.)		608,369	0	608,369	6,740.00	90.26	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,072,847	0	2,072,847	78,610.00	26.37	30.00
31.00	Laundry & Linen Service	8.00	393,505	0	393,505	27,109.00	14.52	31.00
32.00	Housekeeping	9.00	1,609,161	0	1,609,161	113,608.00	14.16	32.00
33.00	Housekeeping under contract (see instructions)		5,381	0	5,381	215.00	25.03	33.00
34.00	Dietary	10.00	1,599,524	0	1,599,524	98,831.00	16.18	34.00
35.00	Dietary under contract (see instructions)		333	0	333	3.00	111.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,381,640	0	2,381,640	72,198.00	32.99	38.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 160057

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

Worksheet S-3
Part II
Date/Time Prepared:
11/24/2015 3:21 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
39.00	Central Services and Supply	14.00	979,151	0	979,151	55,935.00	17.51	39.00
40.00	Pharmacy	15.00	1,935,244	0	1,935,244	48,346.00	40.03	40.00
41.00	Medical Records & Medical Records Library	16.00	1,434,209	0	1,434,209	57,612.00	24.89	41.00
42.00	Social Service	17.00	258,479	0	258,479	12,650.00	20.43	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 160057

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

Worksheet S-3
Part III
Date/Time Prepared:
11/24/2015 3:21 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal ari es (from Worksheet A-6)	Adj uste d Sal ari es (col . 2 ± col . 3)	Pai d Hours Rel ated to Sal ari es i n 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)	65,452,401	0	65,452,401	2,616,196.00	25.02	1.00
2.00	Excluded area salaries (see instructions)	9,971,471	264,405	10,235,876	496,247.00	20.63	2.00
3.00	Subtotal salaries (line 1 minus line 2)	55,480,930	-264,405	55,216,525	2,119,949.00	26.05	3.00
4.00	Subtotal other wages & related costs (see inst.)	2,867,195	0	2,867,195	27,431.00	104.52	4.00
5.00	Subtotal wage-related costs (see inst.)	13,376,651	0	13,376,651	0.00	24.23	5.00
6.00	Total (sum of lines 3 thru 5)	71,724,776	-264,405	71,460,371	2,147,380.00	33.28	6.00
7.00	Total overhead cost (see instructions)	20,371,449	-264,405	20,107,044	844,893.00	23.80	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 160057	Period: From 07/01/2014 To 06/30/2015	Worksheet S-3 Part IV Date/Time Prepared: 11/24/2015 3:21 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	2,802,369	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	283,147	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	6,741,713	8.00
9.00	Prescription Drug Plan	746,977	9.00
10.00	Dental, Hearing and Vision Plan	369,562	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	98,096	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	437,124	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	4,707,067	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	97,856	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	169,203	22.00
23.00	Tuition Reimbursement	65,112	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	16,518,226	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 160057

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

Worksheet S-3
Part V
Date/Time Prepared:
11/24/2015 3:21 pm

Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	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	0	0	16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 160057 Component CCN: 167136		Period: From 07/01/2014 To 06/30/2015		Worksheet S-4 Date/Time Prepared: 11/24/2015 3:21 pm PPS	
				Home Health Agency I			
				1.00			
0.00	County					0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	1,468	1,378	1,810	4,656	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	288.00	93.00	172.00	553.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.20	0.00	0.20	4.00
5.00	Other Administrative Personnel			2.30	0.00	2.30	5.00
6.00	Direct Nursing Service			9.41	0.00	9.41	6.00
7.00	Nursing Supervisor			1.93	0.00	1.93	7.00
8.00	Physical Therapy Service			2.96	0.00	2.96	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			1.42	0.00	1.42	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.09	0.00	0.09	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.04	0.00	0.04	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			5.04	0.00	5.04	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			2			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			99916			20.00
20.01				99916			20.01
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers	2.00	3.00	4.00	5.00
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	2,033	362	62	16	2,473	21.00
22.00	Skilled Nursing Visit Charges	345,610	61,540	10,540	2,720	420,410	22.00
23.00	Physical Therapy Visits	1,503	49	47	6	1,605	23.00
24.00	Physical Therapy Visit Charges	281,960	9,310	8,170	950	300,390	24.00
25.00	Occupational Therapy Visits	748	32	3	4	787	25.00
26.00	Occupational Therapy Visit Charges	140,980	6,080	570	760	148,390	26.00
27.00	Speech Pathology Visits	39	19	4	0	62	27.00
28.00	Speech Pathology Visit Charges	7,410	3,610	760	0	11,780	28.00
29.00	Medical Social Service Visits	41	2	1	0	44	29.00
30.00	Medical Social Service Visit Charges	8,733	426	213	0	9,372	30.00
31.00	Home Health Aide Visits	1,254	172	0	1	1,427	31.00
32.00	Home Health Aide Visit Charges	122,892	16,856	0	98	139,846	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	5,618	636	117	27	6,398	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	907,585	97,822	20,253	4,528	1,030,188	35.00
36.00	Total Number of Episodes (standard/non outlier)	316		38	3	357	36.00
37.00	Total Number of Outlier Episodes		11		0	11	37.00
38.00	Total Non-Routine Medical Supply Charges	1,007	456	0	0	1,463	38.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 160057

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

Worksheet S-7

Date/Time Prepared:
11/24/2015 3:21 pm

		1.00	2.00		
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.				1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.				2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	0	0	0 3.00
4.00		RUL	0	0	0 4.00
5.00		RVX	0	0	0 5.00
6.00		RVL	0	0	0 6.00
7.00		RHX	0	0	0 7.00
8.00		RHL	0	0	0 8.00
9.00		RMX	30	0	30 9.00
10.00		RML	9	0	9 10.00
11.00		RLX	0	0	0 11.00
12.00		RUC	17	0	17 12.00
13.00		RUB	27	0	27 13.00
14.00		RUA	0	0	0 14.00
15.00		RVC	149	0	149 15.00
16.00		RVB	6	0	6 16.00
17.00		RVA	36	0	36 17.00
18.00		RHC	576	0	576 18.00
19.00		RHB	554	0	554 19.00
20.00		RHA	437	0	437 20.00
21.00		RMC	536	0	536 21.00
22.00		RMB	279	0	279 22.00
23.00		RMA	233	0	233 23.00
24.00		RLB	0	0	0 24.00
25.00		RLA	0	0	0 25.00
26.00		ES3	0	0	0 26.00
27.00		ES2	0	0	0 27.00
28.00		ES1	59	0	59 28.00
29.00		HE2	7	0	7 29.00
30.00		HE1	6	0	6 30.00
31.00		HD2	21	0	21 31.00
32.00		HD1	34	0	34 32.00
33.00		HC2	21	0	21 33.00
34.00		HC1	0	0	0 34.00
35.00		HB2	11	0	11 35.00
36.00		HB1	97	0	97 36.00
37.00		LE2	14	0	14 37.00
38.00		LE1	0	0	0 38.00
39.00		LD2	5	0	5 39.00
40.00		LD1	5	0	5 40.00
41.00		LC2	0	0	0 41.00
42.00		LC1	0	0	0 42.00
43.00		LB2	0	0	0 43.00
44.00		LB1	0	0	0 44.00
45.00		CE2	0	0	0 45.00
46.00		CE1	22	0	22 46.00
47.00		CD2	9	0	9 47.00
48.00		CD1	53	0	53 48.00
49.00		CC2	12	0	12 49.00
50.00		CC1	7	0	7 50.00
51.00		CB2	14	0	14 51.00
52.00		CB1	17	0	17 52.00
53.00		CA2	27	0	27 53.00
54.00		CA1	43	0	43 54.00
55.00		SE3	0	0	0 55.00
56.00		SE2	0	0	0 56.00
57.00		SE1	0	0	0 57.00
58.00		SSC	0	0	0 58.00
59.00		SSB	0	0	0 59.00
60.00		SSA	0	0	0 60.00
61.00		IB2	0	0	0 61.00
62.00		IB1	0	0	0 62.00
63.00		IA2	0	0	0 63.00
64.00		IA1	0	0	0 64.00
65.00		BB2	0	0	0 65.00
66.00		BB1	0	0	0 66.00
67.00		BA2	0	0	0 67.00
68.00		BA1	4	0	4 68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 160057

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

Worksheet S-7

Date/Time Prepared:
11/24/2015 3:21 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	6	0	6	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	3	0	3	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	1	0	1	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		3,387	0	3,387	200.00

		CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
		1.00	2.00	

201.00 SNF SERVICES
 Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).
 99916 99916 201.00

		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1.00	2.00	3.00	

A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)

202.00	Staffing	0	0.00		202.00
203.00	Recruitment	0	0.00		203.00
204.00	Retention of employees	0	0.00		204.00
205.00	Training	0	0.00		205.00
206.00	OTHER (SPECIFY)	0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	2,427,495			207.00

HOSPITAL IDENTIFICATION DATA		Provider CCN: 160057 Component CCN: 161567	Period: From 07/01/2014 To 06/30/2015	Worksheet S-9 Parts I & II Date/Time Prepared: 11/24/2015 3:21 pm
		Hospice I		

	Unduplicated Days	Hospice I				Total (sum of cols. 1, 2 & 5)		
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility			All Other
		1.00	2.00	3.00	4.00			5.00
PART I - ENROLLMENT DAYS								
1.00	Continuous Home Care	3	0	0	0	0	3	1.00
2.00	Routine Home Care	8,777	0	0	0	665	9,442	2.00
3.00	Inpatient Respite Care	119	0	0	0	11	130	3.00
4.00	General Inpatient Care	417	0	0	0	34	451	4.00
5.00	Total Hospice Days	9,316	0	0	0	710	10,026	5.00
Part II - CENSUS DATA								
6.00	Number of Patients Receiving Hospice Care	363	0	0	0	0	363	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00				7.00
8.00	Average Length of Stay (line 5/line 6)	25.66	0.00	0.00	0.00	0.00	27.62	8.00
9.00	Unduplicated Census Count	363	0	0	0	0	363	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 160057	Period: From 07/01/2014 To 06/30/2015	Worksheet S-10 Date/Time Prepared: 11/24/2015 3:21 pm
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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)		0.366858		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		17,201,375		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		N		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		54,866,436		6.00
7.00	Medicaid cost (line 1 times line 6)		20,128,191		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)		2,926,816		8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		337,553		9.00
10.00	Stand-alone SCHIP charges		600,744		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		220,388		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)		125,032		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		125,032		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		45,869		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)		2,926,816		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	2,451,051	13,878,862	16,329,913	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	899,188	5,091,572	5,990,760	21.00
22.00	Partial payment by patients approved for charity care	509,057	521,675	1,030,732	22.00
23.00	Cost of charity care (line 21 minus line 22)	390,131	4,569,897	4,960,028	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)		3,886,301		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		0		27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		3,886,301		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		1,425,721		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		6,385,749		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		9,312,565		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 160057		Period: From 07/01/2014 To 06/30/2015		Worksheet A		
Date/Time Prepared: 11/24/2015 3:21 pm									
Cost Center	Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)			
		1.00	2.00	3.00	4.00	5.00			
GENERAL SERVICE COST CENTERS									
1.00	00100	CAP REL COSTS-BLDG & FIXT		5,166,705	5,166,705	155,082	5,321,787	1.00	
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN		1,301,017	1,301,017	27,768	1,328,785	1.01	
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER		9,567	9,567	2,083	11,650	1.02	
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY		52,017	52,017	1,414	53,431	1.03	
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY		0	0	0	0	1.04	
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN		0	0	0	0	1.05	
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP		280,717	280,717	4,051	284,768	1.06	
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB		703,552	703,552	0	703,552	1.07	
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO		0	0	0	0	1.08	
2.00	00200	CAP REL COSTS-MVBLE EQUIP		9,412,257	9,412,257	101,649	9,513,906	2.00	
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	631,016	-927,214	-296,198	1,822,600	1,526,402	4.00	
5.01	00590	ADMINISTRATIVE AND GENERAL	219,781	70,640	290,421	-77,811	212,610	5.01	
5.02	00550	DATA PROCESSING	2,521,394	5,917,639	8,439,033	-56,300	8,382,733	5.02	
5.03	00560	PURCHASING RECEIVING AND STORES	284,518	395,202	679,720	-7,800	671,920	5.03	
5.04	00570	ADMINISTRATIVE	1,142,765	466,791	1,609,556	-42,800	1,566,756	5.04	
5.05	00580	BUSINESS OFFICE	867,451	1,063,817	1,931,268	-31,800	1,899,468	5.05	
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	1,426,681	15,220,025	16,646,706	-1,452,279	15,194,427	5.06	
7.00	00700	OPERATION OF PLANT	1,990,557	3,358,546	5,349,103	-53,000	5,296,103	7.00	
7.01	00701	OPERATION OF PLANT KLEIN	82,290	275,409	357,699	-2,400	355,299	7.01	
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	0	0	7.02	
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	0	0	7.03	
7.04	00704	OPERATION OF PLANT CANCER	0	50,802	50,802	0	50,802	7.04	
7.05	00705	OPERATION OF PLANT REHAB	0	172,034	172,034	0	172,034	7.05	
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	50,789	50,789	0	50,789	7.06	
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	0	7.07	
8.00	00800	LAUNDRY & LINEN SERVICE	393,505	359,204	752,709	-19,100	733,609	8.00	
9.00	00900	HOUSEKEEPING	1,570,487	918,276	2,488,763	-78,400	2,410,363	9.00	
9.01	00901	HOUSEKEEPING KLEIN	38,674	60,413	99,087	-1,600	97,487	9.01	
10.00	01000	DIETARY	1,395,351	1,556,650	2,952,001	-59,600	2,892,401	10.00	
10.01	01001	DIETARY KLEIN	204,173	573,827	778,000	-10,100	767,900	10.01	
11.00	01100	CAFETERIA	0	0	0	0	0	11.00	
13.00	01300	NURSING ADMINISTRATION	2,381,640	1,451,735	3,833,375	-50,900	3,782,475	13.00	
14.00	01400	CENTRAL SERVICE & SUPPLY	979,151	764,343	1,743,494	-39,400	1,704,094	14.00	
15.00	01500	PHARMACY	1,935,244	765,535	2,700,779	-34,100	2,666,679	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	1,434,209	1,045,934	2,480,143	-40,600	2,439,543	16.00	
17.00	01700	SOCIAL SERVICE	258,479	71,072	329,551	-8,900	320,651	17.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	9,416,739	3,458,667	12,875,406	-260,524	12,614,882	30.00	
31.00	03100	INTENSIVE CARE UNIT	1,479,418	689,462	2,168,880	-41,366	2,127,514	31.00	
41.00	04100	SUBPROVIDER - IRF	483,688	130,711	614,399	-12,800	601,599	41.00	
43.00	04300	NURSERY	328,587	102,804	431,391	-6,100	425,291	43.00	
44.00	04400	SKILLED NURSING FACILITY	878,062	322,894	1,200,956	-1,175	1,199,781	44.00	
45.00	04500	NURSING FACILITY	4,657,251	1,754,572	6,411,823	-220,525	6,191,298	45.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	5,754,655	13,985,762	19,740,417	-5,314,573	14,425,844	50.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,751,174	1,534,697	3,285,871	-49,400	3,236,471	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	580,431	937,469	1,517,900	-13,000	1,504,900	55.00	
56.00	05600	RADIOISOTOPE	170,779	670,949	841,728	-3,300	838,428	56.00	
57.00	05700	CT SCAN	464,894	403,812	868,706	-11,800	856,906	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	301,745	397,677	699,422	-8,300	691,122	58.00	
59.00	05900	CARDIAC CATHETERIZATION	957,284	2,783,708	3,740,992	-3,233,148	507,844	59.00	
60.00	06000	LABORATORY	2,446,185	5,132,497	7,578,682	-73,900	7,504,782	60.00	
65.00	06500	RESPIRATORY THERAPY	970,766	390,571	1,361,337	-44,860	1,316,477	65.00	
66.00	06600	PHYSICAL THERAPY	563,793	197,655	761,448	-46,240	715,208	66.00	
67.00	06700	OCCUPATIONAL THERAPY	502,293	121,762	624,055	-11,700	612,355	67.00	
68.00	06800	SPEECH PATHOLOGY	215,157	56,464	271,621	-4,000	267,621	68.00	
69.00	06900	ELECTROCARDIOLOGY	308,486	63,360	371,846	-6,600	365,246	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	2,330,372	2,330,372	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,165,427	6,165,427	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	9,735,517	9,735,517	0	9,735,517	73.00	
76.00	03040	AUDIOLOGY	0	255	255	0	255	76.00	
76.01	03280	EMG & EEG	302,800	108,996	411,796	-8,300	403,496	76.01	
76.02	03950	O/P REHAB SERVICES	1,856,793	672,442	2,529,235	-43,100	2,486,135	76.02	
76.03	03951	SPORTS FITNESS	888,225	335,461	1,223,686	-32,453	1,191,233	76.03	
76.04	03952	LIFE CENTER	1,051,450	1,834,662	2,886,112	-33,700	2,852,412	76.04	
76.05	03580	RECREATIONAL THERAPY	55,655	15,082	70,737	-1,500	69,237	76.05	
76.06	03480	HEMATOLOGY/ONCOLOGY	878,059	377,505	1,255,564	-22,500	1,233,064	76.06	
76.07	03140	CARDIOLOGY	56,242	29,496	85,738	-5,100	80,638	76.07	
76.08	03953	O/P DEPENDENCY SERVICES	24,704	16,335	41,039	-700	40,339	76.08	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 160057

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

Worksheet A
Date/Time Prepared:
11/24/2015 3:21 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	3,783,167	1,465,444	5,248,611	-118,888	5,129,723	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	WELLNESS PROGRAM	0	0	0	-1,100	-1,100	93.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	1,572,657	618,376	2,191,033	-42,911	2,148,122	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		3,003,124	3,003,124	0	3,003,124	113.00
116.00	11600	HOSPICE	1,609,529	1,002,095	2,611,624	-53,813	2,557,811	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	64,068,034	102,957,584	167,025,618	-1,183,820	165,841,798	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
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	20,680	20,680	0	20,680	194.00
194.01	07951	DAYCARE	249,735	111,297	361,032	-20,600	340,432	194.01
194.02	07952	ADVERTISING	0	0	0	978,784	978,784	194.02
194.03	07953	OUTREACH REHAB	446,334	109,610	555,944	-7,900	548,044	194.03
194.04	07954	SWITCHBOARD	0	0	0	66,811	66,811	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMBURSABLE COSTS	74,215	17,861	92,076	166,725	258,801	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		TOTAL (SUM OF LINES 118-199)	64,838,318	103,217,032	168,055,350	0	168,055,350	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 160057

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

Worksheet A
Date/Time Prepared:
11/24/2015 3:21 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	421,155	5,742,942	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN	0	1,328,785	1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER	0	11,650	1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY	0	53,431	1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY	375,289	375,289	1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN	595,568	595,568	1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	0	284,768	1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB	213,633	917,185	1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO	15,611	15,611	1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-35,517	9,478,389	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-4,506	1,521,896	4.00
5.01	00590	ADMINISTRATIVE AND GENERAL	-65,808	146,802	5.01
5.02	00550	DATA PROCESSING	-928,302	7,454,431	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	-378,279	293,641	5.03
5.04	00570	ADMITTING	0	1,566,756	5.04
5.05	00580	BUSINESS OFFICE	0	1,899,468	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	-7,936,439	7,257,988	5.06
7.00	00700	OPERATION OF PLANT	-315,498	4,980,605	7.00
7.01	00701	OPERATION OF PLANT KLEIN	-11,421	343,878	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	335,754	335,754	7.02
7.03	00703	OPERATION OF PLANT MERCY	215,022	215,022	7.03
7.04	00704	OPERATION OF PLANT CANCER	-4,531	46,271	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	172,034	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	50,789	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	20,843	20,843	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	733,609	8.00
9.00	00900	HOUSEKEEPING	-116,715	2,293,648	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	97,487	9.01
10.00	01000	DIETARY	-1,212,617	1,679,784	10.00
10.01	01001	DIETARY KLEIN	-2,144	765,756	10.01
11.00	01100	CAFETERIA	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	312,844	4,095,319	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	-145,258	1,558,836	14.00
15.00	01500	PHARMACY	-29,448	2,637,231	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-8,214	2,431,329	16.00
17.00	01700	SOCIAL SERVICE	0	320,651	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-368,065	12,246,817	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,127,514	31.00
41.00	04100	SUBPROVIDER - IRF	0	601,599	41.00
43.00	04300	NURSERY	-21	425,270	43.00
44.00	04400	SKILLED NURSING FACILITY	0	1,199,781	44.00
45.00	04500	NURSING FACILITY	584,902	6,776,200	45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-10,850	14,414,994	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-90	3,236,381	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-155,348	1,349,552	55.00
56.00	05600	RADIOISOTOPE	0	838,428	56.00
57.00	05700	CT SCAN	0	856,906	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	691,122	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	507,844	59.00
60.00	06000	LABORATORY	-275,925	7,228,857	60.00
65.00	06500	RESPIRATORY THERAPY	0	1,316,477	65.00
66.00	06600	PHYSICAL THERAPY	0	715,208	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	612,355	67.00
68.00	06800	SPEECH PATHOLOGY	0	267,621	68.00
69.00	06900	ELECTROCARDIOLOGY	0	365,246	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,330,372	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,165,427	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-18,114	9,717,403	73.00
76.00	03040	AUDIOLOGY	0	255	76.00
76.01	03280	EMG & EEG	0	403,496	76.01
76.02	03950	O/P REHAB SERVICES	-39,025	2,447,110	76.02
76.03	03951	SPORTS FITNESS	-2,254	1,188,979	76.03
76.04	03952	LIFE CENTER	-669,626	2,182,786	76.04
76.05	03580	RECREATIONAL THERAPY	0	69,237	76.05
76.06	03480	HEMATOLOGY/ONCOLOGY	-773	1,232,291	76.06
76.07	03140	CARDIOLOGY	0	80,638	76.07
76.08	03953	O/P DEPENDENCY SERVICES	0	40,339	76.08
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-575,535	4,554,188	91.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 160057

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

Worksheet A
Date/Time Prepared:
11/24/2015 3:21 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
93.00	04950	WELLNESS PROGRAM	0	-1,100	93.00
OTHER REIMBURSABLE COST CENTERS					
99.00	09900	CMHC	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	2,148,122	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	-3,003,124	0	113.00
116.00	11600	HOSPICE	-12,861	2,544,950	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-13,235,687	152,606,111	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	20,680	194.00
194.01	07951	DAYCARE	0	340,432	194.01
194.02	07952	ADVERTISING	0	978,784	194.02
194.03	07953	OUTREACH REHAB	0	548,044	194.03
194.04	07954	SWITCHBOARD	0	66,811	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	34,530,966	34,530,966	194.05
194.06	07956	OTHER NONREIMBURSABLE COSTS	0	258,801	194.06
194.07	07957	MEALS ON WHEELS	0	0	194.07
200.00		TOTAL (SUM OF LINES 118-199)	21,295,279	189,350,629	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - ADVERTISING EXPENSE					
1.00	ADVERTISING	194.02	50,924	929,360	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
	O		50,924	929,360	
B - SWITCBOARD EXPENSE					
1.00	SWITCBOARD	194.04	52,528	16,883	1.00
	O		52,528	16,883	
C - PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	155,082	1.00
2.00	CAP REL COSTS-BLDG & FIXT - KLEIN	1.01	0	27,768	2.00
3.00	CAP REL COSTS-BLDG & FIXT - CANCER	1.02	0	2,083	3.00
4.00	CAP REL COSTS-BLDG & FIXT - LAUNDRY	1.03	0	1,414	4.00
5.00	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	1.06	0	4,051	5.00
6.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	101,649	6.00
	O		0	292,047	
D - MED SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,330,372	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
	O		0	2,330,372	
E - IMPLANTS EXPENSE					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	6,165,427	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
	O		0	6,165,427	
F - PHYSICIAN RECRUITMENT EXPENSE					
1.00	OTHER NONREIMBURSABLE COSTS	194.06	160,953	8,672	1.00
	O		160,953	8,672	
G - SNF EXPENSES					
1.00	SKILLED NURSING FACILITY	44.00	19,597	8,228	1.00
	O		19,597	8,228	
H - HEALTH INSURANCE					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,822,600	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

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00
50.00		0.00	0	0		50.00
51.00		0.00	0	0		51.00
52.00		0.00	0	0		52.00
53.00		0.00	0	0		53.00
54.00		0.00	0	0		54.00
	0		0	1,822,600		
500.00	Grand Total: Increases		284,002	11,573,589		500.00

RECLASSIFICATIONS

Provider CCN: 160057

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

Worksheet A-6
Date/Time Prepared:
11/24/2015 3:21 pm

		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
A - ADVERTISING EXPENSE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	50,924	3,130	0	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	907,053	0	2.00
3.00	O/P REHAB SERVICES	76.02	0	200	0	3.00
4.00	SPORTS FITNESS	76.03	0	453	0	4.00
5.00	LIFE CENTER	76.04	0	400	0	5.00
6.00	CARDIOLOGY	76.07	0	1,000	0	6.00
7.00	HOME HEALTH AGENCY	101.00	0	311	0	7.00
8.00	HOSPICE	116.00	0	16,813	0	8.00
	O		50,924	929,360		
B - SWITCHBOARD EXPENSE						
1.00	ADMINISTRATIVE AND GENERAL	5.01	52,528	16,883	0	1.00
	O		52,528	16,883		
C - PROPERTY INSURANCE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	292,047	12	1.00
2.00		0.00	0	0	12	2.00
3.00		0.00	0	0	12	3.00
4.00		0.00	0	0	12	4.00
5.00		0.00	0	0	12	5.00
6.00		0.00	0	0	12	6.00
	O		0	292,047		
D - MED SUPPLIES						
1.00	OPERATING ROOM	50.00	0	1,061,162	0	1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	1,203,063	0	2.00
3.00	RESPIRATORY THERAPY	65.00	0	16,560	0	3.00
4.00	PHYSICAL THERAPY	66.00	0	31,740	0	4.00
5.00	EMERGENCY	91.00	0	17,847	0	5.00
	O		0	2,330,372		
E - IMPLANTS EXPENSE						
1.00	OPERATING ROOM	50.00	0	4,124,411	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	21,524	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	0	4,566	0	3.00
4.00	EMERGENCY	91.00	0	4,141	0	4.00
5.00	CARDIAC CATHETERIZATION	59.00	0	2,010,785	0	5.00
	O		0	6,165,427		
F - PHYSICIAN RECRUITMENT EXPENSE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	160,953	8,672	0	1.00
	O		160,953	8,672		
G - SNF EXPENSES						
1.00	NURSING FACILITY	45.00	19,597	8,228	0	1.00
	O		19,597	8,228		
H - HEALTH INSURANCE						
1.00	ADMINISTRATIVE AND GENERAL	5.01	0	8,400	0	1.00
2.00	DATA PROCESSING	5.02	0	56,300	0	2.00
3.00	PURCHASING RECEIVING AND STORES	5.03	0	7,800	0	3.00
4.00	ADMITTING	5.04	0	42,800	0	4.00
5.00	BUSINESS OFFICE	5.05	0	31,800	0	5.00
6.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	29,500	0	6.00
7.00	OPERATION OF PLANT	7.00	0	53,000	0	7.00
8.00	OPERATION OF PLANT KLEIN	7.01	0	2,400	0	8.00
9.00	LAUNDRY & LINEN SERVICE	8.00	0	19,100	0	9.00
10.00	HOUSEKEEPING	9.00	0	78,400	0	10.00
11.00	HOUSEKEEPING KLEIN	9.01	0	1,600	0	11.00
12.00	DIETARY	10.00	0	59,600	0	12.00
13.00	DIETARY KLEIN	10.01	0	10,100	0	13.00
14.00	NURSING ADMINISTRATION	13.00	0	50,900	0	14.00
15.00	CENTRAL SERVICE & SUPPLY	14.00	0	39,400	0	15.00
16.00	PHARMACY	15.00	0	34,100	0	16.00
17.00	MEDICAL RECORDS & LIBRARY	16.00	0	40,600	0	17.00
18.00	SOCIAL SERVICE	17.00	0	8,900	0	18.00
19.00	ADULTS & PEDIATRICS	30.00	0	239,000	0	19.00
20.00	INTENSIVE CARE UNIT	31.00	0	36,800	0	20.00
21.00	SUBPROVIDER - IRF	41.00	0	12,800	0	21.00
22.00	NURSERY	43.00	0	6,100	0	22.00
23.00	SKILLED NURSING FACILITY	44.00	0	29,000	0	23.00
24.00	NURSING FACILITY	45.00	0	192,700	0	24.00
25.00	OPERATING ROOM	50.00	0	129,000	0	25.00
26.00	RADIOLOGY-DIAGNOSTIC	54.00	0	49,400	0	26.00

		Decreases			Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
27.00	RADIOLOGY-THERAPEUTIC	55.00	0	13,000	0		27.00
28.00	RADIOISOTOPE	56.00	0	3,300	0		28.00
29.00	CT SCAN	57.00	0	11,800	0		29.00
30.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	8,300	0		30.00
31.00	CARDIAC CATHETERIZATION	59.00	0	19,300	0		31.00
32.00	LABORATORY	60.00	0	73,900	0		32.00
33.00	RESPIRATORY THERAPY	65.00	0	28,300	0		33.00
34.00	PHYSICAL THERAPY	66.00	0	14,500	0		34.00
35.00	OCCUPATIONAL THERAPY	67.00	0	11,700	0		35.00
36.00	SPEECH PATHOLOGY	68.00	0	4,000	0		36.00
37.00	ELECTROCARDIOLOGY	69.00	0	6,600	0		37.00
38.00	EMG & EEG	76.01	0	8,300	0		38.00
39.00	O/P REHAB SERVICES	76.02	0	42,900	0		39.00
40.00	SPORTS FITNESS	76.03	0	32,000	0		40.00
41.00	LIFE CENTER	76.04	0	33,300	0		41.00
42.00	RECREATIONAL THERAPY	76.05	0	1,500	0		42.00
43.00	HEMATOLOGY/ONCOLOGY	76.06	0	22,500	0		43.00
44.00	CARDIOLOGY	76.07	0	4,100	0		44.00
45.00	O/P DEPENDENCY SERVICES	76.08	0	700	0		45.00
46.00	EMERGENCY	91.00	0	96,900	0		46.00
47.00	WELLNESS PROGRAM	93.00	0	1,100	0		47.00
48.00	HOME HEALTH AGENCY	101.00	0	42,600	0		48.00
49.00	HOSPICE	116.00	0	37,000	0		49.00
50.00	DAYCARE	194.01	0	20,600	0		50.00
51.00	ADVERTISING	194.02	0	1,500	0		51.00
52.00	OUTREACH REHAB	194.03	0	7,900	0		52.00
53.00	SWITCHBOARD	194.04	0	2,600	0		53.00
54.00	OTHER NONREIMBURSABLE COSTS	194.06	0	2,900	0		54.00
	0		0	1,822,600			
500.00	Grand Total: Decreases		284,002	11,573,589			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 160057

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

Worksheet A-7
Part I
Date/Time Prepared:
11/24/2015 3:21 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	4,946,488	0	0	0	1.00
2.00	Land Improvements	11,972,330	0	0	0	2.00
3.00	Buildings and Fixtures	126,558,473	52,846	0	52,846	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	59,941,830	280,498	0	280,498	5.00
6.00	Movable Equipment	105,255,122	5,242,964	0	5,242,964	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	308,674,243	5,576,308	0	5,576,308	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	308,674,243	5,576,308	0	5,576,308	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	4,946,488	0			1.00
2.00	Land Improvements	11,972,330	0			2.00
3.00	Buildings and Fixtures	126,611,319	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	59,247,279	0			5.00
6.00	Movable Equipment	108,257,370	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	311,034,786	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	311,034,786	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 160057

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

Worksheet A-7
Part II
Date/Time Prepared:
11/24/2015 3:21 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	5,166,705	0	0	0	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN	1,301,017	0	0	0	0	1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER	9,567	0	0	0	0	1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY	52,017	0	0	0	0	1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY	0	0	0	0	0	1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN	0	0	0	0	0	1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	280,717	0	0	0	0	1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB	703,552	0	0	0	0	1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO	0	0	0	0	0	1.08
2.00	CAP REL COSTS-MVBLE EQUIP	9,412,257	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	16,925,832	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	5,166,705				1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN	0	1,301,017				1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER	0	9,567				1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY	0	52,017				1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY	0	0				1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN	0	0				1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	0	280,717				1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB	0	703,552				1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO	0	0				1.08
2.00	CAP REL COSTS-MVBLE EQUIP	0	9,412,257				2.00
3.00	Total (sum of lines 1-2)	0	16,925,832				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 160057

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

Worksheet A-7
Part III
Date/Time Prepared:
11/24/2015 3:21 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	165,165,689	0	165,165,689	0.531020	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN	29,573,241	0	29,573,241	0.095080	0	1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER	2,218,680	0	2,218,680	0.007133	0	1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY	1,505,464	0	1,505,464	0.004840	0	1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY	0	0	0	0.000000	0	1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN	0	0	0	0.000000	0	1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	4,314,342	0	4,314,342	0.013871	0	1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB	0	0	0	0.000000	0	1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO	0	0	0	0.000000	0	1.08
2.00	CAP REL COSTS-MVBLE EQUIP	108,257,370	0	108,257,370	0.348056	0	2.00
3.00	Total (sum of lines 1-2)	311,034,786	0	311,034,786	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	5,587,860	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN	0	0	0	1,301,017	0	1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER	0	0	0	9,567	0	1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY	0	0	0	52,017	0	1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY	0	0	0	375,289	0	1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN	0	0	0	595,568	0	1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	0	0	0	280,717	0	1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB	0	0	0	917,185	0	1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO	0	0	0	15,611	0	1.08
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	9,376,740	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	18,511,571	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of 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	0	155,082	0	0	5,742,942	1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN	0	27,768	0	0	1,328,785	1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER	0	2,083	0	0	11,650	1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY	0	1,414	0	0	53,431	1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY	0	0	0	0	375,289	1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN	0	0	0	0	595,568	1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	0	4,051	0	0	284,768	1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB	0	0	0	0	917,185	1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO	0	0	0	0	15,611	1.08
2.00	CAP REL COSTS-MVBLE EQUIP	0	101,649	0	0	9,478,389	2.00
3.00	Total (sum of lines 1-2)	0	292,047	0	0	18,803,618	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst. A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01 Investment income - CAP REL COSTS-BLDG & FIXT - KLEIN (chapter 2)			0	CAP REL COSTS-BLDG & FIXT - KLEIN	1.01	0	1.01
1.02 Investment income - CAP REL COSTS-BLDG & FIXT - CANCER (chapter 2)			0	CAP REL COSTS-BLDG & FIXT - CANCER	1.02	0	1.02
1.03 Investment income - CAP REL COSTS-BLDG & FIXT - LAUNDRY (chapter 2)			0	CAP REL COSTS-BLDG & FIXT - LAUNDRY	1.03	0	1.03
1.04 Investment income - CAP REL COSTS-BLDG & FIXT - MERCY (chapter 2)			0	CAP REL COSTS-BLDG & FIXT - MERCY	1.04	0	1.04
1.05 Investment income - CAP REL COSTS-BLDG & FIXT - EASTMAN (chapter 2)			0	CAP REL COSTS-BLDG & FIXT - EASTMAN	1.05	0	1.05
1.06 Investment income - CAP REL COSTS-BLDG & FIXT - HHA/HOSP (chapter 2)			0	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	1.06	0	1.06
1.07 Investment income - CAP REL COSTS-BLDG & FIXT - REHAB (chapter 2)			0	CAP REL COSTS-BLDG & FIXT - REHAB	1.07	0	1.07
1.08 Investment income - CAP REL COSTS-BLDG & FIXT - WAPELLO (chapter 2)			0	CAP REL COSTS-BLDG & FIXT - WAPELLO	1.08	0	1.08
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-12,598	0	PURCHASING RECEIVING AND STORES	5.03	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-2,282,853	0			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	33,843,477	0			0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-1,029,339	0	DIETARY	10.00	0	14.00
15.00 Rental of quarters to employees and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts	B	-8,044	0	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines	B	-6	0	DIETARY	10.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00

22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	1.00	2.00	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		5.00	22.00
				3.00	4.00		
			0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - CAP REL COSTS-BLDG & FIXT - KLEIN		0	CAP REL COSTS-BLDG & FIXT - KLEIN	1.01	0	26.01
26.02	Depreciation - CAP REL COSTS-BLDG & FIXT - CANCER		0	CAP REL COSTS-BLDG & FIXT - CANCER	1.02	0	26.02
26.03	Depreciation - CAP REL COSTS-BLDG & FIXT - LAUNDRY		0	CAP REL COSTS-BLDG & FIXT - LAUNDRY	1.03	0	26.03
26.04	Depreciation - CAP REL COSTS-BLDG & FIXT - MERCY		0	CAP REL COSTS-BLDG & FIXT - MERCY	1.04	0	26.04
26.05	Depreciation - CAP REL COSTS-BLDG & FIXT - EASTMAN		0	CAP REL COSTS-BLDG & FIXT - EASTMAN	1.05	0	26.05
26.06	Depreciation - CAP REL COSTS-BLDG & FIXT - HHA/HOSP		0	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	1.06	0	26.06
26.07	Depreciation - CAP REL COSTS-BLDG & FIXT - REHAB		0	CAP REL COSTS-BLDG & FIXT - REHAB	1.07	0	26.07
26.08	Depreciation - CAP REL COSTS-BLDG & FIXT - WAPELLO		0	CAP REL COSTS-BLDG & FIXT - WAPELLO	1.08	0	26.08
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	NCRC - REHABILITATION CENTER	A	213,633	CAP REL COSTS-BLDG & FIXT - REHAB	1.07	9	33.00
33.01	DIALYSIS DEPRECIATION	A	-66,649	CAP REL COSTS-BLDG & FIXT	1.00	9	33.01
33.02	GRMC - MERCY MOB	A	375,289	CAP REL COSTS-BLDG & FIXT - MERCY	1.04	9	33.02
33.03	GRMC - EASTMAN MOB	A	595,568	CAP REL COSTS-BLDG & FIXT - EASTMAN	1.05	9	33.03
33.04	REMOVE MARKUP ON HMES TRANSACTIONS	A	-145,258	CENTRAL SERVICE & SUPPLY	14.00	0	33.04
33.05	AHA/IHA DUES - LOBBYING EXPENSES	A	-27,315	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.05
33.06	BAD DEBTS	A	-3,886,301	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.06
33.07	OFFSET RENTAL COSTS - PETERSON - OTH	A	-159,321	OPERATION OF PLANT	7.00	0	33.07
33.08	HELICOPTER DEPRECIATION	A	-58,996	CAP REL COSTS-BLDG & FIXT	1.00	9	33.08
33.09	OFFSET RENTAL COSTS TO HCR	A	-291,311	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.09
33.10	INTEREST EXPENSE	A	-3,003,124	INTEREST EXPENSE	113.00	0	33.10
33.11	SUPERIOR AMBULANCE	B	-559,400	EMERGENCY	91.00	0	33.11
33.12	PHONE COST OFFSET	A	-30,267	ADMINISTRATIVE AND GENERAL	5.01	0	33.12
33.13	CAPITALIZED COSTS	A	63,900	CAP REL COSTS-BLDG & FIXT	1.00	9	33.13

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst. A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00
33.14	PHYSICIAN COSTS	A	-328,395	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.14
33.15	ALCOHOL	A	-3,300	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.15
33.16	ADMINISTRATIVE COST REDUCTIONS	A	-957,260	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.16
33.17	TV DEPRECIATION EXPENSE	A	-35,517	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.17
33.18	WAPELLO BUILDING PLANT OP OTHER	A	20,843	OPERATION OF PLANT WAPELLO	7.07	0	33.18
33.19	WAPELLO BUILDING DEPRECIATION	A	15,611	CAP REL COSTS-BLDG & FIXT - WAPELLO	1.08	9	33.19
33.20			0		0.00	0	33.20
33.21	EASTMAN PLANT OP OTHER	A	335,754	OPERATION OF PLANT EASTMAN	7.02	0	33.21
33.22	MERCY PLANT OP OTHER	A	215,022	OPERATION OF PLANT MERCY	7.03	0	33.22
33.23	CAPITALIZED INTEREST ON UNNEC BORROW	A	-92,437	CAP REL COSTS-BLDG & FIXT	1.00	9	33.23
33.24	USEFUL LIFE ADJUSTMENTS	A	627,658	CAP REL COSTS-BLDG & FIXT	1.00	9	33.24
33.25	AMORTIZATION OF BOND COSTS	A	-91,254	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.25
33.26			0		0.00	0	33.26
33.27			0		0.00	0	33.27
33.28	HR OTHER REVENUE	B	-132	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.28
33.29	SWITCHBOARD OTHER REVENUE	B	-35,541	ADMINISTRATIVE AND GENERAL	5.01	0	33.29
33.30	IS OTHER REVENUE	B	-928,002	DATA PROCESSING	5.02	0	33.30
33.31	ACCOUNTING OTHER REVENUE	B	-119,733	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.31
33.32	ADMIN OTHER REVENUE	B	-8,809	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.32
33.33	VOLUNTEER SERVICES OTHER REVENUE	B	-122,978	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.33
33.34	PLANT OPS OTHER REVENUE	B	-127,645	OPERATION OF PLANT	7.00	0	33.34
33.35	BIOMED ENGIN OTHER REVENUE	B	-12,156	OPERATION OF PLANT	7.00	0	33.35
33.36	CANCER CENTER RENTAL INCOME	B	-4,531	OPERATION OF PLANT CANCER	7.04	0	33.36
33.37	ENVIR SERV OTHER REVENUE	B	-116,715	HOUSEKEEPING	9.00	0	33.37
33.38	MEALS ON WHEELS	B	-183,272	DIETARY	10.00	0	33.38
33.39	KLEIN CAFETERIA REVENUE	B	-2,010	DIETARY KLEIN	10.01	0	33.39
33.40	KLEIN NUTRITION OTHER REVENUE	B	-134	DIETARY KLEIN	10.01	0	33.40
33.41	CABLE TV	A	-773	HEMATOLOGY/ONCOLOGY	76.06	0	33.41
33.42	CORPORATE EDUCATION OTHER REVENUE	B	-30,889	NURSING ADMINISTRATION	13.00	0	33.42
33.43			0		0.00	0	33.43
33.44			0		0.00	0	33.44
33.45	PHARMACY OTHER REVENUE	B	-29,448	PHARMACY	15.00	0	33.45
33.46	CABLE TV	A	-11,421	OPERATION OF PLANT KLEIN	7.01	0	33.46
33.47	EMERGENCY MGMT GRANT FUNDS RECD	B	-170	MEDICAL RECORDS & LIBRARY	16.00	0	33.47
33.48	WFC - PEDS & SWING KID KARE	B	-128,065	ADULTS & PEDIATRICS	30.00	0	33.48
33.49	CABLE TV	A	-16,376	OPERATION OF PLANT	7.00	0	33.49
33.50	NURSERY OTHER REVENUE	B	-21	NURSERY	43.00	0	33.50
33.51			0		0.00	0	33.51
33.52			0		0.00	0	33.52
33.53	CABLE TV	A	-4,374	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.53
33.54			0		0.00	0	33.54
33.55			0		0.00	0	33.55
33.56	CABLE TV	A	-300	DATA PROCESSING	5.02	0	33.56
33.57	PHY REHAB P. T. OTHER REVENUE	B	-300	O/P REHAB SERVICES	76.02	0	33.57
33.58	PAIN MANAGEMENT OTHER REVENUE	B	-25,825	O/P REHAB SERVICES	76.02	0	33.58
33.59	HEALTH FITNESS OTHER REVENUE	B	65	SPORTS FITNESS	76.03	0	33.59
33.60			0		0.00	0	33.60
33.61	DIABETES EDUCATION OTHER REVENUE	B	-2,319	SPORTS FITNESS	76.03	0	33.61
33.62			0		0.00	0	33.62
33.63	BUSINESS HEALTH OTHER REVENUE	B	-867	LIFE CENTER	76.04	0	33.63
33.64	SUPERIOR AMB OTHER REVENUE	B	-16,135	EMERGENCY	91.00	0	33.64
33.65	MAT. MGMT. OTHER REVENUE	B	-363,023	PURCHASING RECEIVING AND STORES	5.03	0	33.65
33.66			0		0.00	0	33.66

Provider CCN: 160057

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

Worksheet A-8

Date/Time Prepared:
11/24/2015 3:21 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.	
			Cost Center	Line #			
			1.00	2.00	3.00		4.00
33.67		0			0.00	0	33.67
33.68		0			0.00	0	33.68
33.69	B	-4,017	LABORATORY		60.00	0	33.69
33.70	A	-52,321	CAP REL COSTS-BLDG & FIXT		1.00	9	33.70
33.71		0			0.00	0	33.71
33.72		0			0.00	0	33.72
33.73	B	-90	RADIOLOGY-DIAGNOSTIC		54.00	0	33.73
33.74		0			0.00	0	33.74
33.75		0			0.00	0	33.75
33.76		0			0.00	0	33.76
33.77	B	-254	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	33.77
33.78		0			0.00	0	33.78
33.79		0			0.00	0	33.79
33.80		0			0.00	0	33.80
33.81	B	-87	LIFE CENTER		76.04	0	33.81
33.82	B	-12,861	HOSPICE		116.00	0	33.82
33.83	B	-32	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	33.83
33.84	B	-100	O/P REHAB SERVICES		76.02	0	33.84
33.85	A	419,130	NURSING FACILITY		45.00	0	33.85
50.00		21,295,279					50.00
TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)							

(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: 160057
 Period: From 07/01/2014 To 06/30/2015
 Worksheet A-8-1
 Date/Time Prepared: 11/24/2015 3:21 pm

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	50.00	OPERATING ROOM	LI THOTRIPTER	43,400	54,250 1.00
2.00	5.03	PURCHASING RECEIVING AND STORAGE	PURCHASING	6,202	8,860 2.00
3.00	73.00	DRUGS CHARGED TO PATIENTS	PHARMACY	72,457	90,571 3.00
3.01	5.06	OTHER ADMINISTRATIVE AND GENERAL	ADMIN	22,245	27,806 3.01
4.00	13.00	NURSING ADMINISTRATION	NURSING ADMIN	343,733	0 4.00
4.01	45.00	NURSING FACILITY	NURSING ADMIN - KLEIN	165,772	0 4.01
4.02	5.06	OTHER ADMINISTRATIVE AND GENERAL	ADMIN & GENERAL	2,237,751	3,397,562 4.02
4.03	194.05	HENRY COUNTY HEALTH CENTER	HCHC EXPENSES	34,530,966	0 4.03
5.00	0			37,422,526	3,579,049 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	Name	Percentage of Ownership	Related Organization(s) and/or Home Office
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	C		0.00	HEALTH ENTERPRISE	0.00	6.00
7.00	C		0.00	MCMS	100.00	7.00
8.00	E		0.00	HENRY COUNTY HEALTH CENTER	0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 160057	Period: From 07/01/2014 To 06/30/2015	Worksheet A-8-1 Date/Time Prepared: 11/24/2015 3:21 pm
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	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	-10,850	0		1.00
2.00	-2,658	0		2.00
3.00	-18,114	0		3.00
3.01	-5,561	0		3.01
4.00	343,733	0		4.00
4.01	165,772	0		4.01
4.02	-1,159,811	0		4.02
4.03	34,530,966	0		4.03
5.00	33,843,477			5.00

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

Related Organization(s) and/or Home Office	Type of Business	
	6.00	
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:		

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 160057

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

Worksheet A-8-2

Date/Time Prepared:
11/24/2015 3:21 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	60.00	LABORATORY	271,908	271,908	0	0	0	1.00
2.00	76.02	O/P REHAB SERVICES	64,800	0	64,800	208,000	520	2.00
3.00	30.00	ADULTS & PEDIATRICS	240,000	240,000	0	0	0	3.00
4.00	76.04	LIFE CENTER	668,672	668,672	0	0	0	4.00
5.00	55.00	RADIOLOGY-THERAPEUTIC	155,348	155,348	0	0	0	5.00
6.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	934,125	934,125	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			2,334,853	2,270,053	64,800		520	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	60.00	LABORATORY	0	0	0	0	0	1.00
2.00	76.02	O/P REHAB SERVICES	52,000	2,600	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	76.04	LIFE CENTER	0	0	0	0	0	4.00
5.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	5.00
6.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			52,000	2,600	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	60.00	LABORATORY	0	0	0	271,908		1.00
2.00	76.02	O/P REHAB SERVICES	0	52,000	12,800	12,800		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	240,000		3.00
4.00	76.04	LIFE CENTER	0	0	0	668,672		4.00
5.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	155,348		5.00
6.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	934,125		6.00
7.00	0.00		0	0	0	0		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	52,000	12,800	2,282,853		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160057

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

Worksheet B
Part I
Date/Time Prepared:
11/24/2015 3:21 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
			BLDG & FIXT	BLDG & FIXT - KLEIN	BLDG & FIXT - CANCER	BLDG & FIXT - LAUNDRY	
		0	1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	5,742,942	5,742,942			1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN	1,328,785	0	1,328,785		1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER	11,650	0	0	11,650	1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY	53,431	0	0	0	53,431
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY	375,289	0	0	0	0
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN	595,568	0	0	0	0
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	284,768	0	0	0	0
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB	917,185	0	0	0	0
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO	15,611	0	0	0	0
2.00	00200	CAP REL COSTS-MVBLE EQUIP	9,478,389				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,521,896	38,539	0	0	0
5.01	00590	ADMINISTRATIVE AND GENERAL	146,802	0	0	0	0
5.02	00550	DATA PROCESSING	7,454,431	96,294	0	0	0
5.03	00560	PURCHASING RECEIVING AND STORES	293,641	220,772	0	0	0
5.04	00570	ADMINISTRATIVE	1,566,756	38,784	0	0	0
5.05	00580	BUSINESS OFFICE	1,899,468	44,400	0	0	0
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	7,257,988	265,330	0	0	0
7.00	00700	OPERATION OF PLANT	4,980,605	155,137	0	0	0
7.01	00701	OPERATION OF PLANT KLEIN	343,878	0	0	0	0
7.02	00702	OPERATION OF PLANT EASTMAN	335,754	0	0	0	0
7.03	00703	OPERATION OF PLANT MERCY	215,022	0	0	0	0
7.04	00704	OPERATION OF PLANT CANCER	46,271	0	0	0	0
7.05	00705	OPERATION OF PLANT REHAB	172,034	0	0	0	0
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	50,789	0	0	0	0
7.07	00707	OPERATION OF PLANT WAPELLO	20,843	0	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	733,609	0	0	0	53,431
9.00	00900	HOUSEKEEPING	2,293,648	0	0	0	0
9.01	00901	HOUSEKEEPING KLEIN	97,487	0	0	0	0
10.00	01000	DIETARY	1,679,784	248,062	0	0	0
10.01	01001	DIETARY KLEIN	765,756	0	0	0	0
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	4,095,319	77,042	0	0	0
14.00	01400	CENTRAL SERVICE & SUPPLY	1,558,836	178,355	0	0	0
15.00	01500	PHARMACY	2,637,231	50,823	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	2,431,329	0	0	0	0
17.00	01700	SOCIAL SERVICE	320,651	137,728	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	12,246,817	607,598	0	0	0
31.00	03100	INTENSIVE CARE UNIT	2,127,514	179,847	0	0	0
41.00	04100	SUBPROVIDER - IRF	601,599	270,157	0	0	0
43.00	04300	NURSERY	425,270	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	1,199,781	151,785	108,480	0	0
45.00	04500	NURSING FACILITY	6,776,200	0	1,217,224	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	14,414,994	1,530,299	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,236,381	377,787	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	1,349,552	0	0	11,650	0
56.00	05600	RADIOISOTOPE	838,428	22,112	0	0	0
57.00	05700	CT SCAN	856,906	43,733	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	691,122	36,678	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	507,844	217,824	0	0	0
60.00	06000	LABORATORY	7,228,857	183,673	0	0	0
65.00	06500	RESPIRATORY THERAPY	1,316,477	64,407	0	0	0
66.00	06600	PHYSICAL THERAPY	715,208	0	1,831	0	0
67.00	06700	OCCUPATIONAL THERAPY	612,355	0	1,220	0	0
68.00	06800	SPEECH PATHOLOGY	267,621	0	30	0	0
69.00	06900	ELECTROCARDIOLOGY	365,246	14,040	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,330,372	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,165,427	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	9,717,403	0	0	0	0
76.00	03040	AUDIOLOGY	255	0	0	0	0
76.01	03280	EMG & EEG	403,496	40,925	0	0	0
76.02	03950	O/P REHAB SERVICES	2,447,110	0	0	0	0
76.03	03951	SPORTS FITNESS	1,188,979	0	0	0	0
76.04	03952	LIFE CENTER	2,182,786	0	0	0	0
76.05	03580	RECREATIONAL THERAPY	69,237	0	0	0	0
76.06	03480	HEMATOLOGY/ONCOLOGY	1,232,291	0	0	0	0
76.07	03140	CARDIOLOGY	80,638	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160057

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

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Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
		BLDG & FIXT	BLDG & FIXT - KLEIN	BLDG & FIXT - CANCER	BLDG & FIXT - LAUNDRY	
	0	1.00	1.01	1.02	1.03	
76.08 03953 O/P DEPENDENCY SERVICES	40,339	63,705	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	4,554,188	235,672	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 04950 WELLNESS PROGRAM	-1,100	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
99.00 09900 CMHC	0	0	0	0	0	99.00
101.00 10100 HOME HEALTH AGENCY	2,148,122	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	2,544,950	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	152,606,111	5,591,508	1,328,785	11,650	53,431	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	35,116	0	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 07950 SALES TO OUTSIDE ORGANIZATIONS	20,680	0	0	0	0	194.00
194.01 07951 DAYCARE	340,432	0	0	0	0	194.01
194.02 07952 ADVERTISING	978,784	77,042	0	0	0	194.02
194.03 07953 OUTREACH REHAB	548,044	0	0	0	0	194.03
194.04 07954 SWITCHBOARD	66,811	0	0	0	0	194.04
194.05 07955 HENRY COUNTY HEALTH CENTER	34,530,966	0	0	0	0	194.05
194.06 07956 OTHER NONREIMBURSABLE COSTS	258,801	39,276	0	0	0	194.06
194.07 07957 MEALS ON WHEELS	0	0	0	0	0	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)	189,350,629	5,742,942	1,328,785	11,650	53,431	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160057

Period:
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Cost Center Description		CAPITAL RELATED COSTS					
		BLDG & FIXT -	BLDG & FIXT -	BLDG & FIXT -	BLDG & FIXT -	BLDG & FIXT -	
		MERCY	EASTMAN	HHA/HOSP	REHAB	WAPELLO	
		1.04	1.05	1.06	1.07	1.08	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN					1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER					1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY					1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY	375,289				1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN	0	595,568			1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	0	0	284,768		1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB	0	0	0	917,185	1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO	0	0	0	0	15,611
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.01	00590	ADMINISTRATIVE AND GENERAL	5,359	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03
5.04	00570	ADMINITTING	0	0	0	0	5.04
5.05	00580	BUSINESS OFFICE	0	0	0	0	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	39,993	20,286	0	0	5.06
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	0	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	0	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	0	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	335,809	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	0	9.01
10.00	01000	DIETARY	0	0	0	0	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	5,359	0	0	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	387	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	387	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	387	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	387	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	1,191	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	6,463
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	76.00
76.01	03280	EMG & EEG	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	143,198	76.02
76.03	03951	SPORTS FITNESS	0	0	0	225,088	76.03
76.04	03952	LIFE CENTER	476	0	0	70,345	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	76.05
76.06	03480	HEMATOLOGY/ONCOLOGY	39,297	0	0	0	76.06
76.07	03140	CARDIOLOGY	0	0	0	0	76.07
76.08	03953	O/P DEPENDENCY SERVICES	0	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	0	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160057

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

Worksheet B
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Cost Center Description		CAPITAL RELATED COSTS						
		BLDG & FIXT - MERCY	BLDG & FIXT - EASTMAN	BLDG & FIXT - HHA/HOSP	BLDG & FIXT - REHAB	BLDG & FIXT - WAPELLO		
		1.04	1.05	1.06	1.07	1.08		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	WELLNESS PROGRAM	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	145,612	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	139,156	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	93,223	20,286	284,768	774,440	6,463	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	281,054	575,282	0	142,745	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	0	0	194.01
194.02	07952	ADVERTISING	1,012	0	0	0	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMBURSABLE COSTS	0	0	0	0	9,148	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	375,289	595,568	284,768	917,185	15,611	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160057

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

Worksheet B
Part I
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11/24/2015 3:21 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE AND GENERAL	Subtotal	DATA PROCESSING	
	MVBLE EQUIP						
	2.00	4.00					
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02 00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03 00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04 00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05 00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06 00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07 00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08 00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00 00200	CAP REL COSTS-MVBLE EQUIP	9,478,389					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	29,859	1,590,294				4.00
5.01 00590	ADMINISTRATIVE AND GENERAL	0	7,353	159,514			5.01
5.02 00550	DATA PROCESSING	4,846,047	49,128	6,056	12,451,956	12,451,956	5.02
5.03 00560	PURCHASING RECEIVING AND STORES	151,993	6,777	1,391	674,574	59,000	5.03
5.04 00570	ADMINISTRATIVE	3,244	37,312	2,865	1,648,961	144,223	5.04
5.05 00580	BUSINESS OFFICE	1,592	27,799	2,537	1,975,796	172,809	5.05
5.06 00591	OTHER ADMINISTRATIVE AND GENERAL	74,005	25,702	5,402	7,688,706	672,477	5.06
7.00 00700	OPERATION OF PLANT	372,458	46,238	11,949	5,566,387	486,853	7.00
7.01 00701	OPERATION OF PLANT KLEIN	147,172	2,097	0	493,147	43,132	7.01
7.02 00702	OPERATION OF PLANT EASTMAN	0	0	0	335,754	29,366	7.02
7.03 00703	OPERATION OF PLANT MERCY	0	0	0	215,022	18,806	7.03
7.04 00704	OPERATION OF PLANT CANCER	0	0	0	46,271	4,047	7.04
7.05 00705	OPERATION OF PLANT REHAB	65,127	0	0	572,970	50,114	7.05
7.06 00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	50,789	4,442	7.06
7.07 00707	OPERATION OF PLANT WAPELLO	0	0	0	20,843	1,823	7.07
8.00 00800	LAUNDRY & LINEN SERVICE	25,577	16,661	246	829,524	72,553	8.00
9.00 00900	HOUSEKEEPING	23,479	68,449	1,064	2,386,640	208,743	9.00
9.01 00901	HOUSEKEEPING KLEIN	0	1,394	0	98,881	8,648	9.01
10.00 01000	DIETARY	58,702	51,966	2,210	2,040,724	178,488	10.00
10.01 01001	DIETARY KLEIN	4,941	8,785	0	779,482	68,176	10.01
11.00 01100	CAFETERIA	0	0	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	551,435	44,384	7,284	4,780,823	418,145	13.00
14.00 01400	CENTRAL SERVICE & SUPPLY	111,181	34,384	1,228	1,883,984	164,779	14.00
15.00 01500	PHARMACY	254,012	29,717	1,473	2,973,256	260,050	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	41,953	35,420	6,056	2,514,758	219,948	16.00
17.00 01700	SOCIAL SERVICE	1,986	7,774	737	468,876	41,009	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	108,460	208,545	16,123	13,187,930	1,153,456	30.00
31.00 03100	INTENSIVE CARE UNIT	44,733	32,083	2,619	2,387,183	208,790	31.00
41.00 04100	SUBPROVIDER - IRF	6,513	11,214	0	889,483	77,797	41.00
43.00 04300	NURSERY	10,586	5,332	0	441,188	38,588	43.00
44.00 04400	SKILLED NURSING FACILITY	7,077	25,983	2,046	1,495,539	130,804	44.00
45.00 04500	NURSING FACILITY	35,180	167,433	6,629	8,202,666	717,430	45.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	780,555	112,538	11,949	16,850,722	1,473,856	50.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	478,199	43,092	6,384	4,141,843	362,258	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	263,464	11,393	1,719	1,637,778	143,245	55.00
56.00 05600	RADIOISOTOPE	112,858	2,852	0	976,250	85,386	56.00
57.00 05700	CT SCAN	80,154	10,268	0	991,061	86,681	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	12,437	7,289	0	747,526	65,381	58.00
59.00 05900	CARDIAC CATHETERIZATION	96,375	16,802	4,420	843,265	73,754	59.00
60.00 06000	LABORATORY	194,479	64,510	4,256	7,676,966	671,450	60.00
65.00 06500	RESPIRATORY THERAPY	25,579	24,692	1,228	1,432,383	125,281	65.00
66.00 06600	PHYSICAL THERAPY	4,889	12,634	491	741,516	64,855	66.00
67.00 06700	OCCUPATIONAL THERAPY	994	10,255	0	624,824	54,649	67.00
68.00 06800	SPEECH PATHOLOGY	0	3,465	0	271,116	23,713	68.00
69.00 06900	ELECTROCARDIOLOGY	59,033	5,754	0	444,073	38,840	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	2,330,372	203,821	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,165,427	539,247	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	9,717,403	849,913	73.00
76.00 03040	AUDIOLOGY	0	0	0	255	22	76.00
76.01 03280	EMG & EEG	5,860	7,199	655	458,135	40,070	76.01
76.02 03950	O/P REHAB SERVICES	25,760	37,466	9,739	2,663,273	232,938	76.02
76.03 03951	SPORTS FITNESS	18,006	27,914	0	1,459,987	127,695	76.03
76.04 03952	LIFE CENTER	77,840	29,078	1,146	2,361,671	206,559	76.04
76.05 03580	RECREATIONAL THERAPY	0	1,317	0	70,554	6,171	76.05
76.06 03480	HEMATOLOGY/ONCOLOGY	50,634	19,615	2,701	1,344,538	117,597	76.06
76.07 03140	CARDIOLOGY	3,452	3,555	0	87,645	7,666	76.07
76.08 03953	O/P DEPENDENCY SERVICES	0	639	0	104,683	9,156	76.08

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160057

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

Worksheet B
Part I
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE AND GENERAL	Subtotal	DATA PROCESSING		
	MVBLE EQUIP							
	2.00	4.00						
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	134,968	84,586	5,811	5,015,225	438,647	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	0	92.00
93.00	04950	WELLNESS PROGRAM	0	997	0	-103	0	93.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	20,497	37,210	5,811	2,357,252	206,172	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	46,511	32,274	0	2,762,891	241,651	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	9,469,856	1,559,324	134,225	151,380,644	12,151,170	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	35,116	3,071	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	999,081	87,383	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	20,680	1,809	194.00
194.01	07951	DAYCARE	8,533	17,953	737	367,655	32,156	194.01
194.02	07952	ADVERTISING	0	1,279	0	1,058,117	92,546	194.02
194.03	07953	OUTREACH REHAB	0	6,867	0	554,911	48,534	194.03
194.04	07954	SWITCHBOARD	0	2,314	24,552	93,677	8,193	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	34,530,966	0	194.05
194.06	07956	OTHER NONREIMBURSABLE COSTS	0	2,557	0	309,782	27,094	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	9,478,389	1,590,294	159,514	189,350,629	12,451,956	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 160057		Period: From 07/01/2014 To 06/30/2015		Worksheet B Part I Date/Time Prepared: 11/24/2015 3:21 pm	
Cost Center Description			PURCHASING RECEIVING AND STORES	ADMINITTING	BUSINESS OFFICE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
			5.03	5.04	5.05	5A.05	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	733,574					5.03
5.04	00570	ADMINITTING	362	1,793,546				5.04
5.05	00580	BUSINESS OFFICE	447	0	2,149,052			5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	8,361,183	8,361,183	5.06
7.00	00700	OPERATION OF PLANT	990	0	0	6,054,230	279,687	7.00
7.01	00701	OPERATION OF PLANT KLEIN	19	0	0	536,298	24,775	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	365,120	16,867	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	233,828	10,802	7.03
7.04	00704	OPERATION OF PLANT CANCER	4	0	0	50,322	2,325	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	623,084	28,785	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	55,231	2,552	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	22,666	1,047	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	6,559	0	0	908,636	41,976	8.00
9.00	00900	HOUSEKEEPING	5,544	0	0	2,600,927	120,155	9.00
9.01	00901	HOUSEKEEPING KLEIN	898	0	0	108,427	5,009	9.01
10.00	01000	DIETARY	1,012	0	0	2,220,224	102,568	10.00
10.01	01001	DIETARY KLEIN	169	0	0	847,827	39,167	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	956	0	0	5,199,924	240,221	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	9,007	0	0	2,057,770	95,063	14.00
15.00	01500	PHARMACY	3,691	0	0	3,236,997	149,540	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	651	0	0	2,735,357	126,365	16.00
17.00	01700	SOCIAL SERVICE	28	0	0	509,913	23,556	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	25,903	164,405	192,477	14,724,171	680,213	30.00
31.00	03100	INTENSIVE CARE UNIT	10,647	29,016	33,970	2,669,606	123,328	31.00
41.00	04100	SUBPROVIDER - IRF	64	10,181	11,919	989,444	45,709	41.00
43.00	04300	NURSERY	1,099	6,533	7,648	495,056	22,870	43.00
44.00	04400	SKILLED NURSING FACILITY	1,083	9,542	11,301	1,648,269	76,145	44.00
45.00	04500	NURSING FACILITY	6,818	0	49,148	8,976,062	414,667	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	408,924	416,896	488,064	19,638,462	907,238	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,243	78,847	92,310	4,689,501	216,641	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	630	41,955	49,119	1,872,727	86,514	55.00
56.00	05600	RADIOISOTOPE	13,698	17,254	20,200	1,112,788	51,407	56.00
57.00	05700	CT SCAN	789	94,520	110,659	1,283,710	59,304	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	379	64,166	75,122	952,574	44,006	58.00
59.00	05900	CARDIAC CATHETERIZATION	82,705	69,766	81,679	1,151,169	53,181	59.00
60.00	06000	LABORATORY	77,878	163,756	191,717	8,781,767	405,691	60.00
65.00	06500	RESPIRATORY THERAPY	4,911	53,070	62,132	1,677,777	77,508	65.00
66.00	06600	PHYSICAL THERAPY	1,312	10,643	12,460	830,786	38,380	66.00
67.00	06700	OCCUPATIONAL THERAPY	52	8,112	9,497	697,134	32,205	67.00
68.00	06800	SPEECH PATHOLOGY	61	2,754	3,225	300,869	13,899	68.00
69.00	06900	ELECTROCARDIOLOGY	39	30,507	35,716	549,175	25,370	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	23,848	27,919	2,585,960	119,464	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	63,124	73,903	6,841,701	316,066	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	177,004	207,227	10,951,547	505,929	73.00
76.00	03040	AUDIOLOGY	9	0	0	286	13	76.00
76.01	03280	EMG & EEG	263	10,695	12,521	521,684	24,100	76.01
76.02	03950	O/P REHAB SERVICES	1,577	26,177	30,647	2,954,612	136,494	76.02
76.03	03951	SPORTS FITNESS	1,197	2,963	3,469	1,595,311	73,699	76.03
76.04	03952	LIFE CENTER	21,101	45,448	53,208	2,687,987	124,177	76.04
76.05	03580	RECREATIONAL THERAPY	2	581	680	77,988	3,603	76.05
76.06	03480	HEMATOLOGY/ONCOLOGY	4,759	3,964	4,641	1,475,499	68,164	76.06
76.07	03140	CARDIOLOGY	130	279	327	96,047	4,437	76.07
76.08	03953	O/P DEPENDENCY SERVICES	6	69	80	113,994	5,266	76.08
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	18,102	143,753	168,299	5,784,026	267,205	91.00
92.00	09200	OBSERVATION BEDS (NON-DIAGNOSTIC PART)				0		92.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		PURCHASING RECEIVING AND STORES	ADMITTING	BUSINESS OFFICE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
		5.03	5.04	5.05	5A.05	5.06	
93.00	04950 WELLNESS PROGRAM	0	0	0	-103	0	93.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
101.00	10100 HOME HEALTH AGENCY	993	11,780	13,792	2,589,989	119,650	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	3,013	11,938	13,976	3,033,469	140,137	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	732,724	1,793,546	2,149,052	151,079,008	6,593,140	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	38,187	1,764	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	1,086,464	50,191	192.00
194.00	07950 SALES TO OUTSIDE ORGANIZATIONS	165	0	0	22,654	1,047	194.00
194.01	07951 DAYCARE	685	0	0	400,496	18,502	194.01
194.02	07952 ADVERTISING	0	0	0	1,150,663	53,157	194.02
194.03	07953 OUTREACH REHAB	0	0	0	603,445	27,877	194.03
194.04	07954 SWITCHBOARD	0	0	0	101,870	4,706	194.04
194.05	07955 HENRY COUNTY HEALTH CENTER	0	0	0	34,530,966	1,595,236	194.05
194.06	07956 OTHER NONREIMBURSABLE COSTS	0	0	0	336,876	15,563	194.06
194.07	07957 MEALS ON WHEELS	0	0	0	0	0	194.07
200.00	Cross Foot Adjustments				0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	733,574	1,793,546	2,149,052	189,350,629	8,361,183	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 160057		Period: From 07/01/2014 To 06/30/2015		Worksheet B Part I Date/Time Prepared: 11/24/2015 3:21 pm	
Cost Center Description		OPERATION OF PLANT	OPERATION OF PLANT KLEIN	OPERATION OF PLANT EASTMAN	OPERATION OF PLANT MERCY	OPERATION OF PLANT CANCER	
		7.00	7.01	7.02	7.03	7.04	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN					1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER					1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY					1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY					1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN					1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP					1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB					1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO					1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	ADMINISTRATIVE AND GENERAL					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINISTRATIVE					5.04
5.05	00580	BUSINESS OFFICE					5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT	6,333,917				7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	561,073			7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	381,987		7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	244,630	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	0	52,647
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	0	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	101,698	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	0	9.01
10.00	01000	DIETARY	316,559	0	0	0	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	98,316	0	0	3,973	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	227,605	0	0	0	14.00
15.00	01500	PHARMACY	64,857	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	175,759	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	775,374	0	0	287	30.00
31.00	03100	INTENSIVE CARE UNIT	229,508	0	0	287	31.00
41.00	04100	SUBPROVIDER - IRF	344,755	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	193,698	45,805	0	287	44.00
45.00	04500	NURSING FACILITY	0	513,967	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,952,861	0	0	287	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	482,106	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	52,647
56.00	05600	RADIOISOTOPE	28,218	0	0	0	56.00
57.00	05700	CT SCAN	55,809	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	46,806	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	277,972	0	0	0	59.00
60.00	06000	LABORATORY	234,390	0	0	883	60.00
65.00	06500	RESPIRATORY THERAPY	82,191	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	773	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	515	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	13	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	17,916	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	76.00
76.01	03280	EMG & EEG	52,226	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS	0	0	0	0	76.03
76.04	03952	LIFE CENTER	0	0	0	353	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	76.05
76.06	03480	HEMATOLOGY/ONCOLOGY	0	0	0	29,136	76.06
76.07	03140	CARDIOLOGY	0	0	0	0	76.07
76.08	03953	O/P DEPENDENCY SERVICES	81,295	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	300,748	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00	04950	WELLNESS PROGRAM	0	0	0	0	93.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		OPERATION OF PLANT	OPERATION OF PLANT KLEIN	OPERATION OF PLANT EASTMAN	OPERATION OF PLANT MERCY	OPERATION OF PLANT CANCER	
		7.00	7.01	7.02	7.03	7.04	
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	CMHC	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,140,667	561,073	0	35,493	52,647
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	44,813	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	381,987	208,387	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	0	194.01
194.02	07952	ADVERTISING	98,316	0	0	750	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	194.05
194.06	07956	OTHER NONREIMBURSABLE COSTS	50,121	0	0	0	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	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)	6,333,917	561,073	381,987	244,630	52,647

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		OPERATION OF PLANT REHAB	OPERATION OF PLANT HHA/HOSPICE	OPERATION OF PLANT WAPELLO	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		7.05	7.06	7.07	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 - KLEIN					1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER					1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY					1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY					1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN					1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP					1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB					1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO					1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	ADMINISTRATIVE AND GENERAL					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINITING					5.04
5.05	00580	BUSINESS OFFICE					5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT KLEIN					7.01
7.02	00702	OPERATION OF PLANT EASTMAN					7.02
7.03	00703	OPERATION OF PLANT MERCY					7.03
7.04	00704	OPERATION OF PLANT CANCER					7.04
7.05	00705	OPERATION OF PLANT REHAB	651,869				7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	57,783			7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	23,713		7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,052,310	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	0	9.01
10.00	01000	DIETARY	0	0	0	0	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	291,162	787,454
31.00	03100	INTENSIVE CARE UNIT	0	0	0	32,622	153,579
41.00	04100	SUBPROVIDER - IRF	0	0	0	6,502	27,608
43.00	04300	NURSERY	0	0	0	0	8,593
44.00	04400	SKILLED NURSING FACILITY	0	0	0	6,363	213,913
45.00	04500	NURSING FACILITY	0	0	0	71,397	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	218,245	355,790
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	76,692	94,463
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	7,280	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	13,779	0
60.00	06000	LABORATORY	0	0	0	448	36,810
65.00	06500	RESPIRATORY THERAPY	0	0	0	41	9,507
66.00	06600	PHYSICAL THERAPY	0	0	9,818	212	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	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
76.00	03040	AUDIOLOGY	0	0	0	0	0
76.01	03280	EMG & EEG	0	0	0	3,090	0
76.02	03950	O/P REHAB SERVICES	160,561	0	0	26,217	219,398
76.03	03951	SPORTS FITNESS	252,381	0	0	25,633	0
76.04	03952	LIFE CENTER	78,874	0	0	3,766	72,401
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0
76.06	03480	HEMATOLOGY/ONCOLOGY	0	0	0	1,675	0
76.07	03140	CARDIOLOGY	0	0	0	0	0
76.08	03953	O/P DEPENDENCY SERVICES	0	0	0	0	399,121
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	75,540	170,582
92.00	09200	OBSERVATION BEDS (NON-DI STINCT PART)					92.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		OPERATION OF PLANT REHAB	OPERATION OF PLANT HHA/HOSPICE	OPERATION OF PLANT WAPELLO	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		7.05	7.06	7.07	8.00	9.00	
93.00	04950 WELLNESS PROGRAM	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
101.00	10100 HOME HEALTH AGENCY	0	29,547	0	0	32,910	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	0	28,236	0	6,368	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	491,816	57,783	9,818	867,032	2,721,082	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	160,053	0	0	0	0	192.00
194.00	07950 SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951 DAYCARE	0	0	0	0	0	194.01
194.02	07952 ADVERTISING	0	0	0	0	0	194.02
194.03	07953 OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954 SWITCBOARD	0	0	0	0	0	194.04
194.05	07955 HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956 OTHER NONREIMBURSABLE COSTS	0	0	13,895	185,278	0	194.06
194.07	07957 MEALS ON WHEELS	0	0	0	0	0	194.07
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	651,869	57,783	23,713	1,052,310	2,721,082	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 160057		Period: From 07/01/2014 To 06/30/2015		Worksheet B Part I Date/Time Prepared: 11/24/2015 3:21 pm	
Cost Center Description			HOUSEKEEPING KLEIN	DIETARY	DIETARY KLEIN	CAFETERIA	NURSING ADMINISTRATION	
			9.01	10.00	10.01	11.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINISTRATIVE						5.04
5.05	00580	BUSINESS OFFICE						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT KLEIN						7.01
7.02	00702	OPERATION OF PLANT EASTMAN						7.02
7.03	00703	OPERATION OF PLANT MERCY						7.03
7.04	00704	OPERATION OF PLANT CANCER						7.04
7.05	00705	OPERATION OF PLANT REHAB						7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE						7.06
7.07	00707	OPERATION OF PLANT WAPELLO						7.07
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING KLEIN	113,436					9.01
10.00	01000	DIETARY	0	2,671,895				10.00
10.01	01001	DIETARY KLEIN	0	0	886,994			10.01
11.00	01100	CAFETERIA	0	1,943,846	0	1,943,846		11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	69,541	5,614,900	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	0	53,874	256,488	14.00
15.00	01500	PHARMACY	0	0	0	46,561	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	55,497	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	12,181	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	477,792	0	326,747	1,555,475	30.00
31.00	03100	INTENSIVE CARE UNIT	0	28,767	0	50,268	239,278	31.00
41.00	04100	SUBPROVIDER - IRF	0	38,568	0	17,571	83,602	41.00
43.00	04300	NURSERY	0	0	0	8,355	39,770	43.00
44.00	04400	SKILLED NURSING FACILITY	9,075	0	70,960	40,711	188,453	44.00
45.00	04500	NURSING FACILITY	104,361	0	816,034	262,337	1,254,233	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	94	0	176,327	839,433	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	67,518	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	17,851	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	4,468	0	56.00
57.00	05700	CT SCAN	0	0	0	16,088	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	11,420	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,133	0	26,326	125,371	59.00
60.00	06000	LABORATORY	0	0	0	101,076	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	38,687	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	19,794	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	16,068	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	5,429	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	9,016	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	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EMG & EEG	0	0	0	11,280	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	58,702	0	76.02
76.03	03951	SPORTS FITNESS	0	0	0	43,736	0	76.03
76.04	03952	LIFE CENTER	0	0	0	45,559	0	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	2,064	0	76.05
76.06	03480	HEMATOLOGY/ONCOLOGY	0	0	0	30,734	0	76.06
76.07	03140	CARDIOLOGY	0	0	0	5,570	0	76.07
76.08	03953	O/P DEPENDENCY SERVICES	0	0	0	1,002	0	76.08
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	9,409	0	132,531	630,923	91.00
92.00	09200	OBSERVATION BEDS (NON-DI STINCT PART)						92.00

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Cost Center Description		HOUSEKEEPING KLEIN	DIETARY	DIETARY KLEIN	CAFETERIA	NURSING ADMINISTRATION	
		9.01	10.00	10.01	11.00	13.00	
93.00	04950 WELLNESS PROGRAM	0	0	0	1,563	0	93.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	58,302	277,567	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	0	7,660	0	50,568	124,307	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	113,436	2,508,269	886,994	1,895,322	5,614,900	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
194.00	07950 SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951 DAYCARE	0	0	0	28,129	0	194.01
194.02	07952 ADVERTISING	0	0	0	2,003	0	194.02
194.03	07953 OUTREACH REHAB	0	0	0	10,759	0	194.03
194.04	07954 SWITCHBOARD	0	0	0	3,626	0	194.04
194.05	07955 HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956 OTHER NONREIMBURSABLE COSTS	0	0	0	4,007	0	194.06
194.07	07957 MEALS ON WHEELS	0	163,626	0	0	0	194.07
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	113,436	2,671,895	886,994	1,943,846	5,614,900	202.00

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Cost Center Description			CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	
			14.00	15.00	16.00	17.00	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINISTRATIVE						5.04
5.05	00580	BUSINESS OFFICE						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT KLEIN						7.01
7.02	00702	OPERATION OF PLANT EASTMAN						7.02
7.03	00703	OPERATION OF PLANT MERCY						7.03
7.04	00704	OPERATION OF PLANT CANCER						7.04
7.05	00705	OPERATION OF PLANT REHAB						7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE						7.06
7.07	00707	OPERATION OF PLANT WAPELLO						7.07
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING KLEIN						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY KLEIN						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	2,725,904					14.00
15.00	01500	PHARMACY	14,378	3,564,806				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,535		2,929,810			16.00
17.00	01700	SOCIAL SERVICE	109			727,369		17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	100,912	51	262,402	617,820	20,599,860	30.00
31.00	03100	INTENSIVE CARE UNIT	41,479	6	46,312	22,032	3,637,072	31.00
41.00	04100	SUBPROVIDER - IRF	249	0	16,250	3,060	1,573,318	41.00
43.00	04300	NURSERY	4,283	7	10,427	0	589,361	43.00
44.00	04400	SKILLED NURSING FACILITY	0	20,152	15,407	3,672	2,532,910	44.00
45.00	04500	NURSING FACILITY	0	60,735	67,003	0	12,540,796	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,593,077	58,891	665,397	0	26,406,102	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	55,487	1,808	125,846	0	5,810,062	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,453	0	66,963	0	2,106,435	55.00
56.00	05600	RADIOISOTOPE	53,363	21,439	27,539	0	1,299,222	56.00
57.00	05700	CT SCAN	3,074	2,405	150,860	0	1,571,250	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,476	1	102,413	0	1,158,696	58.00
59.00	05900	CARDIAC CATHETERIZATION	322,202	3,176	111,352	0	2,086,661	59.00
60.00	06000	LABORATORY	303,398	457	261,367	0	10,126,287	60.00
65.00	06500	RESPIRATORY THERAPY	19,133	100	84,704	0	1,989,648	65.00
66.00	06600	PHYSICAL THERAPY	5,111	19	16,987	0	921,880	66.00
67.00	06700	OCCUPATIONAL THERAPY	204	0	12,948	0	759,074	67.00
68.00	06800	SPEECH PATHOLOGY	238	0	4,396	0	324,844	68.00
69.00	06900	ELECTROCARDIOLOGY	154	0	48,691	0	650,322	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	38,062	0	2,743,486	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	100,751	0	7,258,518	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,334,480	282,511	0	15,074,467	73.00
76.00	03040	AUDIOLOGY	35	0	0	0	334	76.00
76.01	03280	EMG & EEG	1,024	0	17,070	0	630,474	76.01
76.02	03950	O/P REHAB SERVICES	6,145	326	41,780	0	3,604,235	76.02
76.03	03951	SPORTS FITNESS	4,665	98	4,729	0	2,000,252	76.03
76.04	03952	LIFE CENTER	82,207	8,594	72,538	0	3,176,456	76.04
76.05	03580	RECREATIONAL THERAPY	6	0	927	0	84,588	76.05
76.06	03480	HEMATOLOGY/ONCOLOGY	18,541	0	6,327	0	1,630,076	76.06
76.07	03140	CARDIOLOGY	508	0	445	0	107,007	76.07
76.08	03953	O/P DEPENDENCY SERVICES	22	0	110	0	600,810	76.08
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	70,522	170	229,441	0	7,671,097	91.00
92.00	09200	OBSERVATION BEDS (NON-DIAGNOSTIC PART)						92.00

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Cost Center Description		CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	
		14.00	15.00	16.00	17.00	24.00	
93.00	04950 WELLNESS PROGRAM	0	0	0	0	1,460	93.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
101.00	10100 HOME HEALTH AGENCY	3,867	113	18,802	0	3,130,747	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	11,738	51,778	19,053	80,785	3,554,099	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,722,595	3,564,806	2,929,810	727,369	147,951,906	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	84,764	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	1,887,082	192.00
194.00	07950 SALES TO OUTSIDE ORGANIZATIONS	642	0	0	0	24,343	194.00
194.01	07951 DAYCARE	2,667	0	0	0	449,794	194.01
194.02	07952 ADVERTISING	0	0	0	0	1,304,889	194.02
194.03	07953 OUTREACH REHAB	0	0	0	0	642,081	194.03
194.04	07954 SWITCHEBOARD	0	0	0	0	110,202	194.04
194.05	07955 HENRY COUNTY HEALTH CENTER	0	0	0	0	36,126,202	194.05
194.06	07956 OTHER NONREIMBURSABLE COSTS	0	0	0	0	605,740	194.06
194.07	07957 MEALS ON WHEELS	0	0	0	0	163,626	194.07
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	2,725,904	3,564,806	2,929,810	727,369	189,350,629	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160057

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

Worksheet B
Part I
Date/Time Prepared:
11/24/2015 3:21 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		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 - KLEIN		1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER		1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY		1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY		1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN		1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP		1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB		1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO		1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00590	ADMINISTRATIVE AND GENERAL		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMINISTRATIVE		5.04
5.05	00580	BUSINESS OFFICE		5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL		5.06
7.00	00700	OPERATION OF PLANT		7.00
7.01	00701	OPERATION OF PLANT KLEIN		7.01
7.02	00702	OPERATION OF PLANT EASTMAN		7.02
7.03	00703	OPERATION OF PLANT MERCY		7.03
7.04	00704	OPERATION OF PLANT CANCER		7.04
7.05	00705	OPERATION OF PLANT REHAB		7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE		7.06
7.07	00707	OPERATION OF PLANT WAPELLO		7.07
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
9.01	00901	HOUSEKEEPING KLEIN		9.01
10.00	01000	DIETARY		10.00
10.01	01001	DIETARY KLEIN		10.01
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICE & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	20,599,860
31.00	03100	INTENSIVE CARE UNIT	0	3,637,072
41.00	04100	SUBPROVIDER - IRF	0	1,573,318
43.00	04300	NURSERY	0	589,361
44.00	04400	SKILLED NURSING FACILITY	0	2,532,910
45.00	04500	NURSING FACILITY	0	12,540,796
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	26,406,102
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,810,062
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,106,435
56.00	05600	RADIOISOTOPE	0	1,299,222
57.00	05700	CT SCAN	0	1,571,250
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,158,696
59.00	05900	CARDIAC CATHETERIZATION	0	2,086,661
60.00	06000	LABORATORY	0	10,126,287
65.00	06500	RESPIRATORY THERAPY	0	1,989,648
66.00	06600	PHYSICAL THERAPY	0	921,880
67.00	06700	OCCUPATIONAL THERAPY	0	759,074
68.00	06800	SPEECH PATHOLOGY	0	324,844
69.00	06900	ELECTROCARDIOLOGY	0	650,322
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,743,486
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	7,258,518
73.00	07300	DRUGS CHARGED TO PATIENTS	0	15,074,467
76.00	03040	AUDIOLOGY	0	334
76.01	03280	EMG & EEG	0	630,474
76.02	03950	O/P REHAB SERVICES	0	3,604,235
76.03	03951	SPORTS FITNESS	0	2,000,252
76.04	03952	LIFE CENTER	0	3,176,456
76.05	03580	RECREATIONAL THERAPY	0	84,588
76.06	03480	HEMATOLOGY/ONCOLOGY	0	1,630,076
76.07	03140	CARDIOLOGY	0	107,007
76.08	03953	O/P DEPENDENCY SERVICES	0	600,810

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160057

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0	7,671,097	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
93.00	04950	WELLNESS PROGRAM	0	1,460	93.00
OTHER REIMBURSABLE COST CENTERS					
99.00	09900	CMHC	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	3,130,747	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	0	3,554,099	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	147,951,906	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	84,764	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,887,082	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	24,343	194.00
194.01	07951	DAYCARE	0	449,794	194.01
194.02	07952	ADVERTISING	0	1,304,889	194.02
194.03	07953	OUTREACH REHAB	0	642,081	194.03
194.04	07954	SWITCHBOARD	0	110,202	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	36,126,202	194.05
194.06	07956	OTHER NONREIMBURSABLE COSTS	0	605,740	194.06
194.07	07957	MEALS ON WHEELS	0	163,626	194.07
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	189,350,629	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 160057	Period: From 07/01/2014 To 06/30/2015	Worksheet B Part II Date/Time Prepared: 11/24/2015 3:21 pm
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Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS					
			BLDG & FIXT	BLDG & FIXT - KLEIN	BLDG & FIXT - CANCER	BLDG & FIXT - LAUNDRY		
			0	1.00	1.01	1.02		1.03
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN					1.01	
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER					1.02	
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY					1.03	
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY					1.04	
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN					1.05	
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP					1.06	
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB					1.07	
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO					1.08	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	38,539	0	0	0	4.00
5.01	00590	ADMINISTRATIVE AND GENERAL	0	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	96,294	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	220,772	0	0	0	5.03
5.04	00570	ADMITTING	0	38,784	0	0	0	5.04
5.05	00580	BUSINESS OFFICE	0	44,400	0	0	0	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	0	265,330	0	0	0	5.06
7.00	00700	OPERATION OF PLANT	0	155,137	0	0	0	7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	0	0	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	0	0	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	0	0	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	0	0	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE					53,431	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	0	0	9.01
10.00	01000	DIETARY	0	248,062	0	0	0	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	77,042	0	0	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	178,355	0	0	0	14.00
15.00	01500	PHARMACY	0	50,823	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	137,728	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	607,598	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	179,847	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	270,157	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	151,785	108,480	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	1,217,224	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	1,530,299	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	377,787	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	11,650	0	55.00
56.00	05600	RADIOISOTOPE	0	22,112	0	0	0	56.00
57.00	05700	CT SCAN	0	43,733	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	36,678	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	217,824	0	0	0	59.00
60.00	06000	LABORATORY	0	183,673	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	64,407	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	1,831	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,220	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	30	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	14,040	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	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EMG & EEG	0	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	40,925	0	0	0	76.02
76.03	03951	SPORTS FITNESS	0	0	0	0	0	76.03
76.04	03952	LIFE CENTER	0	0	0	0	0	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	HEMATOLOGY/ONCOLOGY	0	0	0	0	0	76.06
76.07	03140	CARDIOLOGY	0	0	0	0	0	76.07
76.08	03953	O/P DEPENDENCY SERVICES	0	63,705	0	0	0	76.08

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160057

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
		BLDG & FIXT	BLDG & FIXT - KLEIN	BLDG & FIXT - CANCER	BLDG & FIXT - LAUNDRY	
		0	1.00	1.01	1.02	
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	0	235,672	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 04950 WELLNESS PROGRAM	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
99.00 09900 CMHC	0	0	0	0	0	99.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	5,591,508	1,328,785	11,650	53,431	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	35,116	0	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 07950 SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01 07951 DAYCARE	0	0	0	0	0	194.01
194.02 07952 ADVERTISING	0	77,042	0	0	0	194.02
194.03 07953 OUTREACH REHAB	0	0	0	0	0	194.03
194.04 07954 SWITCHBOARD	0	0	0	0	0	194.04
194.05 07955 HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06 07956 OTHER NONREIMBURSABLE COSTS	0	39,276	0	0	0	194.06
194.07 07957 MEALS ON WHEELS	0	0	0	0	0	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)	0	5,742,942	1,328,785	11,650	53,431	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 160057	Period: From 07/01/2014 To 06/30/2015	Worksheet B Part II Date/Time Prepared: 11/24/2015 3:21 pm
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Cost Center Description		CAPITAL RELATED COSTS					
		BLDG & FIXT -	BLDG & FIXT -	BLDG & FIXT -	BLDG & FIXT -	BLDG & FIXT -	
		MERCY	EASTMAN	HHA/HOSP	REHAB	WAPELLO	
		1.04	1.05	1.06	1.07	1.08	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN					1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER					1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY					1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY					1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN					1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP					1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB					1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO					1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.01	00590	ADMINISTRATIVE AND GENERAL	5,359	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03
5.04	00570	ADMINISTRATIVE	0	0	0	0	5.04
5.05	00580	BUSINESS OFFICE	0	0	0	0	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	39,993	20,286	0	0	5.06
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	0	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	0	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	0	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	335,809	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	0	9.01
10.00	01000	DIETARY	0	0	0	0	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	5,359	0	0	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	387	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	387	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	387	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	387	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	1,191	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	6,463	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	76.00
76.01	03280	EMG & EEG	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	143,198	76.02
76.03	03951	SPORTS FITNESS	0	0	0	225,088	76.03
76.04	03952	LIFE CENTER	476	0	0	70,345	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	76.05
76.06	03480	HEMATOLOGY/ONCOLOGY	39,297	0	0	0	76.06
76.07	03140	CARDIOLOGY	0	0	0	0	76.07
76.08	03953	O/P DEPENDENCY SERVICES	0	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	0	91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160057

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

Worksheet B
Part II
Date/Time Prepared:
11/24/2015 3:21 pm

Cost Center Description		CAPITAL RELATED COSTS						
		BLDG & FIXT - MERCY	BLDG & FIXT - EASTMAN	BLDG & FIXT - HHA/HOSP	BLDG & FIXT - REHAB	BLDG & FIXT - WAPELLO		
		1.04	1.05	1.06	1.07	1.08		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	WELLNESS PROGRAM	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	145,612	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	139,156	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	93,223	20,286	284,768	774,440	6,463	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	281,054	575,282	0	142,745	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	0	0	194.01
194.02	07952	ADVERTISING	1,012	0	0	0	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMBURSABLE COSTS	0	0	0	0	9,148	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	375,289	595,568	284,768	917,185	15,611	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 160057	Period: From 07/01/2014 To 06/30/2015	Worksheet B Part II Date/Time Prepared: 11/24/2015 3:21 pm
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Cost Center Description	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE AND GENERAL	DATA PROCESSING	
	MVBLE EQUIP						
	2.00	2A					
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN					1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER					1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY					1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY					1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN					1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP					1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB					1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO					1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	29,859	68,398	68,398		4.00
5.01	00590	ADMINISTRATIVE AND GENERAL	0	5,359	316	5,675	5.01
5.02	00550	DATA PROCESSING	4,846,047	4,942,341	2,113	215	4,944,669
5.03	00560	PURCHASING RECEIVING AND STORES	151,993	372,765	291	49	23,429
5.04	00570	ADMINISTRATIVE	3,244	42,028	1,605	102	57,272
5.05	00580	BUSINESS OFFICE	1,592	45,992	1,196	90	68,623
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	74,005	399,614	1,105	192	267,044
7.00	00700	OPERATION OF PLANT	372,458	527,595	1,989	425	193,332
7.01	00701	OPERATION OF PLANT KLEIN	147,172	147,172	90	0	17,128
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	0	11,661
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	0	7,468
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	0	1,607
7.05	00705	OPERATION OF PLANT REHAB	65,127	400,936	0	0	19,900
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	1,764
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	724
8.00	00800	LAUNDRY & LINEN SERVICE	25,577	79,008	717	9	28,811
9.00	00900	HOUSEKEEPING	23,479	23,479	2,944	38	82,893
9.01	00901	HOUSEKEEPING KLEIN	0	0	60	0	3,434
10.00	01000	DIETARY	58,702	306,764	2,235	79	70,878
10.01	01001	DIETARY KLEIN	4,941	4,941	378	0	27,073
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	551,435	633,836	1,909	259	166,048
14.00	01400	CENTRAL SERVICE & SUPPLY	111,181	289,536	1,479	44	65,435
15.00	01500	PHARMACY	254,012	304,835	1,278	52	103,267
16.00	01600	MEDICAL RECORDS & LIBRARY	41,953	41,953	1,523	215	87,343
17.00	01700	SOCIAL SERVICE	1,986	139,714	334	26	16,285
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	108,460	716,445	8,970	574	458,043
31.00	03100	INTENSIVE CARE UNIT	44,733	224,967	1,380	93	82,912
41.00	04100	SUBPROVIDER - IRF	6,513	276,670	482	0	30,894
43.00	04300	NURSERY	10,586	10,586	229	0	15,323
44.00	04400	SKILLED NURSING FACILITY	7,077	267,729	1,118	73	51,943
45.00	04500	NURSING FACILITY	35,180	1,252,404	7,201	236	284,895
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	780,555	2,311,241	4,840	425	585,211
54.00	05400	RADIOLOGY-DIAGNOSTIC	478,199	855,986	1,853	227	143,854
55.00	05500	RADIOLOGY-THERAPEUTIC	263,464	275,114	490	61	56,883
56.00	05600	RADIOISOTOPE	112,858	134,970	123	0	33,907
57.00	05700	CT SCAN	80,154	123,887	442	0	34,422
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	12,437	49,115	313	0	25,963
59.00	05900	CARDIAC CATHETERIZATION	96,375	314,199	723	157	29,288
60.00	06000	LABORATORY	194,479	379,343	2,775	151	266,636
65.00	06500	RESPIRATORY THERAPY	25,579	89,986	1,062	44	49,750
66.00	06600	PHYSICAL THERAPY	4,889	13,183	543	17	25,754
67.00	06700	OCCUPATIONAL THERAPY	994	2,214	441	0	21,701
68.00	06800	SPEECH PATHOLOGY	0	30	149	0	9,416
69.00	06900	ELECTROCARDIOLOGY	59,033	73,073	247	0	15,424
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	80,938
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	214,138
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	337,505
76.00	03040	AUDIOLOGY	0	0	0	0	9
76.01	03280	EMG & EEG	5,860	46,785	310	23	15,912
76.02	03950	O/P REHAB SERVICES	25,760	168,958	1,611	346	92,501
76.03	03951	SPORTS FITNESS	18,006	243,094	1,201	0	50,708
76.04	03952	LIFE CENTER	77,840	148,661	1,251	41	82,026
76.05	03580	RECREATIONAL THERAPY	0	0	57	0	2,450
76.06	03480	HEMATOLOGY/ONCOLOGY	50,634	89,931	844	96	46,698
76.07	03140	CARDIOLOGY	3,452	3,452	153	0	3,044
76.08	03953	O/P DEPENDENCY SERVICES	0	63,705	27	0	3,636

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160057

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE AND GENERAL	DATA PROCESSING		
	MVBLE EQUIP							
	2.00	2A						
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	134,968	370,640	3,638	207	174,189	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0				92.00
93.00	04950	WELLNESS PROGRAM	0	0	43	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	20,497	166,109	1,600	207	81,872	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	46,511	185,667	1,388	0	95,961	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	9,469,856	17,634,410	67,066	4,773	4,825,225	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	35,116	0	0	1,220	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	999,081	0	0	34,700	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	718	194.00
194.01	07951	DAYCARE	8,533	8,533	772	26	12,769	194.01
194.02	07952	ADVERTISING	0	78,054	55	0	36,751	194.02
194.03	07953	OUTREACH REHAB	0	0	295	0	19,273	194.03
194.04	07954	SWITCHBOARD	0	0	100	876	3,254	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMBURSABLE COSTS	0	48,424	110	0	10,759	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments		0				200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	9,478,389	18,803,618	68,398	5,675	4,944,669	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 160057		Period: From 07/01/2014 To 06/30/2015		Worksheet B Part II Date/Time Prepared: 11/24/2015 3:21 pm	
Cost Center Description			PURCHASING RECEIVING AND STORES	ADMINITTING	BUSINESS OFFICE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	
			5.03	5.04	5.05	5.06	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	396,534					5.03
5.04	00570	ADMINITTING	196	101,203				5.04
5.05	00580	BUSINESS OFFICE	241	0	116,142			5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	667,955		5.06
7.00	00700	OPERATION OF PLANT	535	0	0	22,346	746,222	7.00
7.01	00701	OPERATION OF PLANT KLEIN	10	0	0	1,979	0	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	1,348	0	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	863	0	7.03
7.04	00704	OPERATION OF PLANT CANCER	2	0	0	186	0	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	2,300	0	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	204	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	84	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	3,545	0	0	3,354	11,981	8.00
9.00	00900	HOUSEKEEPING	2,997	0	0	9,600	0	9.00
9.01	00901	HOUSEKEEPING KLEIN	485	0	0	400	0	9.01
10.00	01000	DIETARY	547	0	0	8,195	37,295	10.00
10.01	01001	DIETARY KLEIN	91	0	0	3,129	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	517	0	0	19,193	11,583	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	4,869	0	0	7,595	26,815	14.00
15.00	01500	PHARMACY	1,995	0	0	11,948	7,641	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	352	0	0	10,096	0	16.00
17.00	01700	SOCIAL SERVICE	15	0	0	1,882	20,707	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14,002	9,285	10,409	54,347	91,350	30.00
31.00	03100	INTENSIVE CARE UNIT	5,755	1,639	1,837	9,854	27,039	31.00
41.00	04100	SUBPROVIDER - IRF	35	575	645	3,652	40,617	41.00
43.00	04300	NURSERY	594	369	414	1,827	0	43.00
44.00	04400	SKILLED NURSING FACILITY	585	539	611	6,084	22,820	44.00
45.00	04500	NURSING FACILITY	3,686	0	2,658	33,131	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	221,046	23,457	26,315	72,486	230,074	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,699	4,453	4,992	17,309	56,799	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	340	2,369	2,656	6,912	0	55.00
56.00	05600	RADIOISOTOPE	7,404	974	1,092	4,107	3,324	56.00
57.00	05700	CT SCAN	427	5,338	5,984	4,738	6,575	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	205	3,624	4,063	3,516	5,514	58.00
59.00	05900	CARDIAC CATHETERIZATION	44,706	3,940	4,417	4,249	32,749	59.00
60.00	06000	LABORATORY	42,097	9,248	10,368	32,414	27,614	60.00
65.00	06500	RESPIRATORY THERAPY	2,655	2,997	3,360	6,193	9,683	65.00
66.00	06600	PHYSICAL THERAPY	709	601	674	3,066	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	28	458	514	2,573	0	67.00
68.00	06800	SPEECH PATHOLOGY	33	156	174	1,111	0	68.00
69.00	06900	ELECTROCARDIOLOGY	21	1,723	1,932	2,027	2,111	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,347	1,510	9,545	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,565	3,997	25,253	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	9,996	11,207	40,422	0	73.00
76.00	03040	AUDIOLOGY	5	0	0	1	0	76.00
76.01	03280	EMG & EEG	142	604	677	1,926	6,153	76.01
76.02	03950	O/P REHAB SERVICES	853	1,478	1,657	10,905	0	76.02
76.03	03951	SPORTS FITNESS	647	167	188	5,888	0	76.03
76.04	03952	LIFE CENTER	11,406	2,567	2,877	9,921	0	76.04
76.05	03580	RECREATIONAL THERAPY	1	33	37	288	0	76.05
76.06	03480	HEMATOLOGY/ONCOLOGY	2,573	224	251	5,446	0	76.06
76.07	03140	CARDIOLOGY	70	16	18	355	0	76.07
76.08	03953	O/P DEPENDENCY SERVICES	3	4	4	421	9,578	76.08
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	9,785	8,118	9,102	21,349	35,432	91.00
92.00	09200	OBSERVATION BEDS (NON-DIAGNOSTIC PART)						92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160057

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

Worksheet B
Part II
Date/Time Prepared:
11/24/2015 3:21 pm

Cost Center Description		PURCHASING RECEIVING AND STORES	ADMINITTING	BUSINESS OFFICE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	
		5.03	5.04	5.05	5.06	7.00	
93.00	04950 WELLNESS PROGRAM	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
101.00	10100 HOME HEALTH AGENCY	537	665	746	9,560	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	1,629	674	756	11,197	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	396,075	101,203	116,142	526,775	723,454	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	141	5,280	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	4,010	0	192.00
194.00	07950 SALES TO OUTSIDE ORGANIZATIONS	89	0	0	84	0	194.00
194.01	07951 DAYCARE	370	0	0	1,478	0	194.01
194.02	07952 ADVERTISING	0	0	0	4,247	11,583	194.02
194.03	07953 OUTREACH REHAB	0	0	0	2,227	0	194.03
194.04	07954 SWITCHBOARD	0	0	0	376	0	194.04
194.05	07955 HENRY COUNTY HEALTH CENTER	0	0	0	127,374	0	194.05
194.06	07956 OTHER NONREIMBURSABLE COSTS	0	0	0	1,243	5,905	194.06
194.07	07957 MEALS ON WHEELS	0	0	0	0	0	194.07
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	396,534	101,203	116,142	667,955	746,222	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 160057	Period: From 07/01/2014 To 06/30/2015	Worksheet B Part II Date/Time Prepared: 11/24/2015 3:21 pm		
Cost Center Description		OPERATION OF PLANT KLEIN 7.01	OPERATION OF PLANT EASTMAN 7.02	OPERATION OF PLANT MERCY 7.03	OPERATION OF PLANT CANCER 7.04	OPERATION OF PLANT REHAB 7.05
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN				1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER				1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY				1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY				1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN				1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP				1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB				1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO				1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00590	ADMINISTRATIVE AND GENERAL				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMINITTING				5.04
5.05	00580	BUSINESS OFFICE				5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL				5.06
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	OPERATION OF PLANT KLEIN	166,379			7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	13,009		7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	8,331	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	1,795	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	9.01
10.00	01000	DIETARY	0	0	0	10.00
10.01	01001	DIETARY KLEIN	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	135	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	10	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	10	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	13,583	0	10	44.00
45.00	04500	NURSING FACILITY	152,410	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	10	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	1,795	55.00
56.00	05600	RADIOISOTOPE	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	0	0	30	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	229	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	153	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	4	0	0	68.00
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	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	76.00
76.01	03280	EMG & EEG	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	76.02
76.03	03951	SPORTS FITNESS	0	0	0	76.03
76.04	03952	LIFE CENTER	0	0	12	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	76.05
76.06	03480	HEMATOLOGY/ONCOLOGY	0	0	992	76.06
76.07	03140	CARDIOLOGY	0	0	0	76.07
76.08	03953	O/P DEPENDENCY SERVICES	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00	04950	WELLNESS PROGRAM	0	0	0	93.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160057

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

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Cost Center Description		OPERATION OF	OPERATION OF	OPERATION OF	OPERATION OF	OPERATION OF	
		PLANT KLEIN	PLANT EASTMAN	PLANT MERCY	PLANT CANCER	PLANT REHAB	
		7.01	7.02	7.03	7.04	7.05	
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	166,379	0	1,209	1,795	319,244	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	13,009	7,096	0	103,892	192.00
194.00	07950 SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951 DAYCARE	0	0	0	0	0	194.01
194.02	07952 ADVERTISING	0	0	26	0	0	194.02
194.03	07953 OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954 SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955 HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956 OTHER NONREIMBURSABLE COSTS	0	0	0	0	0	194.06
194.07	07957 MEALS ON WHEELS	0	0	0	0	0	194.07
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	166,379	13,009	8,331	1,795	423,136	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 160057	Period: From 07/01/2014 To 06/30/2015	Worksheet B Part II Date/Time Prepared: 11/24/2015 3:21 pm		
Cost Center Description		OPERATION OF PLANT HHA/HOSPICE 7.06	OPERATION OF PLANT WAPELLO 7.07	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	HOUSEKEEPING KLEIN 9.01
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN				1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER				1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY				1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY				1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN				1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP				1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB				1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO				1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00590	ADMINISTRATIVE AND GENERAL				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	BUSINESS OFFICE				5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL				5.06
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	OPERATION OF PLANT KLEIN				7.01
7.02	00702	OPERATION OF PLANT EASTMAN				7.02
7.03	00703	OPERATION OF PLANT MERCY				7.03
7.04	00704	OPERATION OF PLANT CANCER				7.04
7.05	00705	OPERATION OF PLANT REHAB				7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	1,968			7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	808		7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	127,425	8.00
9.00	00900	HOUSEKEEPING	0	0	0	121,951
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	0
10.00	01000	DIETARY	0	0	0	1,459
10.01	01001	DIETARY KLEIN	0	0	0	0
11.00	01100	CAFETERIA	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	0	0	131
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	0	1,573
15.00	01500	PHARMACY	0	0	0	2,352
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	451
17.00	01700	SOCIAL SERVICE	0	0	0	262
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	35,257	35,291
31.00	03100	INTENSIVE CARE UNIT	0	0	3,950	6,883
41.00	04100	SUBPROVIDER - IRF	0	0	787	1,237
43.00	04300	NURSERY	0	0	0	385
44.00	04400	SKILLED NURSING FACILITY	0	0	771	9,587
45.00	04500	NURSING FACILITY	0	0	8,646	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	26,427	15,945
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	9,287	4,234
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	882	0
56.00	05600	RADIO SOTOPE	0	0	0	0
57.00	05700	CT SCAN	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	1,668	0
60.00	06000	LABORATORY	0	0	54	1,650
65.00	06500	RESPIRATORY THERAPY	0	0	5	426
66.00	06600	PHYSICAL THERAPY	0	335	26	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0
76.00	03040	AUDIOLOGY	0	0	0	0
76.01	03280	EMG & EEG	0	0	374	0
76.02	03950	O/P REHAB SERVICES	0	0	3,175	9,833
76.03	03951	SPORTS FITNESS	0	0	3,104	0
76.04	03952	LIFE CENTER	0	0	456	3,245
76.05	03580	RECREATIONAL THERAPY	0	0	0	0
76.06	03480	HEMATOLOGY/ONCOLOGY	0	0	203	0
76.07	03140	CARDIOLOGY	0	0	0	0
76.08	03953	O/P DEPENDENCY SERVICES	0	0	0	17,887
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0	9,147	7,645
92.00	09200	OBSERVATION BEDS (NON-DI STINCT PART)				

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		OPERATION OF PLANT HHA/HOSPICE 7.06	OPERATION OF PLANT WAPELLO 7.07	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	HOUSEKEEPING KLEIN 9.01	
93.00	04950 WELLNESS PROGRAM	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
101.00	10100 HOME HEALTH AGENCY	1,006	0	0	1,475	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	962	0	771	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,968	335	104,990	121,951	4,379	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
194.00	07950 SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951 DAYCARE	0	0	0	0	0	194.01
194.02	07952 ADVERTISING	0	0	0	0	0	194.02
194.03	07953 OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954 SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955 HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956 OTHER NONREIMBURSABLE COSTS	0	473	22,435	0	0	194.06
194.07	07957 MEALS ON WHEELS	0	0	0	0	0	194.07
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,968	808	127,425	121,951	4,379	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		DIETARY	DIETARY KLEIN	CAFETERIA	NURSING ADMINISTRATIVE	CENTRAL SERVICE & SUPPLY	
		10.00	10.01	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
1.03	00103						1.03
1.04	00104						1.04
1.05	00105						1.05
1.06	00106						1.06
1.07	00107						1.07
1.08	00108						1.08
2.00	00200						2.00
4.00	00400						4.00
5.01	00590						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00591						5.06
7.00	00700						7.00
7.01	00701						7.01
7.02	00702						7.02
7.03	00703						7.03
7.04	00704						7.04
7.05	00705						7.05
7.06	00706						7.06
7.07	00707						7.07
8.00	00800						8.00
9.00	00900						9.00
9.01	00901						9.01
10.00	01000	427,452					10.00
10.01	01001	0	35,612				10.01
11.00	01100	310,979	0	310,979			11.00
13.00	01300	0	0	11,125	844,736		13.00
14.00	01400	0	0	8,619	38,587	444,552	14.00
15.00	01500	0	0	7,449	0	2,345	15.00
16.00	01600	0	0	8,878	0	413	16.00
17.00	01700	0	0	1,949	0	18	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	76,438	0	52,272	234,015	16,458	30.00
31.00	03100	4,602	0	8,042	35,998	6,765	31.00
41.00	04100	6,170	0	2,811	12,578	41	41.00
43.00	04300	0	0	1,337	5,983	699	43.00
44.00	04400	0	2,849	6,513	28,352	0	44.00
45.00	04500	0	32,763	41,969	188,694	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	15	0	28,209	126,289	259,800	50.00
54.00	05400	0	0	10,802	0	9,049	54.00
55.00	05500	0	0	2,856	0	400	55.00
56.00	05600	0	0	715	0	8,703	56.00
57.00	05700	0	0	2,574	0	501	57.00
58.00	05800	0	0	1,827	0	241	58.00
59.00	05900	341	0	4,212	18,861	52,547	59.00
60.00	06000	0	0	16,170	0	49,480	60.00
65.00	06500	0	0	6,189	0	3,120	65.00
66.00	06600	0	0	3,167	0	834	66.00
67.00	06700	0	0	2,571	0	33	67.00
68.00	06800	0	0	869	0	39	68.00
69.00	06900	0	0	1,442	0	25	69.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03040	0	0	0	0	6	76.00
76.01	03280	0	0	1,805	0	167	76.01
76.02	03950	0	0	9,391	0	1,002	76.02
76.03	03951	0	0	6,997	0	761	76.03
76.04	03952	0	0	7,289	0	13,407	76.04
76.05	03580	0	0	330	0	1	76.05
76.06	03480	0	0	4,917	0	3,024	76.06
76.07	03140	0	0	891	0	83	76.07
76.08	03953	0	0	160	0	4	76.08
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	1,505	0	21,202	94,919	11,501	91.00
92.00	09200						92.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		DIETARY	DIETARY KLEIN	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY		
		10.00	10.01	11.00	13.00	14.00		
93.00	04950 WELLNESS PROGRAM	0	0	250	0	0	93.00	
	OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00	
101.00	10100 HOME HEALTH AGENCY	0	0	9,327	41,759	631	101.00	
	SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00	
116.00	11600 HOSPICE	1,225	0	8,090	18,701	1,914	116.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)		401,275	35,612	303,216	844,736	444,012	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	
194.00	07950 SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	105	194.00	
194.01	07951 DAYCARE	0	0	4,500	0	435	194.01	
194.02	07952 ADVERTISING	0	0	321	0	0	194.02	
194.03	07953 OUTREACH REHAB	0	0	1,721	0	0	194.03	
194.04	07954 SWITCHEBOARD	0	0	580	0	0	194.04	
194.05	07955 HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05	
194.06	07956 OTHER NONREIMBURSABLE COSTS	0	0	641	0	0	194.06	
194.07	07957 MEALS ON WHEELS	26,177	0	0	0	0	194.07	
200.00	Cross Foot Adjustments							
201.00	Negative Cost Centers							
202.00	TOTAL (sum lines 118-201)	427,452	35,612	310,979	844,736	444,552	202.00	

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 160057	Period: From 07/01/2014 To 06/30/2015	Worksheet B Part II Date/Time Prepared: 11/24/2015 3:21 pm
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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
		15.00	16.00	17.00	24.00	25.00
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN				1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER				1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY				1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY				1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN				1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP				1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB				1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO				1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00590	ADMINISTRATIVE AND GENERAL				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMINISTRATIVE				5.04
5.05	00580	BUSINESS OFFICE				5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL				5.06
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	OPERATION OF PLANT KLEIN				7.01
7.02	00702	OPERATION OF PLANT EASTMAN				7.02
7.03	00703	OPERATION OF PLANT MERCY				7.03
7.04	00704	OPERATION OF PLANT CANCER				7.04
7.05	00705	OPERATION OF PLANT REHAB				7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE				7.06
7.07	00707	OPERATION OF PLANT WAPELLO				7.07
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
9.01	00901	HOUSEKEEPING KLEIN				9.01
10.00	01000	DIETARY				10.00
10.01	01001	DIETARY KLEIN				10.01
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICE & SUPPLY				14.00
15.00	01500	PHARMACY	443,162			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	151,224		16.00
17.00	01700	SOCIAL SERVICE	0	0	181,192	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	6	13,528	153,903	1,980,603
31.00	03100	INTENSIVE CARE UNIT	1	2,388	5,488	429,603
41.00	04100	SUBPROVIDER - IRF	0	838	762	378,794
43.00	04300	NURSERY	1	538	0	38,285
44.00	04400	SKILLED NURSING FACILITY	2,505	794	915	417,731
45.00	04500	NURSING FACILITY	7,550	3,454	0	2,023,726
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	7,321	34,480	0	3,973,591
54.00	05400	RADIOLOGY-DIAGNOSTIC	225	6,488	0	1,133,257
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,452	0	354,210
56.00	05600	RADIO SOTOPE	2,665	1,420	0	199,404
57.00	05700	CT SCAN	299	7,778	0	192,965
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	5,280	0	99,661
59.00	05900	CARDIAC CATHETERIZATION	395	5,741	0	518,193
60.00	06000	LABORATORY	57	13,475	0	851,562
65.00	06500	RESPIRATORY THERAPY	12	4,367	0	179,849
66.00	06600	PHYSICAL THERAPY	2	876	0	50,016
67.00	06700	OCCUPATIONAL THERAPY	0	668	0	31,354
68.00	06800	SPEECH PATHOLOGY	0	227	0	12,208
69.00	06900	ELECTROCARDIOLOGY	0	2,510	0	100,535
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,962	0	95,302
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,194	0	252,147
73.00	07300	DRUGS CHARGED TO PATIENTS	414,530	14,565	0	828,225
76.00	03040	AUDIOLOGY	0	0	0	21
76.01	03280	EMG & EEG	0	880	0	75,758
76.02	03950	O/P REHAB SERVICES	41	2,154	0	408,127
76.03	03951	SPORTS FITNESS	12	244	0	476,835
76.04	03952	LIFE CENTER	1,068	3,740	0	339,165
76.05	03580	RECREATIONAL THERAPY	0	48	0	3,245
76.06	03480	HEMATOLOGY/ONCOLOGY	0	326	0	155,525
76.07	03140	CARDIOLOGY	0	23	0	8,105
76.08	03953	O/P DEPENDENCY SERVICES	0	6	0	95,435

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160057

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

Worksheet B
Part II
Date/Time Prepared:
11/24/2015 3:21 pm

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		15.00	16.00	17.00	24.00	25.00	
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	21	11,829	0	790,229	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0
93.00	04950	WELLNESS PROGRAM	0	0	0	293	0
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	CMHC	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	14	969	0	316,477	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	6,437	982	20,124	356,478	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	443,162	151,224	181,192	17,166,914	0
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	41,757	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	1,161,788	0
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	996	0
194.01	07951	DAYCARE	0	0	0	28,883	0
194.02	07952	ADVERTISING	0	0	0	131,037	0
194.03	07953	OUTREACH REHAB	0	0	0	23,516	0
194.04	07954	SWITCHBOARD	0	0	0	5,186	0
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	127,374	0
194.06	07956	OTHER NONREIMBURSABLE COSTS	0	0	0	89,990	0
194.07	07957	MEALS ON WHEELS	0	0	0	26,177	0
200.00		Cross Foot Adjustments				0	0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	443,162	151,224	181,192	18,803,618	0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 160057	Period: From 07/01/2014 To 06/30/2015	Worksheet B Part II Date/Time Prepared: 11/24/2015 3:21 pm
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN	1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER	1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY	1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY	1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN	1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB	1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO	1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00590	ADMINISTRATIVE AND GENERAL	5.01
5.02	00550	DATA PROCESSING	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	5.03
5.04	00570	ADMITTING	5.04
5.05	00580	BUSINESS OFFICE	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	5.06
7.00	00700	OPERATION OF PLANT	7.00
7.01	00701	OPERATION OF PLANT KLEIN	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	7.02
7.03	00703	OPERATION OF PLANT MERCY	7.03
7.04	00704	OPERATION OF PLANT CANCER	7.04
7.05	00705	OPERATION OF PLANT REHAB	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
9.01	00901	HOUSEKEEPING KLEIN	9.01
10.00	01000	DIETARY	10.00
10.01	01001	DIETARY KLEIN	10.01
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
45.00	04500	NURSING FACILITY	45.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03040	AUDIOLOGY	76.00
76.01	03280	EMG & EEG	76.01
76.02	03950	O/P REHAB SERVICES	76.02
76.03	03951	SPORTS FITNESS	76.03
76.04	03952	LIFE CENTER	76.04
76.05	03580	RECREATIONAL THERAPY	76.05
76.06	03480	HEMATOLOGY/ONCOLOGY	76.06
76.07	03140	CARDIOLOGY	76.07
76.08	03953	O/P DEPENDENCY SERVICES	76.08
OUTPATIENT SERVICE COST CENTERS			
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
93.00	04950	WELLNESS PROGRAM	93.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 160057	Period: From 07/01/2014 To 06/30/2015	Worksheet B Part II Date/Time Prepared: 11/24/2015 3:21 pm
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Cost Center Description		Total	
		26.00	
OTHER REIMBURSABLE COST CENTERS			
99.00	09900 CMHC	0	99.00
101.00	10100 HOME HEALTH AGENCY	316,477	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00
116.00	11600 HOSPICE	356,478	116.00
118.00			118.00
SUBTOTALS (SUM OF LINES 1-117)		17,166,914	
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	41,757	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,161,788	192.00
194.00	07950 SALES TO OUTSIDE ORGANIZATIONS	996	194.00
194.01	07951 DAYCARE	28,883	194.01
194.02	07952 ADVERTISING	131,037	194.02
194.03	07953 OUTREACH REHAB	23,516	194.03
194.04	07954 SWITCHBOARD	5,186	194.04
194.05	07955 HENRY COUNTY HEALTH CENTER	127,374	194.05
194.06	07956 OTHER NONREIMBURSABLE COSTS	89,990	194.06
194.07	07957 MEALS ON WHEELS	26,177	194.07
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	18,803,618	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160057

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS					
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT - KLEIN (SQUARE FEET)	BLDG & FIXT - CANCER (SQUARE FEET)	BLDG & FIXT - LAUNDRY (SQUARE FEET)	BLDG & FIXT - MERCY (SQUARE FEET)	
		1.00	1.01	1.02	1.03	1.04	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	327,243				1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN	0	132,829			1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER	0	0	10,192		1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY	0	0	0	4,541	1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY	0	0	0	0	63,031
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN	0	0	0	0	0
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	0	0	0	0	0
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB	0	0	0	0	0
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO	0	0	0	0	0
2.00	00200	CAP REL COSTS-MVBLE EQUIP					
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,196	0	0	0	0
5.01	00590	ADMINISTRATIVE AND GENERAL	0	0	0	0	900
5.02	00550	DATA PROCESSING	5,487	0	0	0	0
5.03	00560	PURCHASING RECEIVING AND STORES	12,580	0	0	0	0
5.04	00570	ADMINISTRATIVE	2,210	0	0	0	0
5.05	00580	BUSINESS OFFICE	2,530	0	0	0	0
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	15,119	0	0	0	6,717
7.00	00700	OPERATION OF PLANT	8,840	0	0	0	0
7.01	00701	OPERATION OF PLANT KLEIN	0	0	0	0	0
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	0	0
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	0	0
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	0	0
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	0	0
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	4,541	0
9.00	00900	HOUSEKEEPING	0	0	0	0	0
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	0	0
10.00	01000	DIETARY	14,135	0	0	0	0
10.01	01001	DIETARY KLEIN	0	0	0	0	0
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	4,390	0	0	0	900
14.00	01400	CENTRAL SERVICE & SUPPLY	10,163	0	0	0	0
15.00	01500	PHARMACY	2,896	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
17.00	01700	SOCIAL SERVICE	7,848	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	34,622	0	0	0	65
31.00	03100	INTENSIVE CARE UNIT	10,248	0	0	0	65
41.00	04100	SUBPROVIDER - IRF	15,394	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	8,649	10,844	0	0	65
45.00	04500	NURSING FACILITY	0	121,677	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	87,199	0	0	0	65
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,527	0	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	10,192	0	0
56.00	05600	RADIO SOTOPE	1,260	0	0	0	0
57.00	05700	CT SCAN	2,492	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,090	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	12,412	0	0	0	0
60.00	06000	LABORATORY	10,466	0	0	0	200
65.00	06500	RESPIRATORY THERAPY	3,670	0	0	0	0
66.00	06600	PHYSICAL THERAPY	0	183	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	122	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	3	0	0	0
69.00	06900	ELECTROCARDIOLOGY	800	0	0	0	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
76.00	03040	AUDIOLOGY	0	0	0	0	0
76.01	03280	EMG & EEG	2,332	0	0	0	0
76.02	03950	O/P REHAB SERVICES	0	0	0	0	0
76.03	03951	SPORTS FITNESS	0	0	0	0	0
76.04	03952	LIFE CENTER	0	0	0	0	80
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0
76.06	03480	HEMATOLOGY/ONCOLOGY	0	0	0	0	6,600
76.07	03140	CARDIOLOGY	0	0	0	0	0
76.08	03953	O/P DEPENDENCY SERVICES	3,630	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160057

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

Worksheet B-1

Date/Time Prepared:
11/24/2015 3:21 pm

Cost Center Description		CAPITAL RELATED COSTS						
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT - KLEIN (SQUARE FEET)	BLDG & FIXT - CANCER (SQUARE FEET)	BLDG & FIXT - LAUNDRY (SQUARE FEET)	BLDG & FIXT - MERCY (SQUARE FEET)		
		1.00	1.01	1.02	1.03	1.04		
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	13,429	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	WELLNESS PROGRAM	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	318,614	132,829	10,192	4,541	15,657	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,001	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	47,204	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	0	0	194.01
194.02	07952	ADVERTISING	4,390	0	0	0	170	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMBURSABLE COSTS	2,238	0	0	0	0	194.06
194.07	07957	MEALS ON WHEELS	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)	5,742,942	1,328,785	11,650	53,431	375,289	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	17.549472	10.003727	1.143053	11.766351	5.954038	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160057

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS					MVBLE EQUIP (DOLLAR VALUE)	
		BLDG & FIXT - EASTMAN (SQUARE FEET)	BLDG & FIXT - HHA/HOSP (SQUARE FEET)	BLDG & FIXT - REHAB (SQUARE FEET)	BLDG & FIXT - WAPELLO (SQUARE FEET)			
		1.05	1.06	1.07	1.08	2.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN	74,276					1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	0	16,760				1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB	0	0	99,066			1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO	0	0	0	4,548		1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP					9,412,258	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	29,651	4.00
5.01	00590	ADMINISTRATIVE AND GENERAL	0	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	4,812,234	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	150,933	5.03
5.04	00570	ADMINISTRATIVE	0	0	0	0	3,221	5.04
5.05	00580	BUSINESS OFFICE	0	0	0	0	1,581	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	2,530	0	0	0	73,489	5.06
7.00	00700	OPERATION OF PLANT	0	0	0	0	369,859	7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	0	0	0	146,145	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	0	0	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	0	0	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	0	0	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	36,271	0	64,673	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	25,399	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	23,315	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	0	0	9.01
10.00	01000	DIETARY	0	0	0	0	58,292	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	4,907	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	547,588	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	0	0	110,405	14.00
15.00	01500	PHARMACY	0	0	0	0	252,240	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	41,660	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	1,972	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	107,703	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	44,421	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	6,468	41.00
43.00	04300	NURSERY	0	0	0	0	10,512	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	7,028	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	34,935	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	775,109	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	474,863	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	261,626	55.00
56.00	05600	RADIO SOTOPE	0	0	0	0	112,071	56.00
57.00	05700	CT SCAN	0	0	0	0	79,595	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	12,350	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	95,703	59.00
60.00	06000	LABORATORY	0	0	0	0	193,122	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	25,401	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	1,883	4,855	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	987	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	58,621	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
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EMG & EEG	0	0	0	0	5,819	76.01
76.02	03950	O/P REHAB SERVICES	0	0	15,467	0	25,580	76.02
76.03	03951	SPORTS FITNESS	0	0	24,312	0	17,880	76.03
76.04	03952	LIFE CENTER	0	0	7,598	0	77,297	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	HEMATOLOGY/ONCOLOGY	0	0	0	0	50,281	76.06
76.07	03140	CARDIOLOGY	0	0	0	0	3,428	76.07
76.08	03953	O/P DEPENDENCY SERVICES	0	0	0	0	0	76.08

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160057

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

Worksheet B-1

Date/Time Prepared:
11/24/2015 3:21 pm

Cost Center Description		CAPITAL RELATED COSTS						
		BLDG & FIXT - EASTMAN (SQUARE FEET)	BLDG & FIXT - HHA/HOSP (SQUARE FEET)	BLDG & FIXT - REHAB (SQUARE FEET)	BLDG & FIXT - WAPELLO (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)		
		1.05	1.06	1.07	1.08	2.00		
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	134,026	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	WELLNESS PROGRAM	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	8,570	0	0	20,354	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	8,190	0	0	46,186	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,530	16,760	83,648	1,883	9,403,785	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	71,746	0	15,418	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	0	8,473	194.01
194.02	07952	ADVERTISING	0	0	0	0	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMBURSABLE COSTS	0	0	0	2,665	0	194.06
194.07	07957	MEALS ON WHEELS	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)	595,568	284,768	917,185	15,611	9,478,389	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	8.018310	16.990931	9.258323	3.432498	1.007026	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160057

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

Worksheet B-1

Date/Time Prepared:
11/24/2015 3:21 pm

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT (FTES)	ADMINISTRATIVE AND GENERAL (PHONES)	Reconciliation	DATA PROCESSING (ACCUM. COST)	PURCHASING RECEIVING AND STORES (PURCHASES)	
		4.00	5.01	5A.02	5.02	5.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN					1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER					1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY					1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY					1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN					1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP					1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB					1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO					1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	124,368				4.00
5.01	00590	ADMINISTRATIVE AND GENERAL	575	1,949			5.01
5.02	00550	DATA PROCESSING	3,842	74	-12,451,956	142,367,810	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	530	17	0	674,574	20,790,330
5.04	00570	ADMINISTRATIVE AND GENERAL	2,918	35	0	1,648,961	10,272
5.05	00580	BUSINESS OFFICE	2,174	31	0	1,975,796	12,655
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	2,010	66	0	7,688,706	0
7.00	00700	OPERATION OF PLANT	3,616	146	0	5,566,387	28,069
7.01	00701	OPERATION OF PLANT KLEIN	164	0	0	493,147	546
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	335,754	0
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	215,022	0
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	46,271	105
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	572,970	0
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	50,789	0
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	20,843	0
8.00	00800	LAUNDRY & LINEN SERVICE	1,303	3	0	829,524	185,885
9.00	00900	HOUSEKEEPING	5,353	13	0	2,386,640	157,117
9.01	00901	HOUSEKEEPING KLEIN	109	0	0	98,881	25,446
10.00	01000	DIETARY	4,064	27	0	2,040,724	28,680
10.01	01001	DIETARY KLEIN	687	0	0	779,482	4,796
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	3,471	89	0	4,780,823	27,083
14.00	01400	CENTRAL SERVICE & SUPPLY	2,689	15	0	1,883,984	255,262
15.00	01500	PHARMACY	2,324	18	0	2,973,256	104,596
16.00	01600	MEDICAL RECORDS & LIBRARY	2,770	74	0	2,514,758	18,441
17.00	01700	SOCIAL SERVICE	608	9	0	468,876	795
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	16,309	197	0	13,187,930	734,122
31.00	03100	INTENSIVE CARE UNIT	2,509	32	0	2,387,183	301,754
41.00	04100	SUBPROVIDER - IRF	877	0	0	889,483	1,813
43.00	04300	NURSERY	417	0	0	441,188	31,160
44.00	04400	SKILLED NURSING FACILITY	2,032	25	0	1,495,539	30,682
45.00	04500	NURSING FACILITY	13,094	81	0	8,202,666	193,233
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,801	146	0	16,850,722	11,589,346
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,370	78	0	4,141,843	403,662
55.00	05500	RADIOLOGY-THERAPEUTIC	891	21	0	1,637,778	17,842
56.00	05600	RADIOISOTOPE	223	0	0	976,250	388,209
57.00	05700	CT SCAN	803	0	0	991,061	22,365
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	570	0	0	747,526	10,739
59.00	05900	CARDIAC CATHETERIZATION	1,314	54	0	843,265	2,343,967
60.00	06000	LABORATORY	5,045	52	0	7,676,966	2,207,176
65.00	06500	RESPIRATORY THERAPY	1,931	15	0	1,432,383	139,188
66.00	06600	PHYSICAL THERAPY	988	6	0	741,516	37,182
67.00	06700	OCCUPATIONAL THERAPY	802	0	0	624,824	1,484
68.00	06800	SPEECH PATHOLOGY	271	0	0	271,116	1,733
69.00	06900	ELECTROCARDIOLOGY	450	0	0	444,073	1,119
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	2,330,372	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,165,427	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	9,717,403	0
76.00	03040	AUDIOLOGY	0	0	0	255	255
76.01	03280	EMG & EEG	563	8	0	458,135	7,446
76.02	03950	O/P REHAB SERVICES	2,930	119	0	2,663,273	44,707
76.03	03951	SPORTS FITNESS	2,183	0	0	1,459,987	33,935
76.04	03952	LIFE CENTER	2,274	14	0	2,361,671	598,043
76.05	03580	RECREATIONAL THERAPY	103	0	0	70,554	45
76.06	03480	HEMATOLOGY/ONCOLOGY	1,534	33	0	1,344,538	134,881
76.07	03140	CARDIOLOGY	278	0	0	87,645	3,692
76.08	03953	O/P DEPENDENCY SERVICES	50	0	0	104,683	162
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	6,615	71	0	5,015,225	513,039

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160057

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT (FTES)	ADMINISTRATIVE AND GENERAL (PHONES)	Reconciliation	DATA PROCESSING (ACCUM. COST)	PURCHASING RECEIVING AND STORES (PURCHASES)	
		4.00	5.01	5A.02	5.02	5.03	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950 WELLNESS PROGRAM	78	0	103	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
101.00	10100 HOME HEALTH AGENCY	2,910	71	0	2,357,252	28,135	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	2,524	0	0	2,762,891	85,392	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	121,946	1,640	-12,451,853	138,928,791	20,766,256	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	35,116	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	999,081	0	192.00
194.00	07950 SALES TO OUTSIDE ORGANIZATIONS	0	0	0	20,680	4,674	194.00
194.01	07951 DAYCARE	1,404	9	0	367,655	19,400	194.01
194.02	07952 ADVERTISING	100	0	0	1,058,117	0	194.02
194.03	07953 OUTREACH REHAB	537	0	0	554,911	0	194.03
194.04	07954 SWITCHBOARD	181	300	0	93,677	0	194.04
194.05	07955 HENRY COUNTY HEALTH CENTER	0	0	-34,530,966	0	0	194.05
194.06	07956 OTHER NONREIMBURSABLE COSTS	200	0	0	309,782	0	194.06
194.07	07957 MEALS ON WHEELS	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)	1,590,294	159,514		12,451,956	733,574	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	12.787003	81.844023		0.087463	0.035284	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	68,398	5,675		4,944,669	396,534	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.549965	2.911750		0.034732	0.019073	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160057

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		ADMINISTRATIVE (GROSS CHARGES)	BUSINESS OFFICE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		5.04	5.05	5A.06	5.06	7.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN					1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER					1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY					1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY					1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN					1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP					1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB					1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO					1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	ADMINISTRATIVE AND GENERAL					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINISTRATIVE	395,638,361				5.04
5.05	00580	BUSINESS OFFICE	0	404,923,819			5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	0	0	-8,361,183	180,989,549	5.06
7.00	00700	OPERATION OF PLANT	0	0	0	6,054,230	282,822
7.01	00701	OPERATION OF PLANT KLEIN	0	0	0	536,298	0
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	365,120	0
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	233,828	0
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	50,322	0
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	623,084	0
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	55,231	0
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	22,666	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	908,636	4,541
9.00	00900	HOUSEKEEPING	0	0	0	2,600,927	0
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	108,427	0
10.00	01000	DIETARY	0	0	0	2,220,224	14,135
10.01	01001	DIETARY KLEIN	0	0	0	847,827	0
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	0	0	5,199,924	4,390
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	0	2,057,770	10,163
15.00	01500	PHARMACY	0	0	0	3,236,997	2,896
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	2,735,357	0
17.00	01700	SOCIAL SERVICE	0	0	0	509,913	7,848
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	36,268,457	36,268,457	0	14,724,171	34,622
31.00	03100	INTENSIVE CARE UNIT	6,401,065	6,401,065	0	2,669,606	10,248
41.00	04100	SUBPROVIDER - IRF	2,245,980	2,245,980	0	989,444	15,394
43.00	04300	NURSERY	1,441,164	1,441,164	0	495,056	0
44.00	04400	SKILLED NURSING FACILITY	2,104,945	2,129,515	0	1,648,269	8,649
45.00	04500	NURSING FACILITY	0	9,260,888	0	8,976,062	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	91,943,413	91,943,413	0	19,638,462	87,199
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,394,100	17,394,100	0	4,689,501	21,527
55.00	05500	RADIOLOGY-THERAPEUTIC	9,255,466	9,255,466	0	1,872,727	0
56.00	05600	RADIOISOTOPE	3,806,384	3,806,384	0	1,112,788	1,260
57.00	05700	CT SCAN	20,851,441	20,851,441	0	1,283,710	2,492
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	14,155,251	14,155,251	0	952,574	2,090
59.00	05900	CARDIAC CATHETERIZATION	15,390,713	15,390,713	0	1,151,169	12,412
60.00	06000	LABORATORY	36,125,314	36,125,314	0	8,781,767	10,466
65.00	06500	RESPIRATORY THERAPY	11,707,575	11,707,575	0	1,677,777	3,670
66.00	06600	PHYSICAL THERAPY	2,347,829	2,347,829	0	830,786	0
67.00	06700	OCCUPATIONAL THERAPY	1,789,575	1,789,575	0	697,134	0
68.00	06800	SPEECH PATHOLOGY	607,604	607,604	0	300,869	0
69.00	06900	ELECTROCARDIOLOGY	6,729,972	6,729,972	0	549,175	800
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,260,871	5,260,871	0	2,585,960	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,925,514	13,925,514	0	6,841,701	0
73.00	07300	DRUGS CHARGED TO PATIENTS	39,047,791	39,047,791	0	10,951,547	0
76.00	03040	AUDIOLOGY	0	0	0	286	0
76.01	03280	EMG & EEG	2,359,422	2,359,422	0	521,684	2,332
76.02	03950	O/P REHAB SERVICES	5,774,739	5,774,739	0	2,954,612	0
76.03	03951	SPORTS FITNESS	653,582	653,582	0	1,595,311	0
76.04	03952	LIFE CENTER	10,025,953	10,025,953	0	2,687,987	0
76.05	03580	RECREATIONAL THERAPY	128,137	128,137	0	77,988	0
76.06	03480	HEMATOLOGY/ONCOLOGY	874,446	874,446	0	1,475,499	0
76.07	03140	CARDIOLOGY	61,538	61,538	0	96,047	0
76.08	03953	O/P DEPENDENCY SERVICES	15,148	15,148	0	113,994	3,630
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	31,712,642	31,712,642	0	5,784,026	13,429

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160057

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		ADMITTING (GROSS CHARGES)	BUSINESS OFFICE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		5.04	5.05	5A.06	5.06	7.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950 WELLNESS PROGRAM	0	0	103	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
101.00	10100 HOME HEALTH AGENCY	2,598,816	2,598,816	0	2,589,989	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	2,633,514	2,633,514	0	3,033,469	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	395,638,361	404,923,819	-8,361,080	142,717,928	274,193	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	38,187	2,001	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	1,086,464	0	192.00
194.00	07950 SALES TO OUTSIDE ORGANIZATIONS	0	0	0	22,654	0	194.00
194.01	07951 DAYCARE	0	0	0	400,496	0	194.01
194.02	07952 ADVERTISING	0	0	0	1,150,663	4,390	194.02
194.03	07953 OUTREACH REHAB	0	0	0	603,445	0	194.03
194.04	07954 SWITCHBOARD	0	0	0	101,870	0	194.04
194.05	07955 HENRY COUNTY HEALTH CENTER	0	0	0	34,530,966	0	194.05
194.06	07956 OTHER NONREIMBURSABLE COSTS	0	0	0	336,876	2,238	194.06
194.07	07957 MEALS ON WHEELS	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)	1,793,546	2,149,052		8,361,183	6,333,917	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.004533	0.005307		0.046197	22.395418	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	101,203	116,142		667,955	746,222	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000256	0.000287		0.003691	2.638486	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160057

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

Worksheet B-1

Date/Time Prepared:
11/24/2015 3:21 pm

Cost Center Description		OPERATION OF PLANT KLEIN (SQUARE FEET)	OPERATION OF PLANT EASTMAN (SQUARE FEET)	OPERATION OF PLANT MERCY (SQUARE FEET)	OPERATION OF PLANT CANCER (SQUARE FEET)	OPERATION OF PLANT REHAB (SQUARE FEET)	
		7.01	7.02	7.03	7.04	7.05	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
1.03	00103						1.03
1.04	00104						1.04
1.05	00105						1.05
1.06	00106						1.06
1.07	00107						1.07
1.08	00108						1.08
2.00	00200						2.00
4.00	00400						4.00
5.01	00590						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00591						5.06
7.00	00700						7.00
7.01	00701	132,829					7.01
7.02	00702	0	71,746				7.02
7.03	00703	0	0	55,414			7.03
7.04	00704	0	0	0	10,192		7.04
7.05	00705	0	0	0	0	62,795	7.05
7.06	00706	0	0	0	0	0	7.06
7.07	00707	0	0	0	0	0	7.07
8.00	00800	0	0	0	0	0	8.00
9.00	00900	0	0	0	0	0	9.00
9.01	00901	0	0	0	0	0	9.01
10.00	01000	0	0	0	0	0	10.00
10.01	01001	0	0	0	0	0	10.01
11.00	01100	0	0	0	0	0	11.00
13.00	01300	0	0	900	0	0	13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	0	0	0	0	0	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	0	65	0	0	30.00
31.00	03100	0	0	65	0	0	31.00
41.00	04100	0	0	0	0	0	41.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	10,844	0	65	0	0	44.00
45.00	04500	121,677	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	65	0	0	50.00
54.00	05400	0	0	0	0	0	54.00
55.00	05500	0	0	0	10,192	0	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	200	0	0	60.00
65.00	06500	0	0	0	0	0	65.00
66.00	06600	183	0	0	0	0	66.00
67.00	06700	122	0	0	0	0	67.00
68.00	06800	3	0	0	0	0	68.00
69.00	06900	0	0	0	0	0	69.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03040	0	0	0	0	0	76.00
76.01	03280	0	0	0	0	0	76.01
76.02	03950	0	0	0	0	15,467	76.02
76.03	03951	0	0	0	0	24,312	76.03
76.04	03952	0	0	80	0	7,598	76.04
76.05	03580	0	0	0	0	0	76.05
76.06	03480	0	0	6,600	0	0	76.06
76.07	03140	0	0	0	0	0	76.07
76.08	03953	0	0	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	0	0	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160057

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

Worksheet B-1

Date/Time Prepared:
11/24/2015 3:21 pm

Cost Center Description		OPERATION OF PLANT KLEIN (SQUARE FEET)	OPERATION OF PLANT EASTMAN (SQUARE FEET)	OPERATION OF PLANT MERCY (SQUARE FEET)	OPERATION OF PLANT CANCER (SQUARE FEET)	OPERATION OF PLANT REHAB (SQUARE FEET)	
		7.01	7.02	7.03	7.04	7.05	
93.00	04950 WELLNESS PROGRAM	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	132,829	0	8,040	10,192	47,377	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	71,746	47,204	0	15,418	192.00
194.00	07950 SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951 DAYCARE	0	0	0	0	0	194.01
194.02	07952 ADVERTISING	0	0	170	0	0	194.02
194.03	07953 OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954 SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955 HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956 OTHER NONREIMBURSABLE COSTS	0	0	0	0	0	194.06
194.07	07957 MEALS ON WHEELS	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)	561,073	381,987	244,630	52,647	651,869	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	4.224025	5.324157	4.414588	5.165522	10.380906	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	166,379	13,009	8,331	1,795	423,136	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.252580	0.181320	0.150341	0.176119	6.738371	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160057

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

Worksheet B-1

Date/Time Prepared:
11/24/2015 3:21 pm

Cost Center Description		OPERATION OF PLANT HHA/HOSPICE (SQURE FEET)	OPERATION OF PLANT WAPELLO (SQURE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING KLEIN (HOURS OF SERVICE)	
		7.06	7.07	8.00	9.00	9.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN					1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER					1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY					1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY					1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN					1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP					1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB					1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO					1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	ADMINISTRATIVE AND GENERAL					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	BUSINESS OFFICE					5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT KLEIN					7.01
7.02	00702	OPERATION OF PLANT EASTMAN					7.02
7.03	00703	OPERATION OF PLANT MERCY					7.03
7.04	00704	OPERATION OF PLANT CANCER					7.04
7.05	00705	OPERATION OF PLANT REHAB					7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	16,760				7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	4,548			7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	2,013,433		8.00
9.00	00900	HOUSEKEEPING	0	0	0	892,980	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	0	100 9.01
10.00	01000	DIETARY	0	0	0	10,680	0 10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	0 10.01
11.00	01100	CAFETERIA	0	0	0	0	0 11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	960	0 13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	0	11,520	0 14.00
15.00	01500	PHARMACY	0	0	0	17,220	0 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	3,300	0 16.00
17.00	01700	SOCIAL SERVICE	0	0	0	1,920	0 17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	557,094	258,420	0 30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	62,418	50,400	0 31.00
41.00	04100	SUBPROVIDER - IRF	0	0	12,440	9,060	0 41.00
43.00	04300	NURSERY	0	0	0	2,820	0 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	12,175	70,200	8 44.00
45.00	04500	NURSING FACILITY	0	0	136,608	0	92 45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	417,578	116,760	0 50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	146,738	31,000	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	13,929	0	0 55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
57.00	05700	CT SCAN	0	0	0	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	26,364	0	0 59.00
60.00	06000	LABORATORY	0	0	857	12,080	0 60.00
65.00	06500	RESPIRATORY THERAPY	0	0	78	3,120	0 65.00
66.00	06600	PHYSICAL THERAPY	0	1,883	406	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0 76.00
76.01	03280	EMG & EEG	0	0	5,912	0	0 76.01
76.02	03950	O/P REHAB SERVICES	0	0	50,163	72,000	0 76.02
76.03	03951	SPORTS FITNESS	0	0	49,045	0	0 76.03
76.04	03952	LIFE CENTER	0	0	7,205	23,760	0 76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0 76.05
76.06	03480	HEMATOLOGY/ONCOLOGY	0	0	3,204	0	0 76.06
76.07	03140	CARDIOLOGY	0	0	0	0	0 76.07
76.08	03953	O/P DEPENDENCY SERVICES	0	0	0	130,980	0 76.08
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	144,534	55,980	0 91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160057

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

Worksheet B-1

Date/Time Prepared:
11/24/2015 3:21 pm

Cost Center Description		OPERATION OF PLANT HHA/HOSPICE (SQUARE FEET)	OPERATION OF PLANT WAPELLO (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING KLEIN (HOURS OF SERVICE)	
		7.06	7.07	8.00	9.00	9.01	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950 WELLNESS PROGRAM	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
101.00	10100 HOME HEALTH AGENCY	8,570	0	0	10,800	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	8,190	0	12,184	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	16,760	1,883	1,658,932	892,980	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
194.00	07950 SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951 DAYCARE	0	0	0	0	0	194.01
194.02	07952 ADVERTISING	0	0	0	0	0	194.02
194.03	07953 OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954 SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955 HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956 OTHER NONREIMBURSABLE COSTS	0	2,665	354,501	0	0	194.06
194.07	07957 MEALS ON WHEELS	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)	57,783	23,713	1,052,310	2,721,082	113,436	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	3.447673	5.213940	0.522645	3.047193	1,134.360000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,968	808	127,425	121,951	4,379	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.117422	0.177661	0.063287	0.136566	43.790000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160057

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

Worksheet B-1

Date/Time Prepared:
11/24/2015 3:21 pm

Cost Center Description		DIETARY (MEALS SERVED)	DIETARY KLEIN (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATIVE (DIRECT NURS. HRS.)	CENTRAL SERVICE & SUPPLY (PURCHASES)	
		10.00	10.01	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
1.03	00103						1.03
1.04	00104						1.04
1.05	00105						1.05
1.06	00106						1.06
1.07	00107						1.07
1.08	00108						1.08
2.00	00200						2.00
4.00	00400						4.00
5.01	00590						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00591						5.06
7.00	00700						7.00
7.01	00701						7.01
7.02	00702						7.02
7.03	00703						7.03
7.04	00704						7.04
7.05	00705						7.05
7.06	00706						7.06
7.07	00707						7.07
8.00	00800						8.00
9.00	00900						9.00
9.01	00901						9.01
10.00	01000	340,776					10.00
10.01	01001	0	100				10.01
11.00	01100	247,920	0	97,023			11.00
13.00	01300	0	0	3,471	1,224,501		13.00
14.00	01400	0	0	2,689	55,935	19,830,499	14.00
15.00	01500	0	0	2,324	0	104,596	15.00
16.00	01600	0	0	2,770	0	18,441	16.00
17.00	01700	0	0	608	0	795	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	60,938	0	16,309	339,219	734,122	30.00
31.00	03100	3,669	0	2,509	52,182	301,754	31.00
41.00	04100	4,919	0	877	18,232	1,813	41.00
43.00	04300	0	0	417	8,673	31,160	43.00
44.00	04400	0	8	2,032	41,098	0	44.00
45.00	04500	0	92	13,094	273,524	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	12	0	8,801	183,064	11,589,346	50.00
54.00	05400	0	0	3,370	0	403,662	54.00
55.00	05500	0	0	891	0	17,842	55.00
56.00	05600	0	0	223	0	388,209	56.00
57.00	05700	0	0	803	0	22,365	57.00
58.00	05800	0	0	570	0	10,739	58.00
59.00	05900	272	0	1,314	27,341	2,343,967	59.00
60.00	06000	0	0	5,045	0	2,207,176	60.00
65.00	06500	0	0	1,931	0	139,188	65.00
66.00	06600	0	0	988	0	37,182	66.00
67.00	06700	0	0	802	0	1,484	67.00
68.00	06800	0	0	271	0	1,733	68.00
69.00	06900	0	0	450	0	1,119	69.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03040	0	0	0	0	255	76.00
76.01	03280	0	0	563	0	7,446	76.01
76.02	03950	0	0	2,930	0	44,707	76.02
76.03	03951	0	0	2,183	0	33,935	76.03
76.04	03952	0	0	2,274	0	598,043	76.04
76.05	03580	0	0	103	0	45	76.05
76.06	03480	0	0	1,534	0	134,881	76.06
76.07	03140	0	0	278	0	3,692	76.07
76.08	03953	0	0	50	0	162	76.08

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160057

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

Worksheet B-1

Date/Time Prepared:
11/24/2015 3:21 pm

Cost Center Description		DIETARY (MEALS SERVED)	DIETARY KLEIN (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICE & SUPPLY (PURCHASES)		
		10.00	10.01	11.00	13.00	14.00		
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	1,200	0	6,615	137,592	513,039	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	WELLNESS PROGRAM	0	0	78	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	2,910	60,532	28,135	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	977	0	2,524	27,109	85,392	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	319,907	100	94,601	1,224,501	19,806,425	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
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	4,674	194.00
194.01	07951	DAYCARE	0	0	1,404	0	19,400	194.01
194.02	07952	ADVERTISING	0	0	100	0	0	194.02
194.03	07953	OUTREACH REHAB	0	0	537	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	181	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMBURSABLE COSTS	0	0	200	0	0	194.06
194.07	07957	MEALS ON WHEELS	20,869	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)	2,671,895	886,994	1,943,846	5,614,900	2,725,904	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	7.840620	8,869.940000	20.034899	4.585460	0.137460	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	427,452	35,612	310,979	844,736	444,552	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.254349	356.120000	3.205209	0.689861	0.022418	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160057

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

Worksheet B-1
Date/Time Prepared:
11/24/2015 3:21 pm

Cost Center Description		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
1.01	00101				1.01
1.02	00102				1.02
1.03	00103				1.03
1.04	00104				1.04
1.05	00105				1.05
1.06	00106				1.06
1.07	00107				1.07
1.08	00108				1.08
2.00	00200				2.00
4.00	00400				4.00
5.01	00590				5.01
5.02	00550				5.02
5.03	00560				5.03
5.04	00570				5.04
5.05	00580				5.05
5.06	00591				5.06
7.00	00700				7.00
7.01	00701				7.01
7.02	00702				7.02
7.03	00703				7.03
7.04	00704				7.04
7.05	00705				7.05
7.06	00706				7.06
7.07	00707				7.07
8.00	00800				8.00
9.00	00900				9.00
9.01	00901				9.01
10.00	01000				10.00
10.01	01001				10.01
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600	10,313,730	404,923,819		16.00
17.00	01700			2,377	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	147	36,268,457	2,019	30.00
31.00	03100	18	6,401,065	72	31.00
41.00	04100	0	2,245,980	10	41.00
43.00	04300	21	1,441,164	0	43.00
44.00	04400	58,305	2,129,515	12	44.00
45.00	04500	175,718	9,260,888	0	45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	170,383	91,943,413	0	50.00
54.00	05400	5,231	17,394,100	0	54.00
55.00	05500	0	9,255,466	0	55.00
56.00	05600	62,027	3,806,384	0	56.00
57.00	05700	6,958	20,851,441	0	57.00
58.00	05800	3	14,155,251	0	58.00
59.00	05900	9,190	15,390,713	0	59.00
60.00	06000	1,323	36,125,314	0	60.00
65.00	06500	289	11,707,575	0	65.00
66.00	06600	56	2,347,829	0	66.00
67.00	06700	0	1,789,575	0	67.00
68.00	06800	0	607,604	0	68.00
69.00	06900	0	6,729,972	0	69.00
71.00	07100	0	5,260,871	0	71.00
72.00	07200	0	13,925,514	0	72.00
73.00	07300	9,647,344	39,047,791	0	73.00
76.00	03040	0	0	0	76.00
76.01	03280	0	2,359,422	0	76.01
76.02	03950	944	5,774,739	0	76.02
76.03	03951	283	653,582	0	76.03
76.04	03952	24,865	10,025,953	0	76.04
76.05	03580	0	128,137	0	76.05
76.06	03480	0	874,446	0	76.06
76.07	03140	0	61,538	0	76.07
76.08	03953	0	15,148	0	76.08

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160057

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

Worksheet B-1

Date/Time Prepared:
11/24/2015 3:21 pm

Cost Center Description		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		15.00	16.00	17.00	
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	492	31,712,642	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)				92.00
93.00	04950 WELLNESS PROGRAM	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
99.00	09900 CMHC	0	0	0	99.00
101.00	10100 HOME HEALTH AGENCY	327	2,598,816	0	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				113.00
116.00	11600 HOSPICE	149,806	2,633,514	264	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	10,313,730	404,923,819	2,377	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
194.00	07950 SALES TO OUTSIDE ORGANIZATIONS	0	0	0	194.00
194.01	07951 DAYCARE	0	0	0	194.01
194.02	07952 ADVERTISING	0	0	0	194.02
194.03	07953 OUTREACH REHAB	0	0	0	194.03
194.04	07954 SWITCHBOARD	0	0	0	194.04
194.05	07955 HENRY COUNTY HEALTH CENTER	0	0	0	194.05
194.06	07956 OTHER NONREIMBURSABLE COSTS	0	0	0	194.06
194.07	07957 MEALS ON WHEELS	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)	3,564,806	2,929,810	727,369	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.345637	0.007235	306.002945	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	443,162	151,224	181,192	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.042968	0.000373	76.227177	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 160057

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

Worksheet C
Part I
Date/Time Prepared:
11/24/2015 3:21 pm

		Title XVII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	20,599,860		20,599,860	0	20,599,860	30.00
31.00	03100 INTENSIVE CARE UNIT	3,637,072		3,637,072	0	3,637,072	31.00
41.00	04100 SUBPROVIDER - IRF	1,573,318		1,573,318	0	1,573,318	41.00
43.00	04300 NURSERY	589,361		589,361	0	589,361	43.00
44.00	04400 SKILLED NURSING FACILITY	2,532,910		2,532,910	0	2,532,910	44.00
45.00	04500 NURSING FACILITY	12,540,796		12,540,796	0	12,540,796	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	26,406,102		26,406,102	0	26,406,102	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,810,062		5,810,062	0	5,810,062	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,106,435		2,106,435	0	2,106,435	55.00
56.00	05600 RADIOISOTOPE	1,299,222		1,299,222	0	1,299,222	56.00
57.00	05700 CT SCAN	1,571,250		1,571,250	0	1,571,250	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,158,696		1,158,696	0	1,158,696	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,086,661		2,086,661	0	2,086,661	59.00
60.00	06000 LABORATORY	10,126,287		10,126,287	0	10,126,287	60.00
65.00	06500 RESPIRATORY THERAPY	1,989,648	0	1,989,648	0	1,989,648	65.00
66.00	06600 PHYSICAL THERAPY	921,880	0	921,880	0	921,880	66.00
67.00	06700 OCCUPATIONAL THERAPY	759,074	0	759,074	0	759,074	67.00
68.00	06800 SPEECH PATHOLOGY	324,844	0	324,844	0	324,844	68.00
69.00	06900 ELECTROCARDIOLOGY	650,322		650,322	0	650,322	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,743,486		2,743,486	0	2,743,486	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	7,258,518		7,258,518	0	7,258,518	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	15,074,467		15,074,467	0	15,074,467	73.00
76.00	03040 AUDIOLOGY	334		334	0	334	76.00
76.01	03280 EMG & EEG	630,474		630,474	0	630,474	76.01
76.02	03950 O/P REHAB SERVICES	3,604,235		3,604,235	12,800	3,617,035	76.02
76.03	03951 SPORTS FITNESS	2,000,252		2,000,252	0	2,000,252	76.03
76.04	03952 LIFE CENTER	3,176,456		3,176,456	0	3,176,456	76.04
76.05	03580 RECREATIONAL THERAPY	84,588		84,588	0	84,588	76.05
76.06	03480 HEMATOLOGY/ONCOLOGY	1,630,076		1,630,076	0	1,630,076	76.06
76.07	03140 RADIOLOGY	107,007		107,007	0	107,007	76.07
76.08	03953 O/P DEPENDENCY SERVICES	600,810		600,810	0	600,810	76.08
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	7,671,097		7,671,097	0	7,671,097	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,787,203		1,787,203	0	1,787,203	92.00
93.00	04950 WELLNESS PROGRAM	1,460		1,460	0	1,460	93.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0		0		0	99.00
101.00	10100 HOME HEALTH AGENCY	3,130,747		3,130,747		3,130,747	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	3,554,099		3,554,099		3,554,099	116.00
200.00	Subtotal (see instructions)	149,739,109	0	149,739,109	12,800	149,751,909	200.00
201.00	Less Observation Beds	1,787,203		1,787,203		1,787,203	201.00
202.00	Total (see instructions)	147,951,906	0	147,951,906	12,800	147,964,706	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 160057		Period: From 07/01/2014 To 06/30/2015		Worksheet C Part I Date/Time Prepared: 11/24/2015 3:21 pm	
			Title XVII I		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00	9.00	10.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	33,203,987		33,203,987		30.00	
31.00	03100	INTENSIVE CARE UNIT	6,401,065		6,401,065		31.00	
41.00	04100	SUBPROVIDER - IRF	2,237,720		2,237,720		41.00	
43.00	04300	NURSERY	1,440,795		1,440,795		43.00	
44.00	04400	SKILLED NURSING FACILITY	2,129,333		2,129,333		44.00	
45.00	04500	NURSING FACILITY	9,322,136		9,322,136		45.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	30,966,801	60,976,612	91,943,413	0.287199	50.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,404,103	13,989,997	17,394,100	0.334025	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	210,283	9,045,183	9,255,466	0.227588	55.00	
56.00	05600	RADIOISOTOPE	490,524	3,315,860	3,806,384	0.341327	56.00	
57.00	05700	CT SCAN	4,711,783	16,139,658	20,851,441	0.075355	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,893,597	12,261,654	14,155,251	0.081856	58.00	
59.00	05900	CARDIAC CATHETERIZATION	3,387,040	12,003,673	15,390,713	0.135579	59.00	
60.00	06000	LABORATORY	13,301,993	22,823,321	36,125,314	0.280310	60.00	
65.00	06500	RESPIRATORY THERAPY	8,435,829	3,271,746	11,707,575	0.169945	65.00	
66.00	06600	PHYSICAL THERAPY	2,180,728	167,101	2,347,829	0.392652	66.00	
67.00	06700	OCCUPATIONAL THERAPY	1,694,846	94,729	1,789,575	0.424164	67.00	
68.00	06800	SPEECH PATHOLOGY	577,721	29,883	607,604	0.534631	68.00	
69.00	06900	ELECTROCARDIOLOGY	2,040,338	4,689,634	6,729,972	0.096631	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,066,011	3,194,860	5,260,871	0.521489	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,096,117	3,829,397	13,925,514	0.521239	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	11,120,345	27,927,446	39,047,791	0.386052	73.00	
76.00	03040	AUDIOLOGY	0	1	1	334.000000	76.00	
76.01	03280	EMG & EEG	253,493	2,105,929	2,359,422	0.267215	76.01	
76.02	03950	O/P REHAB SERVICES	49,776	5,724,963	5,774,739	0.624138	76.02	
76.03	03951	SPORTS FITNESS	240	653,342	653,582	3.060445	76.03	
76.04	03952	LIFE CENTER	273,883	9,752,070	10,025,953	0.316823	76.04	
76.05	03580	RECREATIONAL THERAPY	128,137	0	128,137	0.660137	76.05	
76.06	03480	HEMATOLOGY/ONCOLOGY	200,000	674,446	874,446	1.864124	76.06	
76.07	03140	CARDIOLOGY	617	60,921	61,538	1.738877	76.07	
76.08	03953	O/P DEPENDENCY SERVICES	450	14,698	15,148	39.662662	76.08	
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	6,380,445	23,776,018	30,156,463	0.254377	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	623,539	2,315,899	2,939,438	0.608008	92.00	
93.00	04950	WELLNESS PROGRAM	0	1	1	1,460.000000	93.00	
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0		99.00	
101.00	10100	HOME HEALTH AGENCY	0	2,598,816	2,598,816		101.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE					113.00	
116.00	11600	HOSPICE	0	2,633,514	2,633,514		116.00	
200.00		Subtotal (see instructions)	159,223,675	244,071,372	403,295,047		200.00	
201.00		Less Observation Beds					201.00	
202.00		Total (see instructions)	159,223,675	244,071,372	403,295,047		202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 160057	Period: From 07/01/2014 To 06/30/2015	Worksheet C Part I Date/Time Prepared: 11/24/2015 3:21 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.287199		50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.334025		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.227588		55.00
56.00	05600 RADIOISOTOPE	0.341327		56.00
57.00	05700 CT SCAN	0.075355		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.081856		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.135579		59.00
60.00	06000 LABORATORY	0.280310		60.00
65.00	06500 RESPIRATORY THERAPY	0.169945		65.00
66.00	06600 PHYSICAL THERAPY	0.392652		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.424164		67.00
68.00	06800 SPEECH PATHOLOGY	0.534631		68.00
69.00	06900 ELECTROCARDIOLOGY	0.096631		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.521489		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.521239		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.386052		73.00
76.00	03040 AUDIOLOGY	334.000000		76.00
76.01	03280 EMG & EEG	0.267215		76.01
76.02	03950 O/P REHAB SERVICES	0.626355		76.02
76.03	03951 SPORTS FITNESS	3.060445		76.03
76.04	03952 LIFE CENTER	0.316823		76.04
76.05	03580 RECREATIONAL THERAPY	0.660137		76.05
76.06	03480 HEMATOLOGY/ONCOLOGY	1.864124		76.06
76.07	03140 RADIOLOGY	1.738877		76.07
76.08	03953 O/P DEPENDENCY SERVICES	39.662662		76.08
	OUTPATIENT SERVICE COST CENTERS			
91.00	09100 EMERGENCY	0.254377		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.608008		92.00
93.00	04950 WELLNESS PROGRAM	1,460.000000		93.00
	OTHER REIMBURSABLE COST CENTERS			
99.00	09900 CMHC			99.00
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 160057

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

Worksheet C
Part I
Date/Time Prepared:
11/24/2015 3:21 pm

		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	20,599,860		20,599,860	0	20,599,860	30.00
31.00	03100	INTENSIVE CARE UNIT	3,637,072		3,637,072	0	3,637,072	31.00
41.00	04100	SUBPROVIDER - IRF	1,573,318		1,573,318	0	1,573,318	41.00
43.00	04300	NURSERY	589,361		589,361	0	589,361	43.00
44.00	04400	SKILLED NURSING FACILITY	2,532,910		2,532,910	0	2,532,910	44.00
45.00	04500	NURSING FACILITY	12,540,796		12,540,796	0	12,540,796	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	26,406,102		26,406,102	0	26,406,102	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,810,062		5,810,062	0	5,810,062	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,106,435		2,106,435	0	2,106,435	55.00
56.00	05600	RADIOISOTOPE	1,299,222		1,299,222	0	1,299,222	56.00
57.00	05700	CT SCAN	1,571,250		1,571,250	0	1,571,250	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,158,696		1,158,696	0	1,158,696	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,086,661		2,086,661	0	2,086,661	59.00
60.00	06000	LABORATORY	10,126,287		10,126,287	0	10,126,287	60.00
65.00	06500	RESPIRATORY THERAPY	1,989,648	0	1,989,648	0	1,989,648	65.00
66.00	06600	PHYSICAL THERAPY	921,880	0	921,880	0	921,880	66.00
67.00	06700	OCCUPATIONAL THERAPY	759,074	0	759,074	0	759,074	67.00
68.00	06800	SPEECH PATHOLOGY	324,844	0	324,844	0	324,844	68.00
69.00	06900	ELECTROCARDIOLOGY	650,322		650,322	0	650,322	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,743,486		2,743,486	0	2,743,486	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,258,518		7,258,518	0	7,258,518	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,074,467		15,074,467	0	15,074,467	73.00
76.00	03040	AUDIOLOGY	334		334	0	334	76.00
76.01	03280	EMG & EEG	630,474		630,474	0	630,474	76.01
76.02	03950	O/P REHAB SERVICES	3,604,235		3,604,235	12,800	3,617,035	76.02
76.03	03951	SPORTS FITNESS	2,000,252		2,000,252	0	2,000,252	76.03
76.04	03952	LIFE CENTER	3,176,456		3,176,456	0	3,176,456	76.04
76.05	03580	RECREATIONAL THERAPY	84,588		84,588	0	84,588	76.05
76.06	03480	HEMATOLOGY/ONCOLOGY	1,630,076		1,630,076	0	1,630,076	76.06
76.07	03140	CARDIOLOGY	107,007		107,007	0	107,007	76.07
76.08	03953	O/P DEPENDENCY SERVICES	600,810		600,810	0	600,810	76.08
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	7,671,097		7,671,097	0	7,671,097	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,787,203		1,787,203	0	1,787,203	92.00
93.00	04950	WELLNESS PROGRAM	1,460		1,460	0	1,460	93.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0		0		0	99.00
101.00	10100	HOME HEALTH AGENCY	3,130,747		3,130,747		3,130,747	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3,554,099		3,554,099		3,554,099	116.00
200.00		Subtotal (see instructions)	149,739,109	0	149,739,109	12,800	149,751,909	200.00
201.00		Less Observation Beds	1,787,203		1,787,203		1,787,203	201.00
202.00		Total (see instructions)	147,951,906	0	147,951,906	12,800	147,964,706	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 160057		Period: From 07/01/2014 To 06/30/2015		Worksheet C Part I Date/Time Prepared: 11/24/2015 3:21 pm	
			Title XIX		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	33,203,987		33,203,987			30.00
31.00	03100	INTENSIVE CARE UNIT	6,401,065		6,401,065			31.00
41.00	04100	SUBPROVIDER - IRF	2,237,720		2,237,720			41.00
43.00	04300	NURSERY	1,440,795		1,440,795			43.00
44.00	04400	SKILLED NURSING FACILITY	2,129,333		2,129,333			44.00
45.00	04500	NURSING FACILITY	9,322,136		9,322,136			45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	30,966,801	60,976,612	91,943,413	0.287199	0.000000	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,404,103	13,989,997	17,394,100	0.334025	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	210,283	9,045,183	9,255,466	0.227588	0.000000	55.00
56.00	05600	RADIOISOTOPE	490,524	3,315,860	3,806,384	0.341327	0.000000	56.00
57.00	05700	CT SCAN	4,711,783	16,139,658	20,851,441	0.075355	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,893,597	12,261,654	14,155,251	0.081856	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,387,040	12,003,673	15,390,713	0.135579	0.000000	59.00
60.00	06000	LABORATORY	13,301,993	22,823,321	36,125,314	0.280310	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	8,435,829	3,271,746	11,707,575	0.169945	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	2,180,728	167,101	2,347,829	0.392652	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,694,846	94,729	1,789,575	0.424164	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	577,721	29,883	607,604	0.534631	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	2,040,338	4,689,634	6,729,972	0.096631	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,066,011	3,194,860	5,260,871	0.521489	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,096,117	3,829,397	13,925,514	0.521239	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,120,345	27,927,446	39,047,791	0.386052	0.000000	73.00
76.00	03040	AUDIOLOGY	0	1	1	334.000000	0.000000	76.00
76.01	03280	EMG & EEG	253,493	2,105,929	2,359,422	0.267215	0.000000	76.01
76.02	03950	O/P REHAB SERVICES	49,776	5,724,963	5,774,739	0.624138	0.000000	76.02
76.03	03951	SPORTS FITNESS	240	653,342	653,582	3.060445	0.000000	76.03
76.04	03952	LIFE CENTER	273,883	9,752,070	10,025,953	0.316823	0.000000	76.04
76.05	03580	RECREATIONAL THERAPY	128,137	0	128,137	0.660137	0.000000	76.05
76.06	03480	HEMATOLOGY/ONCOLOGY	200,000	674,446	874,446	1.864124	0.000000	76.06
76.07	03140	CARDIOLOGY	617	60,921	61,538	1.738877	0.000000	76.07
76.08	03953	O/P DEPENDENCY SERVICES	450	14,698	15,148	39.662662	0.000000	76.08
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	6,380,445	23,776,018	30,156,463	0.254377	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	623,539	2,315,899	2,939,438	0.608008	0.000000	92.00
93.00	04950	WELLNESS PROGRAM	0	1	1	1,460.000000	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0			99.00
101.00	10100	HOME HEALTH AGENCY	0	2,598,816	2,598,816			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	2,633,514	2,633,514			116.00
200.00		Subtotal (see instructions)	159,223,675	244,071,372	403,295,047			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	159,223,675	244,071,372	403,295,047			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 160057	Period: From 07/01/2014 To 06/30/2015	Worksheet C Part I Date/Time Prepared: 11/24/2015 3:21 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.287199		50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.334025		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.227588		55.00
56.00	05600 RADIOISOTOPE	0.341327		56.00
57.00	05700 CT SCAN	0.075355		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.081856		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.135579		59.00
60.00	06000 LABORATORY	0.280310		60.00
65.00	06500 RESPIRATORY THERAPY	0.169945		65.00
66.00	06600 PHYSICAL THERAPY	0.392652		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.424164		67.00
68.00	06800 SPEECH PATHOLOGY	0.534631		68.00
69.00	06900 ELECTROCARDIOLOGY	0.096631		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.521489		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.521239		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.386052		73.00
76.00	03040 AUDIOLOGY	334.000000		76.00
76.01	03280 EMG & EEG	0.267215		76.01
76.02	03950 O/P REHAB SERVICES	0.626355		76.02
76.03	03951 SPORTS FITNESS	3.060445		76.03
76.04	03952 LIFE CENTER	0.316823		76.04
76.05	03580 RECREATIONAL THERAPY	0.660137		76.05
76.06	03480 HEMATOLOGY/ONCOLOGY	1.864124		76.06
76.07	03140 RADIOLOGY	1.738877		76.07
76.08	03953 O/P DEPENDENCY SERVICES	39.662662		76.08
	OUTPATIENT SERVICE COST CENTERS			
91.00	09100 EMERGENCY	0.254377		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.608008		92.00
93.00	04950 WELLNESS PROGRAM	1,460.000000		93.00
	OTHER REIMBURSABLE COST CENTERS			
99.00	09900 CMHC			99.00
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

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

Provider CCN: 160057

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

Worksheet C
Part II
Date/Time Prepared:
11/24/2015 3:21 pm

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	26,406,102	3,973,591	22,432,511	0	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,810,062	1,133,257	4,676,805	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,106,435	354,210	1,752,225	0	0	55.00
56.00	05600 RADIO SOTOPE	1,299,222	199,404	1,099,818	0	0	56.00
57.00	05700 CT SCAN	1,571,250	192,965	1,378,285	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,158,696	99,661	1,059,035	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,086,661	518,193	1,568,468	0	0	59.00
60.00	06000 LABORATORY	10,126,287	851,562	9,274,725	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	1,989,648	179,849	1,809,799	0	0	65.00
66.00	06600 PHYSICAL THERAPY	921,880	50,016	871,864	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	759,074	31,354	727,720	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	324,844	12,208	312,636	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	650,322	100,535	549,787	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,743,486	95,302	2,648,184	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	7,258,518	252,147	7,006,371	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	15,074,467	828,225	14,246,242	0	0	73.00
76.00	03040 AUDIOLOGY	334	21	313	0	0	76.00
76.01	03280 EMG & EEG	630,474	75,758	554,716	0	0	76.01
76.02	03950 O/P REHAB SERVICES	3,604,235	408,127	3,196,108	0	0	76.02
76.03	03951 SPORTS FITNESS	2,000,252	476,835	1,523,417	0	0	76.03
76.04	03952 LIFE CENTER	3,176,456	339,165	2,837,291	0	0	76.04
76.05	03580 RECREATIONAL THERAPY	84,588	3,245	81,343	0	0	76.05
76.06	03480 HEMATOLOGY/ONCOLOGY	1,630,076	155,525	1,474,551	0	0	76.06
76.07	03140 RADIOLOGY	107,007	8,105	98,902	0	0	76.07
76.08	03953 O/P DEPENDENCY SERVICES	600,810	95,435	505,375	0	0	76.08
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	7,671,097	790,229	6,880,868	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,787,203	171,832	1,615,371	0	0	92.00
93.00	04950 WELLNESS PROGRAM	1,460	293	1,167	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
101.00	10100 HOME HEALTH AGENCY	3,130,747	316,477	2,814,270	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	3,554,099	356,478	3,197,621	0	0	116.00
200.00	Subtotal (sum of lines 50 thru 199)	108,265,792	12,070,004	96,195,788	0	0	200.00
201.00	Less Observation Beds	1,787,203	171,832	1,615,371	0	0	201.00
202.00	Total (line 200 minus line 201)	106,478,589	11,898,172	94,580,417	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 160057	Period: From 07/01/2014 To 06/30/2015	Worksheet C Part II Date/Time Prepared: 11/24/2015 3:21 pm
		Title XIX	Hospital	PPS

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	26,406,102	91,943,413	0.287199	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,810,062	17,394,100	0.334025	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,106,435	9,255,466	0.227588	55.00
56.00	05600 RADIO SOTOPE	1,299,222	3,806,384	0.341327	56.00
57.00	05700 CT SCAN	1,571,250	20,851,441	0.075355	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,158,696	14,155,251	0.081856	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,086,661	15,390,713	0.135579	59.00
60.00	06000 LABORATORY	10,126,287	36,125,314	0.280310	60.00
65.00	06500 RESPIRATORY THERAPY	1,989,648	11,707,575	0.169945	65.00
66.00	06600 PHYSICAL THERAPY	921,880	2,347,829	0.392652	66.00
67.00	06700 OCCUPATIONAL THERAPY	759,074	1,789,575	0.424164	67.00
68.00	06800 SPEECH PATHOLOGY	324,844	607,604	0.534631	68.00
69.00	06900 ELECTROCARDIOLOGY	650,322	6,729,972	0.096631	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,743,486	5,260,871	0.521489	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	7,258,518	13,925,514	0.521239	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	15,074,467	39,047,791	0.386052	73.00
76.00	03040 AUDIOLOGY	334	1	334.000000	76.00
76.01	03280 EMG & EEG	630,474	2,359,422	0.267215	76.01
76.02	03950 O/P REHAB SERVICES	3,604,235	5,774,739	0.624138	76.02
76.03	03951 SPORTS FITNESS	2,000,252	653,582	3.060445	76.03
76.04	03952 LIFE CENTER	3,176,456	10,025,953	0.316823	76.04
76.05	03580 RECREATIONAL THERAPY	84,588	128,137	0.660137	76.05
76.06	03480 HEMATOLOGY/ONCOLOGY	1,630,076	874,446	1.864124	76.06
76.07	03140 RADIOLOGY	107,007	61,538	1.738877	76.07
76.08	03953 O/P DEPENDENCY SERVICES	600,810	15,148	39.662662	76.08
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	7,671,097	30,156,463	0.254377	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,787,203	2,939,438	0.608008	92.00
93.00	04950 WELLNESS PROGRAM	1,460	1	1,460.000000	93.00
OTHER REIMBURSABLE COST CENTERS					
99.00	09900 CMHC	0	0	0.000000	99.00
101.00	10100 HOME HEALTH AGENCY	3,130,747	2,598,816	1.204682	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				113.00
116.00	11600 HOSPICE	3,554,099	2,633,514	1.349565	116.00
200.00	Subtotal (sum of lines 50 thru 199)	108,265,792	348,560,011		200.00
201.00	Less Observation Beds	1,787,203	0		201.00
202.00	Total (line 200 minus line 201)	106,478,589	348,560,011		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 160057	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part I Date/Time Prepared: 11/24/2015 3:21 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,980,603	0	1,980,603	22,972	30.00
31.00	INTENSIVE CARE UNIT	429,603		429,603	1,985	31.00
41.00	SUBPROVIDER - IRF	378,794	0	378,794	1,777	41.00
43.00	NURSERY	38,285		38,285	1,309	43.00
44.00	SKILLED NURSING FACILITY	417,731		417,731	4,395	44.00
45.00	NURSING FACILITY	2,023,726		2,023,726	0	45.00
200.00	Total (lines 30-199)	5,268,742		5,268,742	32,438	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	11,548	995,669
31.00	INTENSIVE CARE UNIT	1,252	270,958
41.00	SUBPROVIDER - IRF	1,126	240,018
43.00	NURSERY	0	0
44.00	SKILLED NURSING FACILITY	3,387	321,934
45.00	NURSING FACILITY	0	0
200.00	Total (lines 30-199)	17,313	1,828,579

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 160057	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part II Date/Time Prepared: 11/24/2015 3:21 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	3,973,591	91,943,413	0.043218	14,949,905	646,105	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,133,257	17,394,100	0.065152	2,016,747	131,395	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	354,210	9,255,466	0.038270	121,930	4,666	55.00
56.00	05600 RADIO SOTOPE	199,404	3,806,384	0.052387	312,579	16,375	56.00
57.00	05700 CT SCAN	192,965	20,851,441	0.009254	2,761,141	25,552	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	99,661	14,155,251	0.007041	1,052,634	7,412	58.00
59.00	05900 CARDIAC CATHETERIZATION	518,193	15,390,713	0.033669	2,938,330	98,931	59.00
60.00	06000 LABORATORY	851,562	36,125,314	0.023572	7,895,419	186,111	60.00
65.00	06500 RESPIRATORY THERAPY	179,849	11,707,575	0.015362	5,617,086	86,290	65.00
66.00	06600 PHYSICAL THERAPY	50,016	2,347,829	0.021303	813,832	17,337	66.00
67.00	06700 OCCUPATIONAL THERAPY	31,354	1,789,575	0.017520	607,008	10,635	67.00
68.00	06800 SPEECH PATHOLOGY	12,208	607,604	0.020092	147,481	2,963	68.00
69.00	06900 ELECTROCARDIOLOGY	100,535	6,729,972	0.014938	1,392,487	20,801	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	95,302	5,260,871	0.018115	837,441	15,170	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	252,147	13,925,514	0.018107	4,037,405	73,105	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	828,225	39,047,791	0.021211	5,386,299	114,249	73.00
76.00	03040 AUDIOLOGY	21	1	21.000000	0	0	76.00
76.01	03280 EMG & EEG	75,758	2,359,422	0.032109	127,456	4,092	76.01
76.02	03950 O/P REHAB SERVICES	408,127	5,774,739	0.070675	0	0	76.02
76.03	03951 SPORTS FITNESS	476,835	653,582	0.729572	63	46	76.03
76.04	03952 LIFE CENTER	339,165	10,025,953	0.033829	131,038	4,433	76.04
76.05	03580 RECREATIONAL THERAPY	3,245	128,137	0.025324	2,416	61	76.05
76.06	03480 HEMATOLOGY/ONCOLOGY	155,525	874,446	0.177855	162,618	28,922	76.06
76.07	03140 RADIOLOGY	8,105	61,538	0.131707	429	57	76.07
76.08	03953 O/P DEPENDENCY SERVICES	95,435	15,148	6.300172	0	0	76.08
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	790,229	30,156,463	0.026204	3,528,545	92,462	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	171,832	2,939,438	0.058457	335,008	19,584	92.00
93.00	04950 WELLNESS PROGRAM	293	1	293.000000	0	0	93.00
200.00	Total (Lines 50-199)	11,397,049	343,327,681		55,175,297	1,606,754	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160057	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part III Date/Time Prepared: 11/24/2015 3:21 pm
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Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	PPS
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	22,972	0.00	11,548	0		30.00
31.00	03100	INTENSIVE CARE UNIT	1,985	0.00	1,252	0		31.00
41.00	04100	SUBPROVIDER - IRF	1,777	0.00	1,126	0		41.00
43.00	04300	NURSERY	1,309	0.00	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	4,395	0.00	3,387	0		44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0		45.00
200.00		Total (lines 30-199)	32,438		17,313	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 160057

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

Worksheet D
Part IV
Date/Time Prepared:
11/24/2015 3:21 pm

Cost Center Description		Title XVIII				Hospital	PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	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
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EMG & EEG	0	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS	0	0	0	0	0	76.03
76.04	03952	LIFE CENTER	0	0	0	0	0	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	HEMATOLOGY/ONCOLOGY	0	0	0	0	0	76.06
76.07	03140	CARDIOLOGY	0	0	0	0	0	76.07
76.08	03953	O/P DEPENDENCY SERVICES	0	0	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950	WELLNESS PROGRAM	0	0	0	0	0	93.00
200.00		Total (Lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160057	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/24/2015 3:21 pm
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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	0	91,943,413	0.000000	0.000000	14,949,905	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	17,394,100	0.000000	0.000000	2,016,747	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	9,255,466	0.000000	0.000000	121,930	55.00
56.00 05600 RADIO SOTOPE	0	3,806,384	0.000000	0.000000	312,579	56.00
57.00 05700 CT SCAN	0	20,851,441	0.000000	0.000000	2,761,141	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	14,155,251	0.000000	0.000000	1,052,634	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	15,390,713	0.000000	0.000000	2,938,330	59.00
60.00 06000 LABORATORY	0	36,125,314	0.000000	0.000000	7,895,419	60.00
65.00 06500 RESPIRATORY THERAPY	0	11,707,575	0.000000	0.000000	5,617,086	65.00
66.00 06600 PHYSICAL THERAPY	0	2,347,829	0.000000	0.000000	813,832	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	1,789,575	0.000000	0.000000	607,008	67.00
68.00 06800 SPEECH PATHOLOGY	0	607,604	0.000000	0.000000	147,481	68.00
69.00 06900 ELECTROCARDIOLOGY	0	6,729,972	0.000000	0.000000	1,392,487	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,260,871	0.000000	0.000000	837,441	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	13,925,514	0.000000	0.000000	4,037,405	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	39,047,791	0.000000	0.000000	5,386,299	73.00
76.00 03040 AUDIOLOGY	0	1	0.000000	0.000000	0	76.00
76.01 03280 EMG & EEG	0	2,359,422	0.000000	0.000000	127,456	76.01
76.02 03950 O/P REHAB SERVICES	0	5,774,739	0.000000	0.000000	0	76.02
76.03 03951 SPORTS FITNESS	0	653,582	0.000000	0.000000	63	76.03
76.04 03952 LIFE CENTER	0	10,025,953	0.000000	0.000000	131,038	76.04
76.05 03580 RECREATIONAL THERAPY	0	128,137	0.000000	0.000000	2,416	76.05
76.06 03480 HEMATOLOGY/ONCOLOGY	0	874,446	0.000000	0.000000	162,618	76.06
76.07 03140 RADIOLOGY	0	61,538	0.000000	0.000000	429	76.07
76.08 03953 O/P DEPENDENCY SERVICES	0	15,148	0.000000	0.000000	0	76.08
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	0	30,156,463	0.000000	0.000000	3,528,545	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,939,438	0.000000	0.000000	335,008	92.00
93.00 04950 WELLNESS PROGRAM	0	1	0.000000	0.000000	0	93.00
200.00 Total (Lines 50-199)	0	343,327,681			55,175,297	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160057	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/24/2015 3:21 pm
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	0	18,161,387	0	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	4,855,737	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	4,327,508	0	55.00
56.00 05600 RADIOISOTOPE	0	1,562,933	0	56.00
57.00 05700 CT SCAN	0	6,447,466	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	4,067,924	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	4,878,234	0	59.00
60.00 06000 LABORATORY	0	5,187,388	0	60.00
65.00 06500 RESPIRATORY THERAPY	0	1,463,698	0	65.00
66.00 06600 PHYSICAL THERAPY	0	7	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	3,194,144	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,804,043	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	2,407,380	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	13,198,291	0	73.00
76.00 03040 AUDIOLOGY	0	0	0	76.00
76.01 03280 EMG & EEG	0	698,857	0	76.01
76.02 03950 O/P REHAB SERVICES	0	145	0	76.02
76.03 03951 SPORTS FITNESS	0	2,259	0	76.03
76.04 03952 LIFE CENTER	0	4,830,946	0	76.04
76.05 03580 RECREATIONAL THERAPY	0	0	0	76.05
76.06 03480 HEMATOLOGY/ONCOLOGY	0	1,574,123	0	76.06
76.07 03140 RADIOLOGY	0	31,995	0	76.07
76.08 03953 O/P DEPENDENCY SERVICES	0	2,549	0	76.08
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	0	6,136,037	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,310,779	0	92.00
93.00 04950 WELLNESS PROGRAM	0	0	0	93.00
200.00 Total (Lines 50-199)	0	86,143,830	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 160057	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part V Date/Time Prepared: 11/24/2015 3:21 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.287199	18,161,387	0	0	5,215,932	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.334025	4,855,737	0	0	1,621,938	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.227588	4,327,508	0	0	984,889	55.00
56.00	05600 RADIOISOTOPE	0.341327	1,562,933	0	0	533,471	56.00
57.00	05700 CT SCAN	0.075355	6,447,466	0	0	485,849	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.081856	4,067,924	0	0	332,984	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.135579	4,878,234	0	0	661,386	59.00
60.00	06000 LABORATORY	0.280310	5,187,388	8,287	0	1,454,077	60.00
65.00	06500 RESPIRATORY THERAPY	0.169945	1,463,698	0	0	248,748	65.00
66.00	06600 PHYSICAL THERAPY	0.392652	7	0	0	3	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.424164	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.534631	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.096631	3,194,144	0	0	308,653	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.521489	1,804,043	0	0	940,789	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.521239	2,407,380	0	0	1,254,820	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.386052	13,198,291	0	16,874	5,095,227	73.00
76.00	03040 AUDIOLOGY	334.000000	0	0	0	0	76.00
76.01	03280 EMG & EEG	0.267215	698,857	0	0	186,745	76.01
76.02	03950 O/P REHAB SERVICES	0.624138	145	0	0	91	76.02
76.03	03951 SPORTS FITNESS	3.060445	2,259	0	0	6,914	76.03
76.04	03952 LIFE CENTER	0.316823	4,830,946	0	0	1,530,555	76.04
76.05	03580 RECREATIONAL THERAPY	0.660137	0	0	0	0	76.05
76.06	03480 HEMATOLOGY/ONCOLOGY	1.864124	1,574,123	0	0	2,934,360	76.06
76.07	03140 RADIOLOGY	1.738877	31,995	0	0	55,635	76.07
76.08	03953 O/P DEPENDENCY SERVICES	39.662662	2,549	0	0	101,100	76.08
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0.254377	6,136,037	0	0	1,560,867	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.608008	1,310,779	0	0	796,964	92.00
93.00	04950 WELLNESS PROGRAM	1,460.000000	0	0	0	0	93.00
200.00	Subtotal (see instructions)		86,143,830	8,287	16,874	26,311,997	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (Line 200 +/- Line 201)		86,143,830	8,287	16,874	26,311,997	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 160057	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part V Date/Time Prepared: 11/24/2015 3:21 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	2,323	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	6,514	73.00
76.00	03040 AUDIOLOGY	0	0	76.00
76.01	03280 EMG & EEG	0	0	76.01
76.02	03950 O/P REHAB SERVICES	0	0	76.02
76.03	03951 SPORTS FITNESS	0	0	76.03
76.04	03952 LIFE CENTER	0	0	76.04
76.05	03580 RECREATIONAL THERAPY	0	0	76.05
76.06	03480 HEMATOLOGY/ONCOLOGY	0	0	76.06
76.07	03140 RADIOLOGY	0	0	76.07
76.08	03953 O/P DEPENDENCY SERVICES	0	0	76.08
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04950 WELLNESS PROGRAM	0	0	93.00
200.00	Subtotal (see instructions)	2,323	6,514	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	2,323	6,514	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 160057 Component CCN: 16T057		Period: From 07/01/2014 To 06/30/2015		Worksheet D Part II Date/Time Prepared: 11/24/2015 3:21 pm		
				Title XVIII		Subprovider - IRF	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,973,591	91,943,413	0.043218	4,353	188	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,133,257	17,394,100	0.065152	27,723	1,806	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	354,210	9,255,466	0.038270	0	0	55.00
56.00	05600	RADIOISOTOPE	199,404	3,806,384	0.052387	0	0	56.00
57.00	05700	CT SCAN	192,965	20,851,441	0.009254	23,772	220	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	99,661	14,155,251	0.007041	34,108	240	58.00
59.00	05900	CARDIAC CATHETERIZATION	518,193	15,390,713	0.033669	0	0	59.00
60.00	06000	LABORATORY	851,562	36,125,314	0.023572	106,563	2,512	60.00
65.00	06500	RESPIRATORY THERAPY	179,849	11,707,575	0.015362	96,107	1,476	65.00
66.00	06600	PHYSICAL THERAPY	50,016	2,347,829	0.021303	323,920	6,900	66.00
67.00	06700	OCCUPATIONAL THERAPY	31,354	1,789,575	0.017520	302,366	5,297	67.00
68.00	06800	SPEECH PATHOLOGY	12,208	607,604	0.020092	231,716	4,656	68.00
69.00	06900	ELECTROCARDIOLOGY	100,535	6,729,972	0.014938	15,047	225	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	95,302	5,260,871	0.018115	6,317	114	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	252,147	13,925,514	0.018107	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	828,225	39,047,791	0.021211	80,975	1,718	73.00
76.00	03040	AUDIOLOGY	21	1	21.000000	0	0	76.00
76.01	03280	EMG & EEG	75,758	2,359,422	0.032109	6,966	224	76.01
76.02	03950	O/P REHAB SERVICES	408,127	5,774,739	0.070675	0	0	76.02
76.03	03951	SPORTS FITNESS	476,835	653,582	0.729572	0	0	76.03
76.04	03952	LIFE CENTER	339,165	10,025,953	0.033829	4,005	135	76.04
76.05	03580	RECREATIONAL THERAPY	3,245	128,137	0.025324	81,681	2,068	76.05
76.06	03480	HEMATOLOGY/ONCOLOGY	155,525	874,446	0.177855	0	0	76.06
76.07	03140	CARDIOLOGY	8,105	61,538	0.131707	0	0	76.07
76.08	03953	O/P DEPENDENCY SERVICES	95,435	15,148	6.300172	0	0	76.08
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	790,229	30,156,463	0.026204	4,442	116	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,939,438	0.000000	5,296	0	92.00
93.00	04950	WELLNESS PROGRAM	293	1	293.000000	0	0	93.00
200.00		Total (Lines 50-199)	11,225,217	343,327,681		1,355,357	27,895	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160057 Component CCN: 16T057	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/24/2015 3:21 pm
	Title XVII	Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	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
56.00 05600 RADIO SOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 03040 AUDIOLOGY	0	0	0	0	0	76.00
76.01 03280 EMG & EEG	0	0	0	0	0	76.01
76.02 03950 O/P REHAB SERVICES	0	0	0	0	0	76.02
76.03 03951 SPORTS FITNESS	0	0	0	0	0	76.03
76.04 03952 LIFE CENTER	0	0	0	0	0	76.04
76.05 03580 RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06 03480 HEMATOLOGY/ONCOLOGY	0	0	0	0	0	76.06
76.07 03140 RADIOLOGY	0	0	0	0	0	76.07
76.08 03953 O/P DEPENDENCY SERVICES	0	0	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 04950 WELLNESS PROGRAM	0	0	0	0	0	93.00
200.00 Total (Lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160057 Component CCN: 16T057	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/24/2015 3:21 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient	
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 ÷ col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)	Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	91,943,413	0.000000	0.000000	4,353	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	17,394,100	0.000000	0.000000	27,723	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	9,255,466	0.000000	0.000000	0	55.00
56.00 05600 RADIOISOTOPE	0	3,806,384	0.000000	0.000000	0	56.00
57.00 05700 CT SCAN	0	20,851,441	0.000000	0.000000	23,772	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	14,155,251	0.000000	0.000000	34,108	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	15,390,713	0.000000	0.000000	0	59.00
60.00 06000 LABORATORY	0	36,125,314	0.000000	0.000000	106,563	60.00
65.00 06500 RESPIRATORY THERAPY	0	11,707,575	0.000000	0.000000	96,107	65.00
66.00 06600 PHYSICAL THERAPY	0	2,347,829	0.000000	0.000000	323,920	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	1,789,575	0.000000	0.000000	302,366	67.00
68.00 06800 SPEECH PATHOLOGY	0	607,604	0.000000	0.000000	231,716	68.00
69.00 06900 ELECTROCARDIOLOGY	0	6,729,972	0.000000	0.000000	15,047	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,260,871	0.000000	0.000000	6,317	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	13,925,514	0.000000	0.000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	39,047,791	0.000000	0.000000	80,975	73.00
76.00 03040 AUDIOLOGY	0	1	0.000000	0.000000	0	76.00
76.01 03280 EMG & EEG	0	2,359,422	0.000000	0.000000	6,966	76.01
76.02 03950 O/P REHAB SERVICES	0	5,774,739	0.000000	0.000000	0	76.02
76.03 03951 SPORTS FITNESS	0	653,582	0.000000	0.000000	0	76.03
76.04 03952 LIFE CENTER	0	10,025,953	0.000000	0.000000	4,005	76.04
76.05 03580 RECREATIONAL THERAPY	0	128,137	0.000000	0.000000	81,681	76.05
76.06 03480 HEMATOLOGY/ONCOLOGY	0	874,446	0.000000	0.000000	0	76.06
76.07 03140 RADIOLOGY	0	61,538	0.000000	0.000000	0	76.07
76.08 03953 O/P DEPENDENCY SERVICES	0	15,148	0.000000	0.000000	0	76.08
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	0	30,156,463	0.000000	0.000000	4,442	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,939,438	0.000000	0.000000	5,296	92.00
93.00 04950 WELLNESS PROGRAM	0	1	0.000000	0.000000	0	93.00
200.00 Total (Lines 50-199)	0	343,327,681			1,355,357	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160057 Component CCN: 16T057	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/24/2015 3:21 pm PPS
Title XVIII		Subprovider - IRF	

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
56.00 05600 RADIOISOTOPE	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
76.00 03040 AUDIOLOGY	0	0	0	76.00
76.01 03280 EMG & EEG	0	0	0	76.01
76.02 03950 O/P REHAB SERVICES	0	0	0	76.02
76.03 03951 SPORTS FITNESS	0	0	0	76.03
76.04 03952 LIFE CENTER	0	0	0	76.04
76.05 03580 RECREATIONAL THERAPY	0	0	0	76.05
76.06 03480 HEMATOLOGY/ONCOLOGY	0	0	0	76.06
76.07 03140 RADIOLOGY	0	0	0	76.07
76.08 03953 O/P DEPENDENCY SERVICES	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00 04950 WELLNESS PROGRAM	0	0	0	93.00
200.00 Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160057 Component CCN: 165110	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/24/2015 3:21 pm
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIO SOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 03040 AUDIOLOGY	0	0	0	0	0	76.00
76.01 03280 EMG & EEG	0	0	0	0	0	76.01
76.02 03950 O/P REHAB SERVICES	0	0	0	0	0	76.02
76.03 03951 SPORTS FITNESS	0	0	0	0	0	76.03
76.04 03952 LIFE CENTER	0	0	0	0	0	76.04
76.05 03580 RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06 03480 HEMATOLOGY/ONCOLOGY	0	0	0	0	0	76.06
76.07 03140 RADIOLOGY	0	0	0	0	0	76.07
76.08 03953 O/P DEPENDENCY SERVICES	0	0	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 04950 WELLNESS PROGRAM	0	0	0	0	0	93.00
200.00 Total (Lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160057 Component CCN: 165110	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/24/2015 3:21 pm PPS
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	91,943,413	0.000000	0.000000	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	17,394,100	0.000000	0.000000	15,170	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	9,255,466	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	3,806,384	0.000000	0.000000	0	56.00
57.00	05700 CT SCAN	0	20,851,441	0.000000	0.000000	1,455	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	14,155,251	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	15,390,713	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	36,125,314	0.000000	0.000000	57,396	60.00
65.00	06500 RESPIRATORY THERAPY	0	11,707,575	0.000000	0.000000	412	65.00
66.00	06600 PHYSICAL THERAPY	0	2,347,829	0.000000	0.000000	373,020	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,789,575	0.000000	0.000000	295,061	67.00
68.00	06800 SPEECH PATHOLOGY	0	607,604	0.000000	0.000000	34,802	68.00
69.00	06900 ELECTROCARDIOLOGY	0	6,729,972	0.000000	0.000000	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,260,871	0.000000	0.000000	982	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	13,925,514	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	39,047,791	0.000000	0.000000	0	73.00
76.00	03040 AUDIOLOGY	0	1	0.000000	0.000000	0	76.00
76.01	03280 EMG & EEG	0	2,359,422	0.000000	0.000000	0	76.01
76.02	03950 O/P REHAB SERVICES	0	5,774,739	0.000000	0.000000	49,599	76.02
76.03	03951 SPORTS FITNESS	0	653,582	0.000000	0.000000	0	76.03
76.04	03952 LIFE CENTER	0	10,025,953	0.000000	0.000000	0	76.04
76.05	03580 RECREATIONAL THERAPY	0	128,137	0.000000	0.000000	0	76.05
76.06	03480 HEMATOLOGY/ONCOLOGY	0	874,446	0.000000	0.000000	232	76.06
76.07	03140 RADIOLOGY	0	61,538	0.000000	0.000000	188	76.07
76.08	03953 O/P DEPENDENCY SERVICES	0	15,148	0.000000	0.000000	0	76.08
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	30,156,463	0.000000	0.000000	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,939,438	0.000000	0.000000	433	92.00
93.00	04950 WELLNESS PROGRAM	0	1	0.000000	0.000000	0	93.00
200.00	Total (lines 50-199)	0	343,327,681			828,750	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160057	Period: From 07/01/2014	Worksheet D Part IV Date/Time Prepared: 11/24/2015 3:21 pm
	Component CCN: 165110	To 06/30/2015	
Title XVIII		Skilled Nursing Facility	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
56.00 05600 RADIOISOTOPE	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
76.00 03040 AUDIOLOGY	0	0	0	76.00
76.01 03280 EMG & EEG	0	0	0	76.01
76.02 03950 O/P REHAB SERVICES	0	0	0	76.02
76.03 03951 SPORTS FITNESS	0	0	0	76.03
76.04 03952 LIFE CENTER	0	0	0	76.04
76.05 03580 RECREATIONAL THERAPY	0	0	0	76.05
76.06 03480 HEMATOLOGY/ONCOLOGY	0	0	0	76.06
76.07 03140 RADIOLOGY	0	0	0	76.07
76.08 03953 O/P DEPENDENCY SERVICES	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00 04950 WELLNESS PROGRAM	0	0	0	93.00
200.00 Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 160057	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part I Date/Time Prepared: 11/24/2015 3:21 pm
		Title XIX		Hospital

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,980,603	0	1,980,603	22,972	86.22	30.00
31.00	INTENSIVE CARE UNIT	429,603		429,603	1,985	216.42	31.00
41.00	SUBPROVIDER - IRF	378,794	0	378,794	1,777	213.16	41.00
43.00	NURSERY	38,285		38,285	1,309	29.25	43.00
44.00	SKILLED NURSING FACILITY	417,731		417,731	4,395	95.05	44.00
45.00	NURSING FACILITY	2,023,726		2,023,726	0	0.00	45.00
200.00	Total (lines 30-199)	5,268,742		5,268,742	32,438		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	3,748	323,153				
31.00	INTENSIVE CARE UNIT	392	84,837				
41.00	SUBPROVIDER - IRF	201	42,845				
43.00	NURSERY	870	25,448				
44.00	SKILLED NURSING FACILITY	0	0				
45.00	NURSING FACILITY	0	0				
200.00	Total (lines 30-199)	5,211	476,283				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 160057	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part II Date/Time Prepared: 11/24/2015 3:21 pm
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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	3,973,591	91,943,413	0.043218	0	0 50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,133,257	17,394,100	0.065152	0	0 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	354,210	9,255,466	0.038270	0	0 55.00
56.00	05600 RADIO SOTOPE	199,404	3,806,384	0.052387	0	0 56.00
57.00	05700 CT SCAN	192,965	20,851,441	0.009254	0	0 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	99,661	14,155,251	0.007041	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	518,193	15,390,713	0.033669	0	0 59.00
60.00	06000 LABORATORY	851,562	36,125,314	0.023572	0	0 60.00
65.00	06500 RESPIRATORY THERAPY	179,849	11,707,575	0.015362	0	0 65.00
66.00	06600 PHYSICAL THERAPY	50,016	2,347,829	0.021303	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	31,354	1,789,575	0.017520	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	12,208	607,604	0.020092	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	100,535	6,729,972	0.014938	0	0 69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	95,302	5,260,871	0.018115	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	252,147	13,925,514	0.018107	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	828,225	39,047,791	0.021211	0	0 73.00
76.00	03040 AUDIOLOGY	21	1	21.000000	0	0 76.00
76.01	03280 EMG & EEG	75,758	2,359,422	0.032109	0	0 76.01
76.02	03950 O/P REHAB SERVICES	408,127	5,774,739	0.070675	0	0 76.02
76.03	03951 SPORTS FITNESS	476,835	653,582	0.729572	0	0 76.03
76.04	03952 LIFE CENTER	339,165	10,025,953	0.033829	0	0 76.04
76.05	03580 RECREATIONAL THERAPY	3,245	128,137	0.025324	0	0 76.05
76.06	03480 HEMATOLOGY/ONCOLOGY	155,525	874,446	0.177855	0	0 76.06
76.07	03140 RADIOLOGY	8,105	61,538	0.131707	0	0 76.07
76.08	03953 O/P DEPENDENCY SERVICES	95,435	15,148	6.300172	0	0 76.08
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY	790,229	30,156,463	0.026204	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	171,832	2,939,438	0.058457	0	0 92.00
93.00	04950 WELLNESS PROGRAM	293	1	293.000000	0	0 93.00
200.00	Total (Lines 50-199)	11,397,049	343,327,681		0	0 200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 160057	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part III Date/Time Prepared: 11/24/2015 3:21 pm
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Cost Center Description	Title XIX				Hospital	PPS
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
200.00		Total (lines 30-199)	0	0	0	0	200.00

Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
	6.00	7.00	8.00	9.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	22,972	0.00	3,748	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,985	0.00	392	0	31.00
41.00	04100	SUBPROVIDER - IRF	1,777	0.00	201	0	41.00
43.00	04300	NURSERY	1,309	0.00	870	0	43.00
44.00	04400	SKILLED NURSING FACILITY	4,395	0.00	0	0	44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0	45.00
200.00		Total (lines 30-199)	32,438		5,211	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 160057

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

Worksheet D
Part IV
Date/Time Prepared:
11/24/2015 3:21 pm

Cost Center Description		Title XIX			Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	76.00
76.01	03280	EMG & EEG	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS	0	0	0	0	76.03
76.04	03952	LIFE CENTER	0	0	0	0	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	76.05
76.06	03480	HEMATOLOGY/ONCOLOGY	0	0	0	0	76.06
76.07	03140	CARDIOLOGY	0	0	0	0	76.07
76.08	03953	O/P DEPENDENCY SERVICES	0	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00	04950	WELLNESS PROGRAM	0	0	0	0	93.00
200.00		Total (Lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160057	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/24/2015 3:21 pm
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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	0	91,943,413	0.000000	0.000000	0 50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	17,394,100	0.000000	0.000000	0 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	9,255,466	0.000000	0.000000	0 55.00
56.00	05600 RADIO SOTOPE	0	3,806,384	0.000000	0.000000	0 56.00
57.00	05700 CT SCAN	0	20,851,441	0.000000	0.000000	0 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	14,155,251	0.000000	0.000000	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0	15,390,713	0.000000	0.000000	0 59.00
60.00	06000 LABORATORY	0	36,125,314	0.000000	0.000000	0 60.00
65.00	06500 RESPIRATORY THERAPY	0	11,707,575	0.000000	0.000000	0 65.00
66.00	06600 PHYSICAL THERAPY	0	2,347,829	0.000000	0.000000	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,789,575	0.000000	0.000000	0 67.00
68.00	06800 SPEECH PATHOLOGY	0	607,604	0.000000	0.000000	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0	6,729,972	0.000000	0.000000	0 69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,260,871	0.000000	0.000000	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	13,925,514	0.000000	0.000000	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	39,047,791	0.000000	0.000000	0 73.00
76.00	03040 AUDIOLOGY	0	1	0.000000	0.000000	0 76.00
76.01	03280 EMG & EEG	0	2,359,422	0.000000	0.000000	0 76.01
76.02	03950 O/P REHAB SERVICES	0	5,774,739	0.000000	0.000000	0 76.02
76.03	03951 SPORTS FITNESS	0	653,582	0.000000	0.000000	0 76.03
76.04	03952 LIFE CENTER	0	10,025,953	0.000000	0.000000	0 76.04
76.05	03580 RECREATIONAL THERAPY	0	128,137	0.000000	0.000000	0 76.05
76.06	03480 HEMATOLOGY/ONCOLOGY	0	874,446	0.000000	0.000000	0 76.06
76.07	03140 RADIOLOGY	0	61,538	0.000000	0.000000	0 76.07
76.08	03953 O/P DEPENDENCY SERVICES	0	15,148	0.000000	0.000000	0 76.08
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY	0	30,156,463	0.000000	0.000000	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,939,438	0.000000	0.000000	0 92.00
93.00	04950 WELLNESS PROGRAM	0	1	0.000000	0.000000	0 93.00
200.00	Total (Lines 50-199)	0	343,327,681			0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160057	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/24/2015 3:21 pm
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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	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
56.00	05600 RADIOISOTOPE	0	0	0		56.00
57.00	05700 CT SCAN	0	0	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	0	0	0		60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
76.00	03040 AUDIOLOGY	0	0	0		76.00
76.01	03280 EMG & EEG	0	0	0		76.01
76.02	03950 O/P REHAB SERVICES	0	0	0		76.02
76.03	03951 SPORTS FITNESS	0	0	0		76.03
76.04	03952 LIFE CENTER	0	0	0		76.04
76.05	03580 RECREATIONAL THERAPY	0	0	0		76.05
76.06	03480 HEMATOLOGY/ONCOLOGY	0	0	0		76.06
76.07	03140 RADIOLOGY	0	0	0		76.07
76.08	03953 O/P DEPENDENCY SERVICES	0	0	0		76.08
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY	0	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
93.00	04950 WELLNESS PROGRAM	0	0	0		93.00
200.00	Total (Lines 50-199)	0	0	0		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 160057 Component CCN: 16T057		Period: From 07/01/2014 To 06/30/2015		Worksheet D Part II Date/Time Prepared: 11/24/2015 3:21 pm	
				Title XIX		Subprovider - IRF	PPS
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,973,591	91,943,413	0.043218	0	0 50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,133,257	17,394,100	0.065152	0	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	354,210	9,255,466	0.038270	0	0 55.00
56.00	05600	RADIOISOTOPE	199,404	3,806,384	0.052387	0	0 56.00
57.00	05700	CT SCAN	192,965	20,851,441	0.009254	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	99,661	14,155,251	0.007041	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	518,193	15,390,713	0.033669	0	0 59.00
60.00	06000	LABORATORY	851,562	36,125,314	0.023572	0	0 60.00
65.00	06500	RESPIRATORY THERAPY	179,849	11,707,575	0.015362	0	0 65.00
66.00	06600	PHYSICAL THERAPY	50,016	2,347,829	0.021303	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	31,354	1,789,575	0.017520	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	12,208	607,604	0.020092	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	100,535	6,729,972	0.014938	0	0 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	95,302	5,260,871	0.018115	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	252,147	13,925,514	0.018107	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	828,225	39,047,791	0.021211	0	0 73.00
76.00	03040	AUDIOLOGY	21	1	21.000000	0	0 76.00
76.01	03280	EMG & EEG	75,758	2,359,422	0.032109	0	0 76.01
76.02	03950	O/P REHAB SERVICES	408,127	5,774,739	0.070675	0	0 76.02
76.03	03951	SPORTS FITNESS	476,835	653,582	0.729572	0	0 76.03
76.04	03952	LIFE CENTER	339,165	10,025,953	0.033829	0	0 76.04
76.05	03580	RECREATIONAL THERAPY	3,245	128,137	0.025324	0	0 76.05
76.06	03480	HEMATOLOGY/ONCOLOGY	155,525	874,446	0.177855	0	0 76.06
76.07	03140	CARDIOLOGY	8,105	61,538	0.131707	0	0 76.07
76.08	03953	O/P DEPENDENCY SERVICES	95,435	15,148	6.300172	0	0 76.08
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	790,229	30,156,463	0.026204	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,939,438	0.000000	0	0 92.00
93.00	04950	WELLNESS PROGRAM	293	1	293.000000	0	0 93.00
200.00		Total (Lines 50-199)	11,225,217	343,327,681		0	0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160057 Component CCN: 16T057	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/24/2015 3:21 pm
	Title XIX	Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	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
56.00 05600 RADIO SOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 03040 AUDIOLOGY	0	0	0	0	0	76.00
76.01 03280 EMG & EEG	0	0	0	0	0	76.01
76.02 03950 O/P REHAB SERVICES	0	0	0	0	0	76.02
76.03 03951 SPORTS FITNESS	0	0	0	0	0	76.03
76.04 03952 LIFE CENTER	0	0	0	0	0	76.04
76.05 03580 RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06 03480 HEMATOLOGY/ONCOLOGY	0	0	0	0	0	76.06
76.07 03140 RADIOLOGY	0	0	0	0	0	76.07
76.08 03953 O/P DEPENDENCY SERVICES	0	0	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 04950 WELLNESS PROGRAM	0	0	0	0	0	93.00
200.00 Total (Lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160057 Component CCN: 16T057	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/24/2015 3:21 pm
Title XIX		Subprovider - IRF	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	91,943,413	0.000000	0.000000		0 50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	17,394,100	0.000000	0.000000		0 54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	9,255,466	0.000000	0.000000		0 55.00
56.00 05600 RADIOISOTOPE	0	3,806,384	0.000000	0.000000		0 56.00
57.00 05700 CT SCAN	0	20,851,441	0.000000	0.000000		0 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	14,155,251	0.000000	0.000000		0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0	15,390,713	0.000000	0.000000		0 59.00
60.00 06000 LABORATORY	0	36,125,314	0.000000	0.000000		0 60.00
65.00 06500 RESPIRATORY THERAPY	0	11,707,575	0.000000	0.000000		0 65.00
66.00 06600 PHYSICAL THERAPY	0	2,347,829	0.000000	0.000000		0 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	1,789,575	0.000000	0.000000		0 67.00
68.00 06800 SPEECH PATHOLOGY	0	607,604	0.000000	0.000000		0 68.00
69.00 06900 ELECTROCARDIOLOGY	0	6,729,972	0.000000	0.000000		0 69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,260,871	0.000000	0.000000		0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	13,925,514	0.000000	0.000000		0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	39,047,791	0.000000	0.000000		0 73.00
76.00 03040 AUDIOLOGY	0	1	0.000000	0.000000		0 76.00
76.01 03280 EMG & EEG	0	2,359,422	0.000000	0.000000		0 76.01
76.02 03950 O/P REHAB SERVICES	0	5,774,739	0.000000	0.000000		0 76.02
76.03 03951 SPORTS FITNESS	0	653,582	0.000000	0.000000		0 76.03
76.04 03952 LIFE CENTER	0	10,025,953	0.000000	0.000000		0 76.04
76.05 03580 RECREATIONAL THERAPY	0	128,137	0.000000	0.000000		0 76.05
76.06 03480 HEMATOLOGY/ONCOLOGY	0	874,446	0.000000	0.000000		0 76.06
76.07 03140 RADIOLOGY	0	61,538	0.000000	0.000000		0 76.07
76.08 03953 O/P DEPENDENCY SERVICES	0	15,148	0.000000	0.000000		0 76.08
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	0	30,156,463	0.000000	0.000000		0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,939,438	0.000000	0.000000		0 92.00
93.00 04950 WELLNESS PROGRAM	0	1	0.000000	0.000000		0 93.00
200.00 Total (lines 50-199)	0	343,327,681				0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160057 Component CCN: 16T057	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/24/2015 3:21 pm PPS
Title XIX		Subprovider - IRF	

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
56.00 05600 RADIOISOTOPE	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
76.00 03040 AUDIOLOGY	0	0	0	76.00
76.01 03280 EMG & EEG	0	0	0	76.01
76.02 03950 O/P REHAB SERVICES	0	0	0	76.02
76.03 03951 SPORTS FITNESS	0	0	0	76.03
76.04 03952 LIFE CENTER	0	0	0	76.04
76.05 03580 RECREATIONAL THERAPY	0	0	0	76.05
76.06 03480 HEMATOLOGY/ONCOLOGY	0	0	0	76.06
76.07 03140 RADIOLOGY	0	0	0	76.07
76.08 03953 O/P DEPENDENCY SERVICES	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00 04950 WELLNESS PROGRAM	0	0	0	93.00
200.00 Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160057 Component CCN: 165110	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/24/2015 3:21 pm
	Title XIX	Skilled Nursing Facility	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIO SOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 03040 AUDIOLOGY	0	0	0	0	0	76.00
76.01 03280 EMG & EEG	0	0	0	0	0	76.01
76.02 03950 O/P REHAB SERVICES	0	0	0	0	0	76.02
76.03 03951 SPORTS FITNESS	0	0	0	0	0	76.03
76.04 03952 LIFE CENTER	0	0	0	0	0	76.04
76.05 03580 RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06 03480 HEMATOLOGY/ONCOLOGY	0	0	0	0	0	76.06
76.07 03140 RADIOLOGY	0	0	0	0	0	76.07
76.08 03953 O/P DEPENDENCY SERVICES	0	0	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 04950 WELLNESS PROGRAM	0	0	0	0	0	93.00
200.00 Total (Lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160057 Component CCN: 165110	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/24/2015 3:21 pm
		Title XIX Skilled Nursing Facility	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	91,943,413	0.000000	0.000000		0 50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	17,394,100	0.000000	0.000000		0 54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	9,255,466	0.000000	0.000000		0 55.00
56.00 05600 RADIO SOTOPE	0	3,806,384	0.000000	0.000000		0 56.00
57.00 05700 CT SCAN	0	20,851,441	0.000000	0.000000		0 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	14,155,251	0.000000	0.000000		0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0	15,390,713	0.000000	0.000000		0 59.00
60.00 06000 LABORATORY	0	36,125,314	0.000000	0.000000		0 60.00
65.00 06500 RESPIRATORY THERAPY	0	11,707,575	0.000000	0.000000		0 65.00
66.00 06600 PHYSICAL THERAPY	0	2,347,829	0.000000	0.000000		0 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	1,789,575	0.000000	0.000000		0 67.00
68.00 06800 SPEECH PATHOLOGY	0	607,604	0.000000	0.000000		0 68.00
69.00 06900 ELECTROCARDIOLOGY	0	6,729,972	0.000000	0.000000		0 69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,260,871	0.000000	0.000000		0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	13,925,514	0.000000	0.000000		0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	39,047,791	0.000000	0.000000		0 73.00
76.00 03040 AUDIOLOGY	0	1	0.000000	0.000000		0 76.00
76.01 03280 EMG & EEG	0	2,359,422	0.000000	0.000000		0 76.01
76.02 03950 O/P REHAB SERVICES	0	5,774,739	0.000000	0.000000		0 76.02
76.03 03951 SPORTS FITNESS	0	653,582	0.000000	0.000000		0 76.03
76.04 03952 LIFE CENTER	0	10,025,953	0.000000	0.000000		0 76.04
76.05 03580 RECREATIONAL THERAPY	0	128,137	0.000000	0.000000		0 76.05
76.06 03480 HEMATOLOGY/ONCOLOGY	0	874,446	0.000000	0.000000		0 76.06
76.07 03140 RADIOLOGY	0	61,538	0.000000	0.000000		0 76.07
76.08 03953 O/P DEPENDENCY SERVICES	0	15,148	0.000000	0.000000		0 76.08
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	0	30,156,463	0.000000	0.000000		0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,939,438	0.000000	0.000000		0 92.00
93.00 04950 WELLNESS PROGRAM	0	1	0.000000	0.000000		0 93.00
200.00 Total (lines 50-199)	0	343,327,681				0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160057	Period: From 07/01/2014	Worksheet D Part IV Date/Time Prepared: 11/24/2015 3:21 pm
	Component CCN: 165110	To 06/30/2015	
Title XIX		Skilled Nursing Facility	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
56.00 05600 RADIOISOTOPE	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
76.00 03040 AUDIOLOGY	0	0	0	76.00
76.01 03280 EMG & EEG	0	0	0	76.01
76.02 03950 O/P REHAB SERVICES	0	0	0	76.02
76.03 03951 SPORTS FITNESS	0	0	0	76.03
76.04 03952 LIFE CENTER	0	0	0	76.04
76.05 03580 RECREATIONAL THERAPY	0	0	0	76.05
76.06 03480 HEMATOLOGY/ONCOLOGY	0	0	0	76.06
76.07 03140 RADIOLOGY	0	0	0	76.07
76.08 03953 O/P DEPENDENCY SERVICES	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00 04950 WELLNESS PROGRAM	0	0	0	93.00
200.00 Total (lines 50-199)	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160057	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1 Date/Time Prepared: 11/24/2015 3:21 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		22,972	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		22,972	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)		20,979	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)		11,548	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)		20,599,860	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)		20,599,860	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)		20,599,860	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)		896.74	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,355,554	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)		10,355,554	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 160057	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1 Date/Time Prepared: 11/24/2015 3:21 pm		
Cost Center Description			Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
Title XVIII			Hospital		PPS		
NURSERY (title V & XIX only)			1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	3,637,072	1,985	1,832.28	1,252	2,294,015	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					15,855,558	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					28,505,127	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)					1,266,627	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,606,754	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,873,381	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					25,631,746	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)					1,993	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					896.74	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,787,203	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160057		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1 Date/Time Prepared: 11/24/2015 3:21 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,980,603	20,599,860	0.096146	1,787,203	171,832	90.00
91.00	Nursing School cost	0	20,599,860	0.000000	1,787,203	0	91.00
92.00	Allied health cost	0	20,599,860	0.000000	1,787,203	0	92.00
93.00	All other Medical Education	0	20,599,860	0.000000	1,787,203	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160057 Component CCN: 16T057	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1 Date/Time Prepared: 11/24/2015 3:21 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		1,777	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,777	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		1,777	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)		1,126	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		1,573,318	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		1,573,318	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		1,573,318	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)		885.38	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		996,938	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)		996,938	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160057 Component CCN: 16T057		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1 Date/Time Prepared: 11/24/2015 3:21 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					538,031	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,534,969	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)					240,018	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					27,895	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					267,913	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,267,056	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: 160057 Component CCN: 16T057		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1 Date/Time Prepared: 11/24/2015 3:21 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	378,794	1,573,318	0.240761	0	0	90.00
91.00	Nursing School cost	0	1,573,318	0.000000	0	0	91.00
92.00	Allied health cost	0	1,573,318	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,573,318	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160057 Component CCN: 165110	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1 Date/Time Prepared: 11/24/2015 3:21 pm
		Title XVIII	Skilled Nursing Facility	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)		4,395	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,395	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)		4,395	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		3,387	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)		2,532,910	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)		2,532,910	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)		2,532,910	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)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160057 Component CCN: 165110		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1 Date/Time Prepared: 11/24/2015 3:21 pm	
		Title XVIII		Skilled Nursing Facility		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	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						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)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
56.00	Target amount (line 54 x line 55)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						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						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						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)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						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)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						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)						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)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						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)					2,532,910	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					576.32	71.00
72.00	Program routine service cost (line 9 x line 71)					1,951,996	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					1,951,996	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					0.00	76.00
77.00	Program capital-related costs (line 9 x line 76)					0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	80.00
81.00	Inpatient routine service cost per diem limitation					0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)					1,951,996	83.00
84.00	Program inpatient ancillary services (see instructions)					344,054	84.00
85.00	Utilization review - physician compensation (see instructions)					0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					2,296,050	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: 160057 Component CCN: 165110		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1 Date/Time Prepared: 11/24/2015 3:21 pm	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160057	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1 Date/Time Prepared: 11/24/2015 3:21 pm
Cost Center Description		Title XIX	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		22,972	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		22,972	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)		20,979	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		3,748	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)		1,309	15.00
16.00	Nursery days (title V or XIX only)		870	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)		20,599,860	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)		20,599,860	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)		20,599,860	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)		896.74	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,360,982	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		3,360,982	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 160057	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1 Date/Time Prepared: 11/24/2015 3:21 pm		
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)		
42.00	NURSERY (title V & XIX only)	589,361	1,309	450.24	870	391,709	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	3,637,072	1,985	1,832.28	392	718,254	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,470,945	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)					433,438	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					433,438	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					4,037,507	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)					1,993	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					896.74	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,787,203	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160057		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1 Date/Time Prepared: 11/24/2015 3:21 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,980,603	20,599,860	0.096146	1,787,203	171,832	90.00
91.00	Nursing School cost	0	20,599,860	0.000000	1,787,203	0	91.00
92.00	Allied health cost	0	20,599,860	0.000000	1,787,203	0	92.00
93.00	All other Medical Education	0	20,599,860	0.000000	1,787,203	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160057 Component CCN: 16T057	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1 Date/Time Prepared: 11/24/2015 3:21 pm
		Title XIX	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		1,777	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,777	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		1,777	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)		201	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)		1,309	15.00
16.00	Nursery days (title V or XIX only)		870	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		1,573,318	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		1,573,318	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		1,573,318	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)		885.38	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		177,961	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)		177,961	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160057 Component CCN: 16T057		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1 Date/Time Prepared: 11/24/2015 3:21 pm	
		Title XIX		Subprovider - IRF		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
		1.00					
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	0					
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	177,961					
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	42,845					
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0					
52.00	Total Program excludable cost (sum of lines 50 and 51)	42,845					
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)	135,116					
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges	0					
55.00	Target amount per discharge	0.00					
56.00	Target amount (line 54 x line 55)	0					
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0					
58.00	Bonus payment (see instructions)	0					
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					
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00					
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					
62.00	Relief payment (see instructions)	0					
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0					
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					
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0					
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0					
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					
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					
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0					
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					
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00					
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0					

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160057 Component CCN: 16T057		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1 Date/Time Prepared: 11/24/2015 3:21 pm	
		Title XIX		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	378,794	1,573,318	0.240761	0	0	90.00
91.00	Nursing School cost	0	1,573,318	0.000000	0	0	91.00
92.00	Allied health cost	0	1,573,318	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,573,318	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160057 Component CCN: 165110	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1 Date/Time Prepared: 11/24/2015 3:21 pm
		Title XIX	Skilled Nursing Facility	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)		4,395	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,395	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)		4,395	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)		0	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)		1,309	15.00
16.00	Nursery days (title V or XIX only)		870	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)		2,532,910	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)		2,532,910	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)		2,532,910	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)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160057	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1	
		Component CCN: 165110		Date/Time Prepared: 11/24/2015 3:21 pm	
		Title XIX	Skilled Nursing Facility	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	INTENSIVE CARE UNIT				43.00
44.00	CORONARY CARE UNIT				44.00
45.00	BURN INTENSIVE CARE UNIT				45.00
46.00	SURGICAL INTENSIVE CARE UNIT				46.00
47.00	OTHER SPECIAL CARE (SPECIFY)				47.00
Cost Center Description					1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				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)				50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)				53.00
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00	Program discharges				54.00
55.00	Target amount per discharge				55.00
56.00	Target amount (line 54 x line 55)				56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				57.00
58.00	Bonus payment (see instructions)				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				59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				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)				61.00
62.00	Relief payment (see instructions)				62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				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)				64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				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)				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)				68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				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)				2,532,910 70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				576.32 71.00
72.00	Program routine service cost (line 9 x line 71)				0 72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)				0 73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)				0 74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)				417,731 75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)				95.05 76.00
77.00	Program capital-related costs (line 9 x line 76)				0 77.00
78.00	Inpatient routine service cost (line 74 minus line 77)				0 78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)				0 79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)				0 80.00
81.00	Inpatient routine service cost per diem limitation				0.00 81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)				0 82.00
83.00	Reasonable inpatient routine service costs (see instructions)				0 83.00
84.00	Program inpatient ancillary services (see instructions)				0 84.00
85.00	Utilization review - physician compensation (see instructions)				0 85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)				0 86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00	Total observation bed days (see instructions)				0 87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				0.00 88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				0 89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160057 Component CCN: 165110		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1 Date/Time Prepared: 11/24/2015 3:21 pm	
		Title XIX		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 160057	Period: From 07/01/2014 To 06/30/2015	Worksheet D-3 Date/Time Prepared: 11/24/2015 3:21 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		18,945,634	30.00
31.00	03100	INTENSIVE CARE UNIT		3,957,750	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.287199	14,949,905	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.334025	2,016,747	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.227588	121,930	55.00
56.00	05600	RADIOISOTOPE	0.341327	312,579	56.00
57.00	05700	CT SCAN	0.075355	2,761,141	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.081856	1,052,634	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.135579	2,938,330	59.00
60.00	06000	LABORATORY	0.280310	7,895,419	60.00
65.00	06500	RESPIRATORY THERAPY	0.169945	5,617,086	65.00
66.00	06600	PHYSICAL THERAPY	0.392652	813,832	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.424164	607,008	67.00
68.00	06800	SPEECH PATHOLOGY	0.534631	147,481	68.00
69.00	06900	ELECTROCARDIOLOGY	0.096631	1,392,487	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.521489	837,441	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.521239	4,037,405	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.386052	5,386,299	73.00
76.00	03040	AUDIOLOGY	334.000000	0	76.00
76.01	03280	EMG & EEG	0.267215	127,456	76.01
76.02	03950	O/P REHAB SERVICES	0.626355	0	76.02
76.03	03951	SPORTS FITNESS	3.060445	63	76.03
76.04	03952	LIFE CENTER	0.316823	131,038	76.04
76.05	03580	RECREATIONAL THERAPY	0.660137	2,416	76.05
76.06	03480	HEMATOLOGY/ONCOLOGY	1.864124	162,618	76.06
76.07	03140	CARDIOLOGY	1.738877	429	76.07
76.08	03953	O/P DEPENDENCY SERVICES	39.662662	0	76.08
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.254377	3,528,545	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.608008	335,008	92.00
93.00	04950	WELLNESS PROGRAM	1,460.000000	0	93.00
200.00		Total (sum of lines 50-94 and 96-98)		55,175,297	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)		55,175,297	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 160057 Component CCN: 16T057	Period: From 07/01/2014 To 06/30/2015	Worksheet D-3 Date/Time Prepared: 11/24/2015 3:21 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
41.00	04100 SUBPROVIDER - IRF		1,430,280	41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.287199	4,353	1,250 50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.334025	27,723	9,260 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.227588	0	0 55.00
56.00	05600 RADIOISOTOPE	0.341327	0	0 56.00
57.00	05700 CT SCAN	0.075355	23,772	1,791 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.081856	34,108	2,792 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.135579	0	0 59.00
60.00	06000 LABORATORY	0.280310	106,563	29,871 60.00
65.00	06500 RESPIRATORY THERAPY	0.169945	96,107	16,333 65.00
66.00	06600 PHYSICAL THERAPY	0.392652	323,920	127,188 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.424164	302,366	128,253 67.00
68.00	06800 SPEECH PATHOLOGY	0.534631	231,716	123,883 68.00
69.00	06900 ELECTROCARDIOLOGY	0.096631	15,047	1,454 69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.521489	6,317	3,294 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.521239	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.386052	80,975	31,261 73.00
76.00	03040 AUDIOLOGY	334.000000	0	0 76.00
76.01	03280 EMG & EEG	0.267215	6,966	1,861 76.01
76.02	03950 O/P REHAB SERVICES	0.626355	0	0 76.02
76.03	03951 SPORTS FITNESS	3.060445	0	0 76.03
76.04	03952 LIFE CENTER	0.316823	4,005	1,269 76.04
76.05	03580 RECREATIONAL THERAPY	0.660137	81,681	53,921 76.05
76.06	03480 HEMATOLOGY/ONCOLOGY	1.864124	0	0 76.06
76.07	03140 CARDIOLOGY	1.738877	0	0 76.07
76.08	03953 O/P DEPENDENCY SERVICES	39.662662	0	0 76.08
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0.254377	4,442	1,130 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.608008	5,296	3,220 92.00
93.00	04950 WELLNESS PROGRAM	1,460.000000	0	0 93.00
200.00	Total (sum of lines 50-94 and 96-98)		1,355,357	538,031 200.00
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)		1,355,357	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 160057 Component CCN: 165110	Period: From 07/01/2014 To 06/30/2015	Worksheet D-3 Date/Time Prepared: 11/24/2015 3:21 pm
		Title XVIII	Skilled Nursing Facility	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		1,976,619	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
41.00	04100 SUBPROVIDER - IRF		0	41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.287199	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.334025	15,170	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.227588	0	55.00
56.00	05600 RADIOISOTOPE	0.341327	0	56.00
57.00	05700 CT SCAN	0.075355	1,455	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.081856	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.135579	0	59.00
60.00	06000 LABORATORY	0.280310	57,396	60.00
65.00	06500 RESPIRATORY THERAPY	0.169945	412	65.00
66.00	06600 PHYSICAL THERAPY	0.392652	373,020	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.424164	295,061	67.00
68.00	06800 SPEECH PATHOLOGY	0.534631	34,802	68.00
69.00	06900 ELECTROCARDIOLOGY	0.096631	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.521489	982	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.521239	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.386052	0	73.00
76.00	03040 AUDIOLOGY	334.000000	0	76.00
76.01	03280 EMG & EEG	0.267215	0	76.01
76.02	03950 O/P REHAB SERVICES	0.624138	49,599	76.02
76.03	03951 SPORTS FITNESS	3.060445	0	76.03
76.04	03952 LIFE CENTER	0.316823	0	76.04
76.05	03580 RECREATIONAL THERAPY	0.660137	0	76.05
76.06	03480 HEMATOLOGY/ONCOLOGY	1.864124	232	76.06
76.07	03140 CARDIOLOGY	1.738877	188	76.07
76.08	03953 O/P DEPENDENCY SERVICES	39.662662	0	76.08
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0.254377	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.608008	433	92.00
93.00	04950 WELLNESS PROGRAM	1,460.000000	0	93.00
200.00	Total (sum of lines 50-94 and 96-98)		828,750	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)		828,750	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160057	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Date/Time Prepared: 11/24/2015 3:21 pm	
		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)		5,790,296		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		17,370,887		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)		260,994		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		2,171,096		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		132.54		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)		0.00		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00		10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00		11.00
12.00	Current year allowable FTE (see instructions)		0.00		12.00
13.00	Total allowable FTE count for the prior year.		0.00		13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00		14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00		15.00
16.00	Adjustment for residents in initial years of the program		0.00		16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00		17.00
18.00	Adjusted rolling average FTE count		0.00		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000		21.00
22.00	IME payment adjustment (see instructions)		0		22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0		22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000		26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000		27.00
28.00	IME add-on adjustment amount (see instructions)		0		28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0		28.01
29.00	Total IME payment (sum of lines 22 and 28)		0		29.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160057	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Date/Time Prepared: 11/24/2015 3:21 pm	
		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)		1.00	1.01	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.01		30.00
31.00	Percentage of Medicaid patient days (see instructions)		20.76		31.00
32.00	Sum of lines 30 and 31		25.77		32.00
33.00	Allowable disproportionate share percentage (see instructions)		10.48		33.00
34.00	Disproportionate share adjustment (see instructions)		606,823		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)		9,046,380,143	7,647,644,885	35.00
35.01	Factor 3 (see instructions)		0.000146748	0.000162534	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,327,538	1,243,004	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		334,613	929,699	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,264,312		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)		25,293,312		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)		25,293,312		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,876,399		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		7,938		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		27,177,649		59.00
60.00	Primary payer payments		23,830		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		27,153,819		61.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160057	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Date/Time Prepared: 11/24/2015 3:21 pm
		Title XVIII	Hospital	PPS

		0	Prior to October 1 1.00	1.01	On/After October 1 2.00	
62.00	Deductibles billed to program beneficiaries		2,585,836			62.00
63.00	Coinsurance billed to program beneficiaries		32,807			63.00
64.00	Allowable bad debts (see instructions)		0			64.00
65.00	Adjusted reimbursable bad debts (see instructions)		0			65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0			66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		24,535,176			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)		-2,901			70.93
70.94	HRR adjustment amount (see instructions)		-334,644			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)		24,197,631			71.00
71.01	Sequestration adjustment (see instructions)		483,953			71.01
72.00	Interim payments		23,532,662			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)		181,016			74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0			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: 160057	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Date/Time Prepared: 11/24/2015 3:21 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1		On/After 10/1
		1.00	1.01	2.00
	HSP Bonus Payment Amount			
100.00	HSP bonus amount (see instructions)	0		0
	HVBP Adjustment for HSP Bonus Payment			
101.00	HVBP adjustment factor (see instructions)	0		0
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0		0
	HRR Adjustment for HSP Bonus Payment			
103.00	HRR adjustment factor (see instructions)	0.0000		0.0000
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0		0

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160057	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part B Date/Time Prepared: 11/24/2015 3:21 pm
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		8,837	1.00
2.00	Medical and other services reimbursed under OPPTS (see instructions)		26,311,997	2.00
3.00	PPS payments		22,913,283	3.00
4.00	Outlier payment (see instructions)		33,012	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.878	5.00
6.00	Line 2 times line 5		23,101,933	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		99.33	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		8,837	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		25,161	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)		25,161	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)		25,161	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		16,324	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)		8,837	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)		22,946,295	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		4,804,188	26.00
27.00	Subtotal [(Lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		18,150,944	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		18,150,944	30.00
31.00	Primary payer payments		9,552	31.00
32.00	Subtotal (line 30 minus line 31)		18,141,392	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		18,141,392	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		18,141,392	40.00
40.01	Sequestration adjustment (see instructions)		362,828	40.01
41.00	Interim payments		17,771,681	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		6,883	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 160057		Period: From 07/01/2014 To 06/30/2015		Worksheet E-1 Part I Date/Time Prepared: 11/24/2015 3:21 pm	
		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		23,532,662		17,771,681	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)		23,532,662		17,771,681	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		181,016		6,883	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		23,713,678		17,778,564	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: 160057
Component CCN: 16T057

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

Worksheet E-1
Part I
Date/Time Prepared:
11/24/2015 3:21 pm
PPS

Title XVII

Subprovider -
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider				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		1,776,358		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)		1,776,358		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		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		3,690		0	6.02
7.00	Total Medicare program liability (see instructions)		1,772,668		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 160057
Component CCN: 165110

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

Worksheet E-1
Part I
Date/Time Prepared:
11/24/2015 3:21 pm
PPS

Title XVIII
Skilled Nursing Facility

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,044,135		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)		1,044,135		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		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,044,135		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: 160057

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

Worksheet E-1
Part II
Date/Time Prepared:
11/24/2015 3:21 pm

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			7,690 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			12,800 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			1,127 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			22,964 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			403,295,047 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			16,329,913 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)			1,045,557 8.00
9.00	Sequestration adjustment amount (see instructions)			20,911 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,024,646 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)			1,024,646 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160057 Component CCN: 16T057	Period: From 07/01/2014 To 06/30/2015	Worksheet E-3 Part III Date/Time Prepared: 11/24/2015 3:21 pm
		Title XVII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			1,766,629 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0013 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			61,832 3.00
4.00	Outlier Payments			15,304 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			4.868493 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			1,843,765 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			1,843,765 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			1,843,765 19.00
20.00	Deductibles			18,504 20.00
21.00	Subtotal (line 19 minus line 20)			1,825,261 21.00
22.00	Coinurance			16,416 22.00
23.00	Subtotal (line 21 minus line 22)			1,808,845 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			1,808,845 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			1,808,845 32.00
32.01	Sequestration adjustment (see instructions)			36,177 32.01
33.00	Interim payments			1,776,358 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 33, and 34)			-3,690 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			15,304 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160057 Component CCN: 165110	Period: From 07/01/2014 To 06/30/2015	Worksheet E-3 Part VI Date/Time Prepared: 11/24/2015 3:21 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		1,192,481	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		1,192,481	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		127,037	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		1,065,444	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (see instructions)		1,065,444	15.00
15.01	Sequestration adjustment (see instructions)		21,309	15.01
16.00	Interim payments		1,044,135	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 16, and 17)		0	18.00
19.00	Protected amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

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

Provider CCN: 160057

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

Worksheet G

Date/Time Prepared:
11/24/2015 3:21 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	14,055,060	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	23,125,831	0	0	0	4.00
5.00	Other receivable	304,867	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	3,299,445	0	0	0	7.00
8.00	Prepaid expenses	2,501,277	0	0	0	8.00
9.00	Other current assets	0	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)	43,286,480	0	0	0	11.00
FIXED ASSETS						
12.00	Land	159,847,730	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	0	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	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)	159,847,730	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	1,246,600	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	148,781,663	0	0	0	33.00
34.00	Other assets	7,706,997	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	157,735,260	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	360,869,470	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	4,993,880	0	0	0	37.00
38.00	Salaries, wages, and fees payable	12,407,864	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	5,815,175	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	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	23,216,919	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	68,999,386	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	5,607,412	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	74,606,798	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	97,823,717	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	263,045,753				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	263,045,753	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	360,869,470	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 160057

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

Worksheet G-1

Date/Time Prepared:
11/24/2015 3:21 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		257,535,191		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		12,464,192				2.00
3.00	Total (sum of line 1 and line 2)		269,999,383		0		3.00
4.00		0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		269,999,383		0		11.00
12.00	TRANSFERS AND OTHER	6,953,630		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		6,953,630		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		263,045,753		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00			0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	TRANSFERS AND OTHER		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES		Provider CCN: 160057		Period: From 07/01/2014 To 06/30/2015		Worksheet G-2 Parts I & II Date/Time Prepared: 11/24/2015 3:21 pm	
Cost Center Description		Inpatient	Outpatient	Total			
		1.00	2.00	3.00			
PART I - PATIENT REVENUES							
General Inpatient Routine Services							
1.00	Hospital	37,763,432		37,763,432		1.00	
2.00	SUBPROVIDER - IPF					2.00	
3.00	SUBPROVIDER - IRF	2,245,980		2,245,980		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	2,427,495		2,427,495		7.00	
8.00	NURSING FACILITY	9,260,888		9,260,888		8.00	
9.00	OTHER LONG TERM CARE					9.00	
10.00	Total general inpatient care services (sum of lines 1-9)	51,697,795		51,697,795		10.00	
Intensive Care Type Inpatient Hospital Services							
11.00	INTENSIVE CARE UNIT	6,412,480		6,412,480		11.00	
12.00	CORONARY CARE UNIT					12.00	
13.00	BURN INTENSIVE CARE UNIT					13.00	
14.00	SURGICAL INTENSIVE CARE UNIT					14.00	
15.00	OTHER SPECIAL CARE (SPECIFY)					15.00	
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	6,412,480		6,412,480		16.00	
17.00	Total inpatient routine care services (sum of lines 10 and 16)	58,110,275		58,110,275		17.00	
18.00	Ancillary services	102,379,762	239,051,452	341,431,214		18.00	
19.00	Outpatient services	0	0	0		19.00	
20.00	RURAL HEALTH CLINIC	0	0	0		20.00	
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		21.00	
22.00	HOME HEALTH AGENCY		2,598,816	2,598,816		22.00	
23.00	AMBULANCE SERVICES					23.00	
24.00	CMHC		0	0		24.00	
25.00	AMBULATORY SURGICAL CENTER (D.P.)					25.00	
26.00	HOSPICE	0	2,633,514	2,633,514		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)	160,490,037	244,283,782	404,773,819		28.00	
PART II - OPERATING EXPENSES							
29.00	Operating expenses (per Wkst. A, column 3, line 200)		168,055,350			29.00	
30.00	ADD (SPECIFY)	0		0		30.00	
31.00		0		0		31.00	
32.00		0		0		32.00	
33.00		0		0		33.00	
34.00		0		0		34.00	
35.00		0		0		35.00	
36.00	Total additions (sum of lines 30-35)		0	0		36.00	
37.00	DEDUCT (SPECIFY)	0		0		37.00	
38.00		0		0		38.00	
39.00		0		0		39.00	
40.00		0		0		40.00	
41.00		0		0		41.00	
42.00	Total deductions (sum of lines 37-41)		0	0		42.00	
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		168,055,350			43.00	

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 160057

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

Worksheet G-3

Date/Time Prepared:
11/24/2015 3:21 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	404,773,819	1.00
2.00	Less contractual allowances and discounts on patients' accounts	234,307,963	2.00
3.00	Net patient revenues (line 1 minus line 2)	170,465,856	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	168,055,350	4.00
5.00	Net income from service to patients (line 3 minus line 4)	2,410,506	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	10,053,686	24.00
25.00	Total other income (sum of lines 6-24)	10,053,686	25.00
26.00	Total (line 5 plus line 25)	12,464,192	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	12,464,192	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 160057

Period: From 07/01/2014

Worksheet H

HHA CCN: 167136

To 06/30/2015

Date/Time Prepared: 11/24/2015 3:21 pm

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	273,857	83,365	0	0	138,983	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	815,688	248,136	0	0	1,063,824	6.00
7.00	Physical Therapy	242,430	56,707	0	0	299,137	7.00
8.00	Occupational Therapy	81,224	20,099	0	0	101,323	8.00
9.00	Speech Pathology	9,557	2,365	0	0	11,922	9.00
10.00	Medical Social Services	138	42	0	0	180	10.00
11.00	Home Health Aide	134,996	41,073	0	0	176,069	11.00
12.00	Supplies (see instructions)	0	0	0	21,943	21,943	12.00
13.00	Drugs	0	0	0	327	327	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	14,768	5,138	0	197	20,103	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	1,572,658	456,925	0	161,450	2,191,033	24.00
	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0	0	1.00
2.00	Capital Related - Movable Equipment	0	0	0	0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	-42,911	453,294	0	453,294	0	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	1,063,824	0	1,063,824	0	6.00
7.00	Physical Therapy	0	299,137	0	299,137	0	7.00
8.00	Occupational Therapy	0	101,323	0	101,323	0	8.00
9.00	Speech Pathology	0	11,922	0	11,922	0	9.00
10.00	Medical Social Services	0	180	0	180	0	10.00
11.00	Home Health Aide	0	176,069	0	176,069	0	11.00
12.00	Supplies (see instructions)	0	21,943	0	21,943	0	12.00
13.00	Drugs	0	327	0	327	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	20,103	0	20,103	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	-42,911	2,148,122	0	2,148,122	0	24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 160057	Period: From 07/01/2014 To 06/30/2015	Worksheet H-1 Part I Date/Time Prepared: 11/24/2015 3:21 pm
		HHA CCN: 167136	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
	0	1.00	2.00	3.00	4.00	4A.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0		0		0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	453,294	0	0	0	453,294	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,063,824	0	0	0	1,063,824	6.00
7.00	Physical Therapy	299,137	0	0	0	299,137	7.00
8.00	Occupational Therapy	101,323	0	0	0	101,323	8.00
9.00	Speech Pathology	11,922	0	0	0	11,922	9.00
10.00	Medical Social Services	180	0	0	0	180	10.00
11.00	Home Health Aide	176,069	0	0	0	176,069	11.00
12.00	Supplies (see instructions)	21,943	0	0	0	21,943	12.00
13.00	Drugs	327	0	0	0	327	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	20,103	0	0	0	20,103	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	2,148,122	0	0	0	2,148,122	24.00
	Administrative & General		Total (cols. 4A + 5)				
		5.00	6.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	453,294					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	284,527	1,348,351				6.00
7.00	Physical Therapy	80,006	379,143				7.00
8.00	Occupational Therapy	27,100	128,423				8.00
9.00	Speech Pathology	3,189	15,111				9.00
10.00	Medical Social Services	48	228				10.00
11.00	Home Health Aide	47,091	223,160				11.00
12.00	Supplies (see instructions)	5,869	27,812				12.00
13.00	Drugs	87	414				13.00
14.00	DME	0	0				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	5,377	25,480				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
24.00	Total (sum of lines 1-23)		2,148,122				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 160057

Period:

Worksheet H-1

HHA CCN: 167136

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

Part II
Date/Time Prepared:
11/24/2015 3:21 pm

Home Health
Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-453,294	1,694,828
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	1,063,824
7.00	Physical Therapy	0	0	0	0	0	299,137
8.00	Occupational Therapy	0	0	0	0	0	101,323
9.00	Speech Pathology	0	0	0	0	0	11,922
10.00	Medical Social Services	0	0	0	0	0	180
11.00	Home Health Aide	0	0	0	0	0	176,069
12.00	Supplies (see instructions)	0	0	0	0	0	21,943
13.00	Drugs	0	0	0	0	0	327
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	20,103
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-453,294	1,694,828
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		453,294
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.267457

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 160057

Period: From 07/01/2014

Worksheet H-2

HHA CCN: 167136

To 06/30/2015

Part I Date/Time Prepared: 11/24/2015 3:21 pm

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS						
		BLDG & FIXT	BLDG & FIXT - KLEIN	BLDG & FIXT - CANCER	BLDG & FIXT - LAUNDRY	BLDG & FIXT - MERCY		
		1.00	1.01	1.02	1.03	1.04		
1.00 Administrative and General	0	0	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	1,348,351	0	0	0	0	0	0	2.00
3.00 Physical Therapy	379,143	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	128,423	0	0	0	0	0	0	4.00
5.00 Speech Pathology	15,111	0	0	0	0	0	0	5.00
6.00 Medical Social Services	228	0	0	0	0	0	0	6.00
7.00 Home Health Aide	223,160	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	27,812	0	0	0	0	0	0	8.00
9.00 Drugs	414	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	25,480	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	2,148,122	0	0	0	0	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.								21.00
CAPITAL RELATED COSTS								
Cost Center Description	BLDG & FIXT - EASTMAN	BLDG & FIXT - HHA/HOSP	BLDG & FIXT - REHAB	BLDG & FIXT - WAPELLO	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT		
	1.05	1.06	1.07	1.08	2.00	4.00		
1.00 Administrative and General	0	145,612	0	0	20,497	15,715	1.00	
2.00 Skilled Nursing Care	0	0	0	0	0	6,675	2.00	
3.00 Physical Therapy	0	0	0	0	0	985	3.00	
4.00 Occupational Therapy	0	0	0	0	0	473	4.00	
5.00 Speech Pathology	0	0	0	0	0	26	5.00	
6.00 Medical Social Services	0	0	0	0	0	1,049	6.00	
7.00 Home Health Aide	0	0	0	0	0	1,841	7.00	
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00	
9.00 Drugs	0	0	0	0	0	0	9.00	
10.00 DME	0	0	0	0	0	0	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00 Private Duty Nursing	0	0	0	0	0	9,462	13.00	
14.00 Clinic	0	0	0	0	0	946	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	0	18.00	
19.00 All Others (specify)	0	0	0	0	0	38	19.00	
20.00 Total (sum of lines 1-19) (2)	0	145,612	0	0	20,497	37,210	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00	

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 160057

Period: From 07/01/2014

Worksheet H-2

HHA CCN: 167136

To 06/30/2015

Part I
Date/Time Prepared:
11/24/2015 3:21 pm

Home Health Agency I

PPS

Cost Center Description		ADMINISTRATIVE AND GENERAL	Subtotal	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	BUSINESS OFFICE	
		5.01	5A.01	5.02	5.03	5.04	5.05	
1.00	Administrative and General	5,811	187,635	16,411	0	0	0	1.00
2.00	Skilled Nursing Care	0	1,355,026	118,514	0	11,780	13,792	2.00
3.00	Physical Therapy	0	380,128	33,247	0	0	0	3.00
4.00	Occupational Therapy	0	128,896	11,274	0	0	0	4.00
5.00	Speech Pathology	0	15,137	1,324	0	0	0	5.00
6.00	Medical Social Services	0	1,277	112	0	0	0	6.00
7.00	Home Health Aide	0	225,001	19,679	0	0	0	7.00
8.00	Supplies (see instructions)	0	27,812	2,433	993	0	0	8.00
9.00	Drugs	0	414	36	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	34,942	3,056	0	0	0	13.00
14.00	Clinic	0	946	83	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	38	3	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	5,811	2,357,252	206,172	993	11,780	13,792	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		0.000000					21.00
Cost Center Description		Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	OPERATION OF PLANT KLEIN	OPERATION OF PLANT EASTMAN	OPERATION OF PLANT MERCY	
		5A.05	5.06	7.00	7.01	7.02	7.03	
1.00	Administrative and General	204,046	9,426	0	0	0	0	1.00
2.00	Skilled Nursing Care	1,499,112	69,256	0	0	0	0	2.00
3.00	Physical Therapy	413,375	19,097	0	0	0	0	3.00
4.00	Occupational Therapy	140,170	6,475	0	0	0	0	4.00
5.00	Speech Pathology	16,461	760	0	0	0	0	5.00
6.00	Medical Social Services	1,389	64	0	0	0	0	6.00
7.00	Home Health Aide	244,680	11,303	0	0	0	0	7.00
8.00	Supplies (see instructions)	31,238	1,443	0	0	0	0	8.00
9.00	Drugs	450	21	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	37,998	1,755	0	0	0	0	13.00
14.00	Clinic	1,029	48	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	41	2	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	2,589,989	119,650	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		0.000000					21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 160057

Period: From 07/01/2014

Worksheet H-2

HHA CCN: 167136

To 06/30/2015

Part I Date/Time Prepared: 11/24/2015 3:21 pm

Home Health Agency I

PPS

Cost Center Description		OPERATION OF PLANT CANCER	OPERATION OF PLANT REHAB	OPERATION OF PLANT HHA/HOSPICE	OPERATION OF PLANT WAPELLO	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		7.04	7.05	7.06	7.07	8.00	9.00	
1.00	Administrative and General	0	0	29,547	0	0	32,910	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	29,547	0	0	32,910	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		HOUSEKEEPING KLEIN	DIETARY	DIETARY KLEIN	CAFETERIA	NURSING ADMINISTRATIVE	CENTRAL SERVICE & SUPPLY	
		9.01	10.00	10.01	11.00	13.00	14.00	
1.00	Administrative and General	0	0	0	24,623	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	10,458	277,567	0	2.00
3.00	Physical Therapy	0	0	0	1,543	0	0	3.00
4.00	Occupational Therapy	0	0	0	741	0	0	4.00
5.00	Speech Pathology	0	0	0	40	0	0	5.00
6.00	Medical Social Services	0	0	0	1,643	0	0	6.00
7.00	Home Health Aide	0	0	0	2,885	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	3,867	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	14,826	0	0	13.00
14.00	Clinic	0	0	0	1,483	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	60	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	58,302	277,567	3,867	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 160057 HHA CCN: 167136		Period: From 07/01/2014 To 06/30/2015		Worksheet H-2 Part I Date/Time Prepared: 11/24/2015 3:21 pm PPS		
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Home Health Agency I Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	
		15.00	16.00	17.00	24.00	25.00	26.00	
1.00	Administrative and General	0	0	0	300,552	0	300,552	1.00
2.00	Skilled Nursing Care	0	18,802	0	1,875,195	0	1,875,195	2.00
3.00	Physical Therapy	0	0	0	434,015	0	434,015	3.00
4.00	Occupational Therapy	0	0	0	147,386	0	147,386	4.00
5.00	Speech Pathology	0	0	0	17,261	0	17,261	5.00
6.00	Medical Social Services	0	0	0	3,096	0	3,096	6.00
7.00	Home Health Aide	0	0	0	258,868	0	258,868	7.00
8.00	Supplies (see instructions)	0	0	0	36,548	0	36,548	8.00
9.00	Drugs	113	0	0	584	0	584	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	54,579	0	54,579	13.00
14.00	Clinic	0	0	0	2,560	0	2,560	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	103	0	103	19.00
20.00	Total (sum of lines 1-19) (2)	113	18,802	0	3,130,747	0	3,130,747	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		Allocated HHA A&G (see Part II)	Total HHA Costs					
		27.00	28.00					
1.00	Administrative and General							1.00
2.00	Skilled Nursing Care	199,136	2,074,331					2.00
3.00	Physical Therapy	46,090	480,105					3.00
4.00	Occupational Therapy	15,652	163,038					4.00
5.00	Speech Pathology	1,833	19,094					5.00
6.00	Medical Social Services	329	3,425					6.00
7.00	Home Health Aide	27,490	286,358					7.00
8.00	Supplies (see instructions)	3,881	40,429					8.00
9.00	Drugs	62	646					9.00
10.00	DME	0	0					10.00
11.00	Home Dialysis Aide Services	0	0					11.00
12.00	Respiratory Therapy	0	0					12.00
13.00	Private Duty Nursing	5,796	60,375					13.00
14.00	Clinic	272	2,832					14.00
15.00	Health Promotion Activities	0	0					15.00
16.00	Day Care Program	0	0					16.00
17.00	Home Delivered Meals Program	0	0					17.00
18.00	Homemaker Service	0	0					18.00
19.00	All Others (specify)	11	114					19.00
20.00	Total (sum of lines 1-19) (2)	300,552	3,130,747					20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.	0.106195						21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 160057
HHA CCN: 167136

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

Worksheet H-2
Part II
Date/Time Prepared: 11/24/2015 3:21 pm
PPS

					Home Health Agency I	
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Cost Center Description	CAPITAL RELATED COSTS						
	BLDG & FIXT (SQUARE FEET)	BLDG & FIXT - KLEIN (SQUARE FEET)	BLDG & FIXT - CANCER (SQUARE FEET)	BLDG & FIXT - LAUNDRY (SQUARE FEET)	BLDG & FIXT - MERCY (SQUARE FEET)	BLDG & FIXT - EASTMAN (SQUARE FEET)	
	1.00	1.01	1.02	1.03	1.04	1.05	
1.00 Administrative and General	0	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00 Total cost to be allocated	0	0	0	0	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

Cost Center Description	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (FTES)	ADMINISTRATIVE AND GENERAL (PHONES)	
	BLDG & FIXT - HHA/HOSP (SQUARE FEET)	BLDG & FIXT - REHAB (SQUARE FEET)	BLDG & FIXT - WAPELLO (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)			
	1.06	1.07	1.08	2.00			
1.00 Administrative and General	8,570	0	0	20,354	1,229	71	1.00
2.00 Skilled Nursing Care	0	0	0	0	522	0	2.00
3.00 Physical Therapy	0	0	0	0	77	0	3.00
4.00 Occupational Therapy	0	0	0	0	37	0	4.00
5.00 Speech Pathology	0	0	0	0	2	0	5.00
6.00 Medical Social Services	0	0	0	0	82	0	6.00
7.00 Home Health Aide	0	0	0	0	144	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	740	0	13.00
14.00 Clinic	0	0	0	0	74	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	3	0	19.00
20.00 Total (sum of lines 1-19)	8,570	0	0	20,354	2,910	71	20.00
21.00 Total cost to be allocated	145,612	0	0	20,497	37,210	5,811	21.00
22.00 Unit cost multiplier	16.990898	0.000000	0.000000	1.007026	12.786942	81.845070	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider CCN: 160057 HHA CCN: 167136	Period: From 07/01/2014 To 06/30/2015	Worksheet H-2 Part II Date/Time Prepared: 11/24/2015 3:21 pm PPS
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Cost Center Description		Reconciliation	DATA PROCESSING (ACCUM. COST)	PURCHASING RECEIVING AND STORES (PURCHASES)	ADMINISTRATIVE (GROSS CHARGES)	BUSINESS OFFICE (GROSS CHARGES)	Reconciliation	
		5A.02	5.02	5.03	5.04	5.05	5A.06	
1.00	Administrative and General	0	187,635	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	1,355,026	0	2,598,816	2,598,816	0	2.00
3.00	Physical Therapy	0	380,128	0	0	0	0	3.00
4.00	Occupational Therapy	0	128,896	0	0	0	0	4.00
5.00	Speech Pathology	0	15,137	0	0	0	0	5.00
6.00	Medical Social Services	0	1,277	0	0	0	0	6.00
7.00	Home Health Aide	0	225,001	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	27,812	28,135	0	0	0	8.00
9.00	Drugs	0	414	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	34,942	0	0	0	0	13.00
14.00	Clinic	0	946	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	38	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)		2,357,252	28,135	2,598,816	2,598,816		20.00
21.00	Total cost to be allocated		206,172	993	11,780	13,792		21.00
22.00	Unit cost multiplier		0.087463	0.035294	0.004533	0.005307		22.00
Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT KLEIN (SQUARE FEET)	OPERATION OF PLANT EASTMAN (SQUARE FEET)	OPERATION OF PLANT MERCY (SQUARE FEET)	OPERATION OF PLANT CANCER (SQUARE FEET)	
		5.06	7.00	7.01	7.02	7.03	7.04	
1.00	Administrative and General	204,046	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	1,499,112	0	0	0	0	0	2.00
3.00	Physical Therapy	413,375	0	0	0	0	0	3.00
4.00	Occupational Therapy	140,170	0	0	0	0	0	4.00
5.00	Speech Pathology	16,461	0	0	0	0	0	5.00
6.00	Medical Social Services	1,389	0	0	0	0	0	6.00
7.00	Home Health Aide	244,680	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	31,238	0	0	0	0	0	8.00
9.00	Drugs	450	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	37,998	0	0	0	0	0	13.00
14.00	Clinic	1,029	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	41	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	2,589,989	0	0	0	0	0	20.00
21.00	Total cost to be allocated	119,650	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.046197	0.000000	0.000000	0.000000	0.000000	0.000000	22.00
Cost Center Description		OPERATION OF PLANT REHAB (SQUARE FEET)	OPERATION OF PLANT HHA/HOSPICE (SQUARE FEET)	OPERATION OF PLANT WAPELLO (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING KLEIN (HOURS OF SERVICE)	
		7.05	7.06	7.07	8.00	9.00	9.01	
1.00	Administrative and General	0	8,570	0	0	10,800	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider CCN: 160057 HHA CCN: 167136	Period: From 07/01/2014 To 06/30/2015	Worksheet H-2 Part II Date/Time Prepared: 11/24/2015 3:21 pm
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Cost Center Description	OPERATION OF PLANT REHAB (SQUARE FEET)	OPERATION OF PLANT HHA/HOSPICE (SQUARE FEET)	OPERATION OF PLANT WAPELLO (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING KLEIN (HOURS OF SERVICE)	
	7.05	7.06	7.07	8.00	9.00	9.01	
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	8,570	0	0	10,800	0	20.00
21.00 Total cost to be allocated	0	29,547	0	0	32,910	0	21.00
22.00 Unit cost multiplier	0.000000	3.447725	0.000000	0.000000	3.047222	0.000000	22.00

Cost Center Description	DIETARY (MEALS SERVED)	DIETARY KLEIN (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICE & SUPPLY (PURCHASES)	PHARMACY (COSTED REQUIS.)	
	10.00	10.01	11.00	13.00	14.00	15.00	
1.00 Administrative and General	0	0	1,229	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	522	60,532	0	0	2.00
3.00 Physical Therapy	0	0	77	0	0	0	3.00
4.00 Occupational Therapy	0	0	37	0	0	0	4.00
5.00 Speech Pathology	0	0	2	0	0	0	5.00
6.00 Medical Social Services	0	0	82	0	0	0	6.00
7.00 Home Health Aide	0	0	144	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	28,135	0	8.00
9.00 Drugs	0	0	0	0	0	327	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	740	0	0	0	13.00
14.00 Clinic	0	0	74	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	3	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	0	2,910	60,532	28,135	327	20.00
21.00 Total cost to be allocated	0	0	58,302	277,567	3,867	113	21.00
22.00 Unit cost multiplier	0.000000	0.000000	20.035052	4.585459	0.137444	0.345566	22.00

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)		
	16.00	17.00		

1.00 Administrative and General	0	0		1.00
2.00 Skilled Nursing Care	2,598,816	0		2.00
3.00 Physical Therapy	0	0		3.00
4.00 Occupational Therapy	0	0		4.00
5.00 Speech Pathology	0	0		5.00
6.00 Medical Social Services	0	0		6.00
7.00 Home Health Aide	0	0		7.00
8.00 Supplies (see instructions)	0	0		8.00
9.00 Drugs	0	0		9.00
10.00 DME	0	0		10.00
11.00 Home Dialysis Aide Services	0	0		11.00
12.00 Respiratory Therapy	0	0		12.00
13.00 Private Duty Nursing	0	0		13.00
14.00 Clinic	0	0		14.00
15.00 Health Promotion Activities	0	0		15.00
16.00 Day Care Program	0	0		16.00
17.00 Home Delivered Meals Program	0	0		17.00
18.00 Homemaker Service	0	0		18.00
19.00 All Others (specify)	0	0		19.00
20.00 Total (sum of lines 1-19)	2,598,816	0		20.00
21.00 Total cost to be allocated	18,802	0		21.00
22.00 Unit cost multiplier	0.007235	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 160057	Period: From 07/01/2014 To 06/30/2015	Worksheet H-3 Part I Date/Time Prepared: 11/24/2015 3:21 pm
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Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 + col. 4)
	0	1.00	2.00	3.00	4.00	5.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	2,074,331		2,074,331	5,244	395.56	1.00
2.00	Physical Therapy	3.00	480,105	0	480,105	2,622	183.11	2.00
3.00	Occupational Therapy	4.00	163,038	0	163,038	1,115	146.22	3.00
4.00	Speech Pathology	5.00	19,094	0	19,094	127	150.35	4.00
5.00	Medical Social Services	6.00	3,425		3,425	69	49.64	5.00
6.00	Home Health Aide	7.00	286,358		286,358	5,334	53.69	6.00
7.00	Total (sum of lines 1-6)		3,026,351	0	3,026,351	14,511		7.00

Cost Center Description	Cost Limits	CBSA No. (1)	Program Visits		Ratio (col. 3 + col. 4)	
			Part A	Part B		
				Not Subject to Deductibles & Coinsurance		Subject to Deductibles
	0	1.00	2.00	3.00	4.00	5.00

Limitation Cost Computation							
8.00	Skilled Nursing Care		99916	0	2,473		8.00
8.01	Skilled Nursing Care		99916	0	0		8.01
9.00	Physical Therapy		99916	0	1,605		9.00
9.01	Physical Therapy		99916	0	0		9.01
10.00	Occupational Therapy		99916	0	787		10.00
10.01	Occupational Therapy		99916	0	0		10.01
11.00	Speech Pathology		99916	0	62		11.00
11.01	Speech Pathology		99916	0	0		11.01
12.00	Medical Social Services		99916	0	44		12.00
12.01	Medical Social Services		99916	0	0		12.01
13.00	Home Health Aide		99916	0	1,427		13.00
13.01	Home Health Aide		99916	0	0		13.01
14.00	Total (sum of lines 8-13)			0	6,398		14.00

Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Charges (from HHA Record)	Ratio (col. 3 + col. 4)
	0	1.00	2.00	3.00	4.00	5.00

Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	40,429	539	40,968	1,460	28.060274	15.00
16.00	Cost of Drugs	9.00	646	0	646	0	0.000000	16.00

Cost Center Description	Part A	Program Visits		Part A	Ratio (col. 3 + col. 4)	
		Part B				
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			
	6.00	7.00	8.00	9.00	10.00	11.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	2,473		0	978,220	1.00
2.00	Physical Therapy	0	1,605		0	293,892	2.00
3.00	Occupational Therapy	0	787		0	115,075	3.00
4.00	Speech Pathology	0	62		0	9,322	4.00
5.00	Medical Social Services	0	44		0	2,184	5.00
6.00	Home Health Aide	0	1,427		0	76,616	6.00
7.00	Total (sum of lines 1-6)	0	6,398		0	1,475,309	7.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 160057	Period: From 07/01/2014	Worksheet H-3
				HHA CCN: 167136	To 06/30/2015	Part I
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Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
14.00	Total (sum of lines 8-13)							14.00

Cost Center Description		Program Covered Charges			Cost of Services		
		Part A	Part B		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		6.00	7.00	8.00	9.00	10.00	11.00

Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	1,463	0	0	41,052	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00

Cost Center Description		Total Program Cost (sum of col.s. 9-10)	
		12.00	

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	978,220						1.00
2.00	Physical Therapy	293,892						2.00
3.00	Occupational Therapy	115,075						3.00
4.00	Speech Pathology	9,322						4.00
5.00	Medical Social Services	2,184						5.00
6.00	Home Health Aide	76,616						6.00
7.00	Total (sum of lines 1-6)	1,475,309						7.00

Cost Center Description		12.00	
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Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 160057

Period:

Worksheet H-3

HHA CCN: 167136

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

Part II
Date/Time Prepared:
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Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.392652	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.424164	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.534631	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.521489	1,033	539	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.386052	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 160057 HHA CCN: 167136	Period: From 07/01/2014 To 06/30/2015	Worksheet H-4 Part I-II Date/Time Prepared: 11/24/2015 3:21 pm
		Title XVII I	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)	0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0	887,581	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	46,279	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	14,649	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	2,155	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	0	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	0	16.00
17.00	Total Other Payments	0	0	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)	0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	0	950,664	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	950,664	24.00
25.00	Coinurance billed to program patients (from your records)	0	0	25.00
26.00	Net cost (line 24 minus line 25)	0	950,664	26.00
27.00	Reimbursable bad debts (from your records)			27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	0	950,664	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	30.50
31.00	Subtotal (see instructions)	0	950,664	31.00
31.01	Sequestration adjustment (see instructions)	0	18,316	31.01
32.00	Interim payments (see instructions)	0	932,348	32.00
33.00	Tentative settlement (for contractor use only)	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)	0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	35.00

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 160057	Period: From 07/01/2014 To 06/30/2015	Worksheet H-5
	HHA CCN: 167136	Home Health Agency I	Date/Time Prepared: 11/24/2015 3:21 pm PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		932,348	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		932,348	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		932,348	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 160057

Period: From 07/01/2014

Worksheet K

Hospice CCN: 161567

To 06/30/2015

Date/Time Prepared: 11/24/2015 3:21 pm

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	11,333	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	682,957	173,569	0	-103,263	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	145,390	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	41,437	0	9.00
10.00	Nursing Care	600,111	178,721	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	249,003	68,013	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	23,249	6,350	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	4,822	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	3,026	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	2,254	0	29.00
30.00	Medical Supplies	0	0	0	62,345	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	356,684	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	54,209	12,974	0	0	15,463	37.00
38.00	Other Program Costs	0	0	0	0	22,977	38.00
39.00	Total (sum of lines 1 thru 38)	1,609,529	439,627	0	151,189	411,279	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 160057

Period: From 07/01/2014

Worksheet K

Hospice CCN: 161567

To 06/30/2015

Date/Time Prepared: 11/24/2015 3:21 pm

		Hospice I					
		Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	11,333	0	11,333	0	11,333	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	753,263	-36,999	716,264	-12,862	703,402	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	145,390	0	145,390	0	145,390	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	41,437	0	41,437	0	41,437	9.00
10.00	Nursing Care	778,832	0	778,832	0	778,832	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	317,016	0	317,016	0	317,016	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	29,599	0	29,599	0	29,599	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	4,822	0	4,822	0	4,822	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	3,026	0	3,026	0	3,026	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	2,254	0	2,254	0	2,254	29.00
30.00	Medical Supplies	62,345	0	62,345	0	62,345	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	356,684	-16,813	339,871	0	339,871	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	82,646	0	82,646	0	82,646	37.00
38.00	Other Program Costs	22,977	0	22,977	0	22,977	38.00
39.00	Total (sum of lines 1 thru 38)	2,611,624	-53,812	2,557,812	-12,862	2,544,950	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 160057

Period: From 07/01/2014

Worksheet K-1

Hospice CCN: 161567

To 06/30/2015

Date/Time Prepared: 11/24/2015 3:21 pm

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	682,957	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	600,111	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	249,003	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	23,249	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	54,209	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,609,529	0	0	0	0	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 160057

Period: From 07/01/2014

Worksheet K-1

Hospice CCN: 161567

To 06/30/2015

Date/Time Prepared: 11/24/2015 3:21 pm

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	0	682,957	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	600,111	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	249,003	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	23,249	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	54,209	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	0	1,609,529	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)		Provider CCN: 160057	Period: From 07/01/2014	Worksheet K-2
		Hospice CCN: 161567	To 06/30/2015	Date/Time Prepared: 11/24/2015 3:21 pm

		Hospice I				
		Administrator	Director	Social Services	Supervisors	Nurses
		1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	5.00
6.00	Administrative and General	173,569	0	0	0	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services	0	0	0	0	9.00
10.00	Nursing Care	178,721	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services	68,013	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	6,350	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	36.00
37.00	Fundraising	12,974	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	439,627	0	0	0	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 160057

Period: From 07/01/2014

Worksheet K-2

Hospice CCN: 161567

To 06/30/2015

Date/Time Prepared: 11/24/2015 3:21 pm

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	0	173,569	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	178,721	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	68,013	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	6,350	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	12,974	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	0	439,627	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 160057		Period:		Worksheet K-3	
		Hospice CCN: 161567		From 07/01/2014 To 06/30/2015		Date/Time Prepared: 11/24/2015 3:21 pm	
		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	-103,263	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	145,390	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	41,437	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	3,026	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	2,254	0	0	0	0	29.00
30.00	Medical Supplies	62,345	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	151,189	0	0	0	0	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES	Provider CCN: 160057 Hospice CCN: 161567	Period: From 07/01/2014 To 06/30/2015	Worksheet K-3 Date/Time Prepared: 11/24/2015 3:21 pm
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		Total Therapists	Aides	All-Other	Hospice I Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	0	-103,263	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	145,390	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	41,437	9.00
10.00	Nursing Care		0	0	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	0	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	3,026	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	2,254	29.00
30.00	Medical Supplies		0	0	62,345	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	0	151,189	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 160057
 Hospice CCN: 161567

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

Worksheet K-4
 Part I
 Date/Time Prepared:
 11/24/2015 3:21 pm

		Hospice I				
		CAPITAL RELATED COST		PLANT OPERATION & MAINT.	TRANSPORTATION	
NET EXPENSES FOR COST ALLOCATION		BUILDINGS & FIXTURES	MOVABLE EQUIPMENT			
0		1.00	2.00	3.00	4.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	0	0			1.00
2.00	Capital Related Costs-Movable Equip.	0	0			2.00
3.00	Plant Operation and Maintenance	11,333	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	5.00
6.00	Administrative and General	703,402	0	0	0	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	145,390	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services	41,437	0	0	0	9.00
10.00	Nursing Care	778,832	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services	317,016	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	29,599	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	4,822	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	26.00
27.00	Patient Transportation	3,026	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	28.00
29.00	Labs and Diagnostics	2,254	0	0	0	29.00
30.00	Medical Supplies	62,345	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	339,871	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	36.00
37.00	Fundraising	82,646	0	0	0	37.00
38.00	Other Program Costs	22,977	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	2,544,950	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 160057

Period: From 07/01/2014

Worksheet K-4

Hospice CCN: 161567

To 06/30/2015

Part I
Date/Time Prepared:
11/24/2015 3:21 pm

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5A ± col. 6)	
		5.00	5A	6.00	7.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance					3.00
4.00	Transportation - Staff					4.00
5.00	Volunteer Service Coordination	0				5.00
6.00	Administrative and General	0	703,402	703,402		6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	145,390	55,877	201,267	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services	0	41,437	15,925	57,362	9.00
10.00	Nursing Care	0	778,832	299,327	1,078,159	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services	0	317,016	121,838	438,854	15.00
16.00	Spiritual Counseling	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	29,599	11,376	40,975	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	4,822	1,853	6,675	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	26.00
27.00	Patient Transportation	0	3,026	1,163	4,189	27.00
28.00	Imaging Services	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	2,254	866	3,120	29.00
30.00	Medical Supplies	0	62,345	23,961	86,306	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	339,871	130,622	470,493	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	36.00
37.00	Fundraising	0	82,646	31,763	114,409	37.00
38.00	Other Program Costs	0	22,977	8,831	31,808	38.00
39.00	Total (sum of lines 1 thru 38)	0	2,533,617		2,533,617	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160057

Period: From 07/01/2014

Worksheet K-4

Hospice CCN: 161567

To 06/30/2015

Part II
Date/Time Prepared:
11/24/2015 3:21 pm

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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160057

Period: From 07/01/2014

Worksheet K-4

Hospice CCN: 161567

To 06/30/2015

Part II
Date/Time Prepared:
11/24/2015 3:21 pm

Hospice I

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	
		6A	6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-703,402	1,830,215	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	145,390	7.00
8.00	Inpatient - Respite Care	0	0	8.00
VISITING SERVICES				
9.00	Physician Services	0	41,437	9.00
10.00	Nursing Care	0	778,832	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	0	12.00
13.00	Occupational Therapy	0	0	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	317,016	15.00
16.00	Spiritual Counseling	0	0	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	29,599	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	4,822	21.00
OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	0	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	3,026	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	2,254	29.00
30.00	Medical Supplies	0	62,345	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	339,871	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	0	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	82,646	37.00
38.00	Other Program Costs	0	22,977	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		703,402	39.00
40.00	Unit Cost Multiplier		0.384328	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS		Provider CCN: 160057	Period: From 07/01/2014	Worksheet K-5
		Hospice CCN: 161567	To 06/30/2015	Part I
		Hospice I		Date/Time Prepared: 11/24/2015 3:21 pm

Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS				
		BLDG & FIXT	BLDG & FIXT - KLEIN	BLDG & FIXT - CANCER	BLDG & FIXT - LAUNDRY	
		1.00	1.01	1.02	1.03	
1.00 Administrative and General	0	0	0	0	0	1.00
2.00 Inpatient - General Care	201,267	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	57,362	0	0	0	0	4.00
5.00 Nursing Care	1,078,159	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	438,854	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	40,975	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	6,675	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	4,189	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	3,120	0	0	0	0	24.00
25.00 Medical Supplies	86,306	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	470,493	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	114,409	0	0	0	0	32.00
33.00 Other Program Costs	31,808	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	2,533,617	0	0	0	0	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 160057

Period: From 07/01/2014

Worksheet K-5

Hospice CCN: 161567

To 06/30/2015

Part I
Date/Time Prepared:
11/24/2015 3:21 pm

Hospice I

Cost Center Description	CAPITAL RELATED COSTS					
	BLDG & FIXT -	BLDG & FIXT -	BLDG & FIXT -	BLDG & FIXT -	BLDG & FIXT -	
	MERCY	EASTMAN	HHA/HOSP	REHAB	WAPELLO	
	1.04	1.05	1.06	1.07	1.08	
1.00 Administrative and General	0	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 160057

Period:

Worksheet K-5

Hospice CCN: 161567

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

Part I
Date/Time Prepared:
11/24/2015 3:21 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE AND GENERAL	Subtotal	DATA PROCESSING	
		MVBLE EQUIP						
		2.00	4.00					
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	201,267	19,196	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	57,362	5,471	4.00
5.00	Nursing Care	0	0	0	0	1,078,159	102,831	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	438,854	41,857	10.00
11.00	Spiritual Counseling	0	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	40,975	3,908	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	6,675	637	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	4,189	400	22.00
23.00	Imaging Services	0	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	3,120	298	24.00
25.00	Medical Supplies	0	0	0	0	86,306	8,232	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	470,493	44,875	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	114,409	10,912	32.00
33.00	Other Program Costs	0	0	0	0	31,808	3,034	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	2,533,617	241,651	34.00
35.00	Unit Cost Multiplier (see instructions)					0.000000		35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 160057

Period:

Worksheet K-5

Hospice CCN: 161567

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

Part I
Date/Time Prepared:
11/24/2015 3:21 pm

Cost Center Description		Hospice I				OTHER ADMINISTRATIVE AND GENERAL	
		PURCHASING RECEIVING AND STORES	ADMITTING	BUSINESS OFFICE	Subtotal		
		5.03	5.04	5.05	5A.05	5.06	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	220,463	11,132	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	62,833	3,173	4.00
5.00	Nursing Care	0	0	0	1,180,990	59,633	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	480,711	24,274	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	44,883	2,266	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	7,312	369	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	4,589	232	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	3,418	173	24.00
25.00	Medical Supplies	0	0	0	94,538	4,774	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	515,368	26,024	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	125,321	6,328	32.00
33.00	Other Program Costs	0	0	0	34,842	1,759	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	2,775,268	140,137	34.00
35.00	Unit Cost Multiplier (see instructions)				0.000000		35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 160057

Period:

Worksheet K-5

Hospice CCN: 161567

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

Part I
Date/Time Prepared:
11/24/2015 3:21 pm

Cost Center Description		Hospice I					
		OPERATION OF PLANT 7.00	OPERATION OF PLANT KLEIN 7.01	OPERATION OF PLANT EASTMAN 7.02	OPERATION OF PLANT MERCY 7.03	OPERATION OF PLANT CANCER 7.04	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 160057

Period:

Worksheet K-5

Hospice CCN: 161567

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

Part I
Date/Time Prepared:
11/24/2015 3:21 pm

Cost Center Description	Hospice I						
	OPERATION OF PLANT REHAB	OPERATION OF PLANT HHA/HOSPICE	OPERATION OF PLANT WAPELLO	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
	7.05	7.06	7.07	8.00	9.00		
1.00 Administrative and General	0	0	0	0	0	1.00	
2.00 Inpatient - General Care	0	0	0	0	0	2.00	
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00	
4.00 Physician Services	0	0	0	0	0	4.00	
5.00 Nursing Care	0	0	0	0	0	5.00	
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00	
7.00 Physical Therapy	0	0	0	0	0	7.00	
8.00 Occupational Therapy	0	0	0	0	0	8.00	
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00	
10.00 Medical Social Services	0	0	0	0	0	10.00	
11.00 Spiritual Counseling	0	0	0	0	0	11.00	
12.00 Dietary Counseling	0	0	0	0	0	12.00	
13.00 Counseling - Other	0	0	0	0	0	13.00	
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00	
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00	
16.00 Other	0	0	0	0	0	16.00	
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00	
18.00 Analgesics	0	0	0	0	0	18.00	
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00	
20.00 Other - Specify	0	0	0	0	0	20.00	
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00	
22.00 Patient Transportation	0	0	0	0	0	22.00	
23.00 Imaging Services	0	0	0	0	0	23.00	
24.00 Labs and Diagnostics	0	0	0	0	0	24.00	
25.00 Medical Supplies	0	0	0	0	0	25.00	
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00	
27.00 Radiation Therapy	0	0	0	0	0	27.00	
28.00 Chemotherapy	0	0	0	0	0	28.00	
29.00 Other	0	0	0	0	0	29.00	
30.00 Bereavement Program Costs	0	0	0	0	0	30.00	
31.00 Volunteer Program Costs	0	0	0	0	0	31.00	
32.00 Fundraising	0	0	0	0	0	32.00	
33.00 Other Program Costs	0	0	0	0	0	33.00	
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00	
35.00 Unit Cost Multiplier (see instructions)						35.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS		Provider CCN: 160057	Period: From 07/01/2014	Worksheet K-5 Part I
		Hospice CCN: 161567	To 06/30/2015	Date/Time Prepared: 11/24/2015 3:21 pm

Cost Center Description	Hospice I						
	HOUSEKEEPING KLEIN	DIETARY	DIETARY KLEIN	CAFETERIA	NURSING ADMINISTRATIVE		
	9.01	10.00	10.01	11.00	13.00		
1.00 Administrative and General	0	0	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	0	34.00
35.00 Unit Cost Multiplier (see instructions)							35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 160057

Period:

Worksheet K-5

Hospice CCN: 161567

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

Part I
Date/Time Prepared:
11/24/2015 3:21 pm

Cost Center Description		Hospice I				Subtotal (col s. 4A-23)	
		CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		
		14.00	15.00	16.00	17.00	24.00	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	231,595	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	66,006	4.00
5.00	Nursing Care	0	0	0	0	1,240,623	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	504,985	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	47,149	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	7,681	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	4,821	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	3,591	24.00
25.00	Medical Supplies	0	0	0	0	99,312	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	541,392	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	131,649	32.00
33.00	Other Program Costs	0	0	0	0	36,601	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	2,915,405	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS		Provider CCN: 160057	Period: From 07/01/2014	Worksheet K-5
		Hospice CCN: 161567	To 06/30/2015	Part I Date/Time Prepared: 11/24/2015 3:21 pm

Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (col.s. 24 ± 25)	Allocated Hospice A&G (See Part II)	Hospice I		
				Total Hospice Costs (col.s. 26 ± 27)		
	25.00	26.00	27.00	28.00		
1.00 Administrative and General						1.00
2.00 Inpatient - General Care	0	231,595	0	231,595		2.00
3.00 Inpatient - Respite Care	0	0	0	0		3.00
4.00 Physician Services	0	66,006	0	66,006		4.00
5.00 Nursing Care	0	1,240,623	0	1,240,623		5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0		6.00
7.00 Physical Therapy	0	0	0	0		7.00
8.00 Occupational Therapy	0	0	0	0		8.00
9.00 Speech/ Language Pathology	0	0	0	0		9.00
10.00 Medical Social Services	0	504,985	0	504,985		10.00
11.00 Spiritual Counseling	0	0	0	0		11.00
12.00 Dietary Counseling	0	0	0	0		12.00
13.00 Counseling - Other	0	0	0	0		13.00
14.00 Home Health Aide and Homemaker	0	47,149	0	47,149		14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0		15.00
16.00 Other	0	7,681	0	7,681		16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0		17.00
18.00 Analgesics	0	0	0	0		18.00
19.00 Sedatives / Hypnotics	0	0	0	0		19.00
20.00 Other - Specify	0	0	0	0		20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0		21.00
22.00 Patient Transportation	0	4,821	0	4,821		22.00
23.00 Imaging Services	0	0	0	0		23.00
24.00 Labs and Diagnostics	0	3,591	0	3,591		24.00
25.00 Medical Supplies	0	99,312	0	99,312		25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0		26.00
27.00 Radiation Therapy	0	0	0	0		27.00
28.00 Chemotherapy	0	0	0	0		28.00
29.00 Other	0	541,392	0	541,392		29.00
30.00 Bereavement Program Costs	0	0	0	0		30.00
31.00 Volunteer Program Costs	0	0	0	0		31.00
32.00 Fundraising	0	131,649	0	131,649		32.00
33.00 Other Program Costs	0	36,601	0	36,601		33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	2,915,405		2,915,405		34.00
35.00 Unit Cost Multiplier (see instructions)			0.000000			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 160057
Hospice CCN: 161567

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

Worksheet K-5
Part II
Date/Time Prepared:
11/24/2015 3:21 pm

Cost Center Description		CAPITAL RELATED COSTS					
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT - KLEIN (SQUARE FEET)	BLDG & FIXT - CANCER (SQUARE FEET)	BLDG & FIXT - LAUNDRY (SQUARE FEET)	BLDG & FIXT - MERCY (SQUARE FEET)	
		1.00	1.01	1.02	1.03	1.04	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00	Total cost to be allocated	0	0	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 160057
Hospice CCN: 161567

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

Worksheet K-5
Part II
Date/Time Prepared:
11/24/2015 3:21 pm

Cost Center Description		CAPITAL RELATED COSTS					
		BLDG & FIXT - EASTMAN (SQUARE FEET)	BLDG & FIXT - HHA/HOSP (SQUARE FEET)	BLDG & FIXT - REHAB (SQUARE FEET)	BLDG & FIXT - WAPELLO (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	
		1.05	1.06	1.07	1.08	2.00	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00	Total cost to be allocated	0	139,156	0	0	46,511	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 160057

Hospice CCN: 161567

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

Worksheet K-5
Part II
Date/Time Prepared:
11/24/2015 3:21 pm

Cost Center Description		Hospice I					
		EMPLOYEE BENEFITS DEPARTMENT (FTES)	ADMINISTRATIVE AND GENERAL (PHONES)	Reconciliation	DATA PROCESSING (ACCUM. COST)	PURCHASING RECEIVING AND STORES (PURCHASES)	
		4.00	5.01	5A.02	5.02	5.03	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	201,267	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	57,362	0	4.00
5.00	Nursing Care	0	0	0	1,078,159	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	438,854	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	40,975	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	6,675	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	4,189	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	3,120	0	24.00
25.00	Medical Supplies	0	0	0	86,306	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	470,493	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	114,409	0	32.00
33.00	Other Program Costs	0	0	0	31,808	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	2,533,617	0	34.00
35.00	Total cost to be allocated	32,274	0	0	241,651	3,013	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0	0.095378	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 160057
Hospice CCN: 161567

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

Worksheet K-5
Part II
Date/Time Prepared:
11/24/2015 3:21 pm

Cost Center Description	Hospice I					
	ADMITTING (GROSS CHARGES) 5.04	BUSINESS OFFICE (GROSS CHARGES) 5.05	Reconciliation 5A.06	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST) 5.06	OPERATION OF PLANT (SQUARE FEET) 7.00	
1.00 Administrative and General	0	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	220,463	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	62,833	0	4.00
5.00 Nursing Care	0	0	0	1,180,990	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	480,711	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	44,883	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	7,312	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	4,589	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	3,418	0	24.00
25.00 Medical Supplies	0	0	0	94,538	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	515,368	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	125,321	0	32.00
33.00 Other Program Costs	0	0	0	34,842	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	2,775,268	0	34.00
35.00 Total cost to be allocated	11,938	13,976		140,137	0	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.000000		0.050495	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 160057
Hospice CCN: 161567

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

Worksheet K-5
Part II
Date/Time Prepared:
11/24/2015 3:21 pm

Cost Center Description		Hospice I					
		OPERATION OF PLANT KLEIN (SQUARE FEET)	OPERATION OF PLANT EASTMAN (SQUARE FEET)	OPERATION OF PLANT MERCY (SQUARE FEET)	OPERATION OF PLANT CANCER (SQUARE FEET)	OPERATION OF PLANT REHAB (SQUARE FEET)	
		7.01	7.02	7.03	7.04	7.05	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00	Total cost to be allocated	0	0	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 160057
Hospice CCN: 161567

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

Worksheet K-5
Part II
Date/Time Prepared:
11/24/2015 3:21 pm

Cost Center Description		Hospice I					
		OPERATION OF PLANT HHA/HOSPICE (SQUARE FEET) 7.06	OPERATION OF PLANT WAPELLO (SQUARE FEET) 7.07	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 8.00	HOUSEKEEPING (HOURS OF SERVICE) 9.00	HOUSEKEEPING KLEIN (HOURS OF SERVICE) 9.01	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00	Total cost to be allocated	28,236	0	6,368	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 160057
Hospice CCN: 161567

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

Worksheet K-5
Part II
Date/Time Prepared:
11/24/2015 3:21 pm

Cost Center Description	Hospice I						
	DIETARY (MEALS SERVED)	DIETARY KLEIN (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICE & SUPPLY (PURCHASES)		
	10.00	10.01	11.00	13.00	14.00		
1.00 Administrative and General	0	0	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	0	34.00
35.00 Total cost to be allocated	7,660	0	50,568	124,307	11,738	0	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 160057
Hospice CCN: 161567

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

Worksheet K-5
Part II
Date/Time Prepared:
11/24/2015 3:21 pm

Cost Center Description		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	Hospice I
		15.00	16.00	17.00	
1.00	Administrative and General	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	3.00
4.00	Physician Services	0	0	0	4.00
5.00	Nursing Care	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	6.00
7.00	Physical Therapy	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	9.00
10.00	Medical Social Services	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	12.00
13.00	Counseling - Other	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	15.00
16.00	Other	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	17.00
18.00	Analgesics	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	19.00
20.00	Other - Specify	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	21.00
22.00	Patient Transportation	0	0	0	22.00
23.00	Imaging Services	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	24.00
25.00	Medical Supplies	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	27.00
28.00	Chemotherapy	0	0	0	28.00
29.00	Other	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	31.00
32.00	Fundraising	0	0	0	32.00
33.00	Other Program Costs	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	34.00
35.00	Total cost to be allocated	51,778	19,053	80,785	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS

Provider CCN: 160057

Period: From 07/01/2014

Worksheet K-5

Hospice CCN: 161567

To 06/30/2015

Part III
Date/Time Prepared:
11/24/2015 3:21 pm

Cost Center Description		Wkst. C. Part I, col. 11 line	Cost to Charge Ratio	Hospice I		
				Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)	
		0	1.00	2.00	3.00	
ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.392652	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.424164	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.534631	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.386052	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00				5.00
6.00	LABORATORY	60.00	0.280310	0	0	6.00
6.01	BLOOD LABORATORY	60.01				6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.521489	0	0	7.00
8.00	WELLNESS PROGRAM	93.00	1,460.000000	0	0	8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.227588	0	0	9.00
10.00	AUDIOLOGY	76.00	334.000000	0	0	10.00
10.01	EMG & EEG	76.01	0.267215	0	0	10.01
10.02	O/P REHAB SERVICES	76.02	0.626355	0	0	10.02
10.03	SPORTS FITNESS	76.03	3.060445	0	0	10.03
10.04	LIFE CENTER	76.04	0.316823	0	0	10.04
10.05	RECREATIONAL THERAPY	76.05	0.660137	0	0	10.05
10.06	HEMATOLOGY/ONCOLOGY	76.06	1.864124	0	0	10.06
10.07	CARDIOLOGY	76.07	1.738877	0	0	10.07
10.08	O/P DEPENDENCY SERVICES	76.08	39.662662	0	0	10.08
11.00	Totals (sum of lines 1-10)					11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 160057

Period:

Worksheet K-6

Hospice CCN: 161567

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

Date/Time Prepared:
11/24/2015 3:21 pm

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				2,878,804	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				10,026	2.00
3.00	Average cost per diem (line 1 divided by line 2)				287.13	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	9,316				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	2,674,903				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)			0		6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)			0		7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	0				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	0				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)			0		10.00
11.00	Aggregate NF cost (line 3 times line 10)			0		11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)				710	12.00
13.00	Aggregate cost for other days (line 3 times line 12)				203,862	13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 160057	Period: From 07/01/2014 To 06/30/2015	Worksheet L Parts I-III Date/Time Prepared: 11/24/2015 3:21 pm
		Title XVII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,845,697	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		30,702	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)		63.28	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		1,876,399	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