

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 180102		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/23/2016 10:11 am		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00 Street: 1530 LONE OAK ROAD		PO Box: 7100		Zip Code: 42003		County: MCCRACKEN					
2.00 City: PADUCAH		State: KY									
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		MERCY HEALTH LOURDES HOSPITAL LLC	180102	99918	1	07/01/1966	N	P	O	3.00	
4.00 Subprovider - IPF		LOURDES REHAB UNIT	18T102	99918	5	01/10/1985	N	P	O	4.00	
5.00 Subprovider - IRF										5.00	
6.00 Subprovider - (Other)										6.00	
7.00 Swing Beds - SNF										7.00	
8.00 Swing Beds - NF										8.00	
9.00 Hospital-Based SNF										9.00	
10.00 Hospital-Based NF										10.00	
11.00 Hospital-Based OLTC										11.00	
12.00 Hospital-Based HHA		LOURDES HOMECARE	187100	99918		01/01/1988	N	P	N	12.00	
13.00 Separately Certified ASC										13.00	
14.00 Hospital-Based Hospice		LOURDES HOSPICE	181507	99918		01/27/1987				14.00	
14.01 Hospital-Based Hospice II		LOURDES HOSPICE II	141548	99918		04/15/1992				14.01	
15.00 Hospital-Based Health Clinic - RHC										15.00	
16.00 Hospital-Based Health Clinic - FQHC										16.00	
17.00 Hospital-Based (CMHC) I										17.00	
18.00 Renal Dialysis										18.00	
19.00 Other										19.00	
						From:	To:				
						1.00	2.00				
20.00 Cost Reporting Period (mm/dd/yyyy)						01/01/2015		12/31/2015		20.00	
21.00 Type of Control (see instructions)								1		21.00	
Inpatient PPS Information											
22.00 Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00		
22.01 Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y	Y		22.01		
22.02 Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02		
22.03 Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03		
23.00 Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.							3		N		23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00 If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.		165	2,109	143	392	5,172	60		24.00		
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.		0	89	0	27	364			25.00		

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		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)	Y		N		40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N		N		45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N		N		46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N		N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N		N		48.00	
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.	N				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

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

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				1.00	2.00	3.00
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N				70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N		0		71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y				75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N		0		76.00
				1.00		
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		Y		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		Y		94.00

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		V		XIX			
		1.00		2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		5.00		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		Y		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		5.00		97.00
Rural Providers							
105.00	Does this hospital qualify as a critical access hospital (CAH)?		N				105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N				106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.		N				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N				108.00
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.					N	110.00
				1.00	2.00	3.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.		N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		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
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	1,518,897	2,804,038			0	118.01
				1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N				118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.		N		N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y				121.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N				125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00

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			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: 180102	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/23/2016 10:11 am	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	N			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	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.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N			N
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y		04/21/2016	Y
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N			N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N			N
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N			N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 180102	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/23/2016 10:11 am
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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.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	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.			N	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			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	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.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	TANDI		KEELING	41.00
42.00	Enter the employer/company name of the cost report preparer.	MERCY HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	270-444-2898		TKEELING@MERCY.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 180102	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/23/2016 10:11 am
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		Part B		
		Date		
		4.00		
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/21/2016		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			21.00
			3.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.		REIMBURSEMENT PROGRAM MANAGER	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: 180102

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

Worksheet S-3
Part I
Date/Time Prepared:
5/23/2016 10:11 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	249	90,885	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)		249	90,885	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	14	5,110	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	12	4,380	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		275	100,375	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	28	10,220		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	10	3,660			24.00
24.01 HOSPICE II	116.01	0	0			24.01
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		313				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: 180102

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

Worksheet S-3
Part I
Date/Time Prepared:
5/23/2016 10:11 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	20,715	121	43,848			1.00
2.00 HMO and other (see instructions)	4,835	7,848				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	223	364				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)	20,715	121	43,848			7.00
8.00 INTENSIVE CARE UNIT	1,531	14	3,462			8.00
9.00 CORONARY CARE UNIT	1,259	7	2,503			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		23	960			13.00
14.00 Total (see instructions)	23,505	165	50,773	0.00	826.11	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	3,425	480	5,182	0.00	20.77	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	36,077	2,975	55,154	0.00	60.38	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	110	0.00	55.60	24.00
24.01 HOSPICE II	0	0	0	0.00	4.59	24.01
24.10 HOSPICE (non-distinct part)	0	0	222			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				0.00	967.45	27.00
28.00 Observation Bed Days		257	1,844			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	28	107			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: 180102

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

Worksheet S-3
Part I
Date/Time Prepared:
5/23/2016 10:11 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	4,189	38	10,303	1.00
2.00 HMO and other (see instructions)			950	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				34		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	4,189	38	10,303	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	283	0	391	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.01 HOSPICE II	0.00					24.01
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 180102		Period: From 01/01/2015 To 12/31/2015		Worksheet S-3 Part II Date/Time Prepared: 5/23/2016 10:11 am	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	53,071,446	0	53,071,446	2,042,588.00	25.98	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		8,850,976	1,163,286	10,014,262	312,277.07	32.07	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		433,250	0	433,250	6,060.93	71.48	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		236,765	0	236,765	2,202.00	107.52	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00	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)		16,810,606	0	16,810,606			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		3,365,349	0	3,365,349			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	1,207,480	0	1,207,480	47,478.24	25.43	26.00
27.00	Administrative & General	5.00	4,088,097	-1,163,286	2,924,811	134,509.88	21.74	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	585,603	0	585,603	27,561.58	21.25	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		878,578	0	878,578	67,819.38	12.95	33.00
34.00	Dietary	10.00	1,091,930	0	1,091,930	88,662.95	12.32	34.00
35.00	Dietary under contract (see instructions)		355,885	0	355,885	6,302.00	56.47	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	950,621	0	950,621	27,805.06	34.19	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	1,956,778	0	1,956,778	56,030.59	34.92	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 180102

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

Worksheet S-3
Part II
Date/Time Prepared:
5/23/2016 10:11 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjusted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	885,432	0	885,432	27,387.09	42.00
43.00	Other General Service	18.00	136	0	136	8.50	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 180102

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

Worksheet S-3
Part III
Date/Time Prepared:
5/23/2016 10:11 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	54,305,909	0	54,305,909	2,116,709.38	25.66	1.00
2.00	Excluded area salaries (see instructions)	8,850,976	1,163,286	10,014,262	312,277.07	32.07	2.00
3.00	Subtotal salaries (line 1 minus line 2)	45,454,933	-1,163,286	44,291,647	1,804,432.31	24.55	3.00
4.00	Subtotal other wages & related costs (see inst.)	670,015	0	670,015	8,262.93	81.09	4.00
5.00	Subtotal wage-related costs (see inst.)	16,810,606	0	16,810,606	0.00	37.95	5.00
6.00	Total (sum of lines 3 thru 5)	62,935,554	-1,163,286	61,772,268	1,812,695.24	34.08	6.00
7.00	Total overhead cost (see instructions)	12,000,540	-1,163,286	10,837,254	483,565.27	22.41	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 180102	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part IV Date/Time Prepared: 5/23/2016 10:11 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			3,060,160 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			9,536,264 8.00
9.00	Prescription Drug Plan			1,987,247 9.00
10.00	Dental, Hearing and Vision Plan			615,569 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			56,274 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)			729,509 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			0 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			3,957,185 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			88,542 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			145,205 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			20,175,955 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: 180102	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part V Date/Time Prepared: 5/23/2016 10:11 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF		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 9.00
10.00	Hospital-Based OLTC			0 10.00
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC			0 12.00
13.00	Hospital-Based Hospice		0	0 13.00
13.01	Hospital-Based Hospice 1		0	0 13.01
14.00	Hospital-Based Health Clinic RHC			0 14.00
15.00	Hospital-Based Health Clinic FQHC			0 15.00
16.00	Hospital-Based-CMHC			0 16.00
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 180102 Component CCN: 187100		Period: From 01/01/2015 To 12/31/2015		Worksheet S-4 Date/Time Prepared: 5/23/2016 10:11 am		
				Home Health Agency I		PPS		
				1.00				
0.00	County	MCCRACKEN				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	3,311	107	899	4,317	1.00	
2.00	Unduplicated Census Count (see instructions)	0.00	1,476.00	193.00	841.00	2,510.00	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)				1.00	0.00	1.00	4.00
5.00	Other Administrative Personnel				13.72	0.00	13.72	5.00
6.00	Direct Nursing Service				31.13	0.00	31.13	6.00
7.00	Nursing Supervisor				2.00	0.00	2.00	7.00
8.00	Physical Therapy Service				17.17	0.00	17.17	8.00
9.00	Physical Therapy Supervisor				0.75	0.00	0.75	9.00
10.00	Occupational Therapy Service				2.94	0.00	2.94	10.00
11.00	Occupational Therapy Supervisor				0.00	0.00	0.00	11.00
12.00	Speech Pathology Service				1.22	0.00	1.22	12.00
13.00	Speech Pathology Supervisor				0.00	0.00	0.00	13.00
14.00	Medical Social Service				1.00	0.00	1.00	14.00
15.00	Medical Social Service Supervisor				0.00	0.00	0.00	15.00
16.00	Home Health Aide				2.08	0.00	2.08	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.				3			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).				99914			20.00
20.01					99918			20.01
20.02					50050			20.02
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)		
		Without Outliers	With Outliers					
		1.00	2.00	3.00	4.00	5.00		
PPS ACTIVITY DATA								
21.00	Skilled Nursing Visits	13,960	920	397	167	15,444	21.00	
22.00	Skilled Nursing Visit Charges	3,769,200	248,400	107,190	45,090	4,169,880	22.00	
23.00	Physical Therapy Visits	12,089	219	91	229	12,628	23.00	
24.00	Physical Therapy Visit Charges	2,538,690	45,990	19,110	48,090	2,651,880	24.00	
25.00	Occupational Therapy Visits	1,699	126	11	33	1,869	25.00	
26.00	Occupational Therapy Visit Charges	331,305	24,570	2,145	6,435	364,455	26.00	
27.00	Speech Pathology Visits	581	26	5	9	621	27.00	
28.00	Speech Pathology Visit Charges	113,295	5,070	975	1,755	121,095	28.00	
29.00	Medical Social Service Visits	278	18	3	7	306	29.00	
30.00	Medical Social Service Visit Charges	48,650	3,150	525	1,225	53,550	30.00	
31.00	Home Health Aide Visits	1,620	69	0	3	1,692	31.00	
32.00	Home Health Aide Visit Charges	108,540	4,623	0	201	113,364	32.00	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	30,227	1,378	507	448	32,560	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)	6,909,680	331,803	129,945	102,796	7,474,224	35.00	
36.00	Total Number of Episodes (standard/non outlier)	1,689		183	33	1,905	36.00	
37.00	Total Number of Outlier Episodes		28		0	28	37.00	
38.00	Total Non-Routine Medical Supply Charges	311,172	34,767	32,073	5,021	383,033	38.00	

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 180102

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

Worksheet S-7

Date/Time Prepared:
5/23/2016 10:11 am

		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.	Y		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	0	0	0 9.00
10.00	RML	0	0	0 10.00
11.00	RLX	0	0	0 11.00
12.00	RUC	0	0	0 12.00
13.00	RUB	0	0	0 13.00
14.00	RUA	0	0	0 14.00
15.00	RVC	0	0	0 15.00
16.00	RVB	0	0	0 16.00
17.00	RVA	0	0	0 17.00
18.00	RHC	0	0	0 18.00
19.00	RHB	0	0	0 19.00
20.00	RHA	0	0	0 20.00
21.00	RMC	0	0	0 21.00
22.00	RMB	0	0	0 22.00
23.00	RMA	0	0	0 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	0	0	0 28.00
29.00	HE2	0	0	0 29.00
30.00	HE1	0	0	0 30.00
31.00	HD2	0	0	0 31.00
32.00	HD1	0	0	0 32.00
33.00	HC2	0	0	0 33.00
34.00	HC1	0	0	0 34.00
35.00	HB2	0	0	0 35.00
36.00	HB1	0	0	0 36.00
37.00	LE2	0	0	0 37.00
38.00	LE1	0	0	0 38.00
39.00	LD2	0	0	0 39.00
40.00	LD1	0	0	0 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	0	0	0 46.00
47.00	CD2	0	0	0 47.00
48.00	CD1	0	0	0 48.00
49.00	CC2	0	0	0 49.00
50.00	CC1	0	0	0 50.00
51.00	CB2	0	0	0 51.00
52.00	CB1	0	0	0 52.00
53.00	CA2	0	0	0 53.00
54.00	CA1	0	0	0 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	0	0	0 68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 180102

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

Worksheet S-7

Date/Time Prepared:
5/23/2016 10:11 am

		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	0	0	0	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	0	0	0	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		0	0	0	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	
SNF SERVICES						
201.00	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).					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)		0			207.00

HOSPITAL IDENTIFICATION DATA

Provider CCN: 180102
Component CCN: 181507

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

Worksheet S-9
Parts I & II
Date/Time Prepared:
5/23/2016 10:11 am

		Hospice I						
		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of col.s. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
PART I - ENROLLMENT DAYS								
1.00	Continuous Home Care	0	6	0	0	0	6	
2.00	Routine Home Care	40,242	3,358	7,243	402	3,182	46,782	
3.00	Inpatient Respite Care	387	21	0	0	11	419	
4.00	General Inpatient Care	401	65	0	0	55	521	
5.00	Total Hospice Days	41,030	3,450	7,243	402	3,248	47,728	
Part II - CENSUS DATA								
6.00	Number of Patients Receiving Hospice Care	855	52	102	16	93	1,000	
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	786.00		0.00				
8.00	Average Length of Stay (line 5/line 6)	47.99	66.35	71.01	25.13	34.92	47.73	
9.00	Unduplicated Census Count	828	52	102	16	93	973	

HOSPITAL IDENTIFICATION DATA

Provider CCN: 180102
Component CCN: 141548

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

Worksheet S-9
Parts I & II
Date/Time Prepared:
5/23/2016 10:11 am

		Hospice II						
		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
PART I - ENROLLMENT DAYS								
1.00	Continuous Home Care	0	0	0	0	0	0	1.00
2.00	Routine Home Care	6,550	725	3,864	703	624	7,899	2.00
3.00	Inpatient Respite Care	28	0	0	0	0	28	3.00
4.00	General Inpatient Care	45	3	0	0	0	48	4.00
5.00	Total Hospice Days	6,623	728	3,864	703	624	7,975	5.00
Part II - CENSUS DATA								
6.00	Number of Patients Receiving Hospice Care	129	9	45	4	12	150	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)	51.34	80.89	85.87	175.75	52.00	53.17	8.00
9.00	Unduplicated Census Count	129	9	45	4	12	150	9.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 180102

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

Worksheet A
Date/Time Prepared:
5/23/2016 10:11 am

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		3,899,910	3,899,910	1,021,838	4,921,748	1.00
2.00	00200		6,225,392	6,225,392	43,073	6,268,465	2.00
4.00	00400		17,104,421	18,311,901	0	18,311,901	4.00
5.01	00540	1,207,480	43,515	241,322	0	241,322	5.01
5.03	00560	197,807	0	0	0	0	5.03
5.04	00550	0	0	0	0	0	5.04
5.05	00591	2,419,011	1,784,875	4,203,886	-1,275,743	2,928,143	5.05
5.06	00570	0	0	0	0	0	5.06
5.07	00590	1,471,279	23,102,180	24,573,459	-80,779	24,492,680	5.07
6.00	00600	585,603	7,145,398	7,731,001	0	7,731,001	6.00
8.00	00800	0	0	0	0	0	8.00
9.00	00900	0	2,055,264	2,055,264	0	2,055,264	9.00
10.00	01000	1,091,930	1,176,638	2,268,568	0	2,268,568	10.00
11.00	01100	0	0	0	0	0	11.00
13.00	01300	950,621	146,506	1,097,127	0	1,097,127	13.00
14.00	01400	0	533,195	533,195	0	533,195	14.00
15.00	01500	1,956,778	267,789	2,224,567	0	2,224,567	15.00
16.00	01600	0	33	33	0	33	16.00
17.00	01700	885,432	161,737	1,047,169	0	1,047,169	17.00
18.00	01850	136	464,660	464,796	0	464,796	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	11,758,305	3,295,301	15,053,606	-1,266,959	13,786,647	30.00
31.00	03100	2,011,057	58,424	2,069,481	0	2,069,481	31.00
32.00	03200	1,333,568	33,649	1,367,217	0	1,367,217	32.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	1,003,523	41,987	1,045,510	0	1,045,510	41.00
43.00	04300	0	0	0	110,369	110,369	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	3,753,540	3,347,327	7,100,867	0	7,100,867	50.00
50.01	05001	887,096	185,502	1,072,598	0	1,072,598	50.01
51.00	05100	355,922	11,649	367,571	0	367,571	51.00
52.00	05200	0	0	0	978,702	978,702	52.00
53.00	05300	898	20,654	21,552	0	21,552	53.00
54.00	05400	2,190,468	381,803	2,572,271	0	2,572,271	54.00
54.01	03630	243,563	5,466	249,029	0	249,029	54.01
56.00	05600	0	0	0	0	0	56.00
56.01	03450	195,869	557,204	753,073	0	753,073	56.01
57.00	05700	441,201	114,528	555,729	0	555,729	57.00
59.00	05900	1,409,259	770,460	2,179,719	0	2,179,719	59.00
60.00	06000	1,794,600	3,024,351	4,818,951	0	4,818,951	60.00
64.00	06400	189,534	5,910	195,444	0	195,444	64.00
65.00	06500	850,968	162,928	1,013,896	0	1,013,896	65.00
66.00	06600	814,907	11,354	826,261	0	826,261	66.00
67.00	06700	215,507	8,350	223,857	0	223,857	67.00
68.00	06800	160,388	2,250	162,638	0	162,638	68.00
69.00	06900	986,680	137,860	1,124,540	0	1,124,540	69.00
70.00	07000	294,640	65,900	360,540	0	360,540	70.00
71.00	07100	0	13,234,012	13,234,012	-532,242	12,701,770	71.00
72.00	07200	0	10,042,331	10,042,331	0	10,042,331	72.00
73.00	07300	0	11,732,558	11,732,558	-749,191	10,983,367	73.00
74.00	07400	0	587,512	587,512	0	587,512	74.00
76.00	03951	0	0	0	0	0	76.00
76.01	03950	0	0	0	0	0	76.01
76.02	03030	18,018	20,290	38,308	0	38,308	76.02
76.03	03020	76,474	764	77,238	0	77,238	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	464,236	413,129	877,365	0	877,365	90.00
90.01	09001	166,628	11,563	178,191	0	178,191	90.01
90.02	09002	722,532	142,041	864,573	0	864,573	90.02
91.00	09100	2,118,535	2,105,797	4,224,332	0	4,224,332	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	16,071	16,071	0	16,071	95.00
101.00	10100	3,955,135	1,386,995	5,342,130	831,203	6,173,333	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300		984,132	984,132	-984,132	0	113.00
116.00	11600	3,111,281	3,505,907	6,617,188	1,739,467	8,356,655	116.00
116.01	11601	259,687	333,861	593,548	164,394	757,942	116.01
118.00							118.00
		52,550,096	120,871,333	173,421,429	0	173,421,429	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 180102

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

Worksheet A

Date/Time Prepared:
5/23/2016 10:11 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	231,477	227,543	459,020	0	459,020	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 MEDICAL BUILDING AND OTHER	102,085	202,525	304,610	0	304,610	194.00
194.01 07951 MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02 07952 FOUNDATION	0	184	184	0	184	194.02
194.03 07953 RETAIL PHARMACY	187,788	1,659,652	1,847,440	0	1,847,440	194.03
194.04 07954 SNF CLOSING EXP	0	0	0	0	0	194.04
200.00 TOTAL (SUM OF LINES 118-199)	53,071,446	122,961,237	176,032,683	0	176,032,683	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 180102

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

Worksheet A
Date/Time Prepared:
5/23/2016 10:11 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-1,304,240	3,617,508	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	6,268,465	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,384,405	21,696,306	4.00
5.01	00540	NONPATIENT TELEPHONES	-11,147	230,175	5.01
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	5.03
5.04	00550	DATA PROCESSING	0	0	5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	-412,543	2,515,600	5.05
5.06	00570	ADMINISTRATIVE	0	0	5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL	5,808,766	30,301,446	5.07
6.00	00600	MAINTENANCE & REPAIRS	-35,000	7,696,001	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	8.00
9.00	00900	HOUSEKEEPING	0	2,055,264	9.00
10.00	01000	DIETARY	-52,147	2,216,421	10.00
11.00	01100	CAFETERIA	-745,028	-745,028	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,097,127	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	-561	532,634	14.00
15.00	01500	PHARMACY	-1,315	2,223,252	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-5,688	-5,655	16.00
17.00	01700	SOCIAL SERVICE	0	1,047,169	17.00
18.00	01850	PATIENT TRANSPORT	0	464,796	18.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,597,037	11,189,610	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,069,481	31.00
32.00	03200	CORONARY CARE UNIT	0	1,367,217	32.00
40.00	04000	SUBPROVIDER - I/PF	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	0	1,045,510	41.00
43.00	04300	NURSERY	0	110,369	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,585,244	5,515,623	50.00
50.01	05001	REHAB MEDICINE	0	1,072,598	50.01
51.00	05100	RECOVERY ROOM	0	367,571	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	978,702	52.00
53.00	05300	ANESTHESIOLOGY	0	21,552	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,543	2,570,728	54.00
54.01	03630	ULTRA SOUND	-579	248,450	54.01
56.00	05600	RADIOISOTOPE	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	753,073	56.01
57.00	05700	CT SCAN	0	555,729	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,179,719	59.00
60.00	06000	LABORATORY	-22,700	4,796,251	60.00
64.00	06400	INTRAVENOUS THERAPY	0	195,444	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,013,896	65.00
66.00	06600	PHYSICAL THERAPY	0	826,261	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	223,857	67.00
68.00	06800	SPEECH PATHOLOGY	0	162,638	68.00
69.00	06900	ELECTROCARDIOLOGY	-701	1,123,839	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-5,483	355,057	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-85,824	12,615,946	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	10,042,331	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-63,333	10,920,034	73.00
74.00	07400	RENAL DIALYSIS	0	587,512	74.00
76.00	03951	DIABETES	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	76.01
76.02	03030	WOUND CARE	0	38,308	76.02
76.03	03020	PICC LINE TEAM	0	77,238	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-6,769	870,596	90.00
90.01	09001	PARTIAL HOSPITAL PRG	-5,983	172,208	90.01
90.02	09002	PAIN MANAGEMENT	-49,170	815,403	90.02
91.00	09100	EMERGENCY	-1,821,177	2,403,155	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	16,071	95.00
101.00	10100	HOME HEALTH AGENCY	-755	6,172,578	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	-554	8,356,101	116.00
116.01	11601	HOSPICE II	-127	757,815	116.01
118.00		SUBTOTALS (SUM OF LINES 1-117)	378,523	173,799,952	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	0	191.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 180102

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

Worksheet A
Date/Time Prepared:
5/23/2016 10:11 am

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	459,020	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	0	304,610	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	194.01
194.02	07952	FOUNDATION	0	184	194.02
194.03	07953	RETAIL PHARMACY	0	1,847,440	194.03
194.04	07954	SNF CLOSING EXP	0	0	194.04
200.00		TOTAL (SUM OF LINES 118-199)	378,523	176,411,206	200.00

RECLASSIFICATIONS

Provider CCN: 180102

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

Worksheet A-6

Date/Time Prepared:
5/23/2016 10:11 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - LDRP						
1.00	NURSERY	43.00	104,050	6,319	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	922,667	56,035	2.00	
	TOTALS		1,026,717	62,354		
B - INTEREST						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	984,132	1.00	
	TOTALS		0	984,132		
C - PROPERTY INSURANCE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	37,706	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	43,073	2.00	
	TOTALS		0	80,779		
D - PALLIATIVE CARE						
1.00	HOSPICE II	116.01	26,514	194	1.00	
	TOTALS		26,514	194		
E - AG TO HOMECARE AND HOSPICE						
1.00	HOME HEALTH AGENCY	101.00	506,727	324,476	1.00	
2.00	HOSPICE	116.00	626,197	985,044	2.00	
3.00	HOSPICE II	116.01	30,362	84,370	3.00	
	TOTALS		1,163,286	1,393,890		
F - HOSPITAL EXPENSE MOVED TO HOSPICE						
1.00	HOSPICE	116.00	0	154,934	1.00	
2.00	HOSPICE II	116.01	0	22,954	2.00	
	TOTALS		0	177,888		
500.00	Grand Total: Increases		2,216,517	2,699,237	500.00	

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - LDRP							
1.00	ADULTS & PEDIATRICS	30.00	1,026,717	62,354	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		1,026,717	62,354			
B - INTEREST							
1.00	INTEREST EXPENSE	113.00	0	984,132	10		1.00
	TOTALS		0	984,132			
C - PROPERTY INSURANCE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.07	0	80,779	12		1.00
2.00		0.00	0	0	12		2.00
	TOTALS		0	80,779			
D - PALLIATIVE CARE							
1.00	HOSPICE	116.00	26,514	194	0		1.00
	TOTALS		26,514	194			
E - AG TO HOMECARE AND HOSPICE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	1,163,286	112,457	0		1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	532,242	0		2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	0	749,191	0		3.00
	TOTALS		1,163,286	1,393,890			
F - HOSPITAL EXPENSE MOVED TO HOSPICE							
1.00	ADULTS & PEDIATRICS	30.00	0	177,888	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	177,888			
500.00	Grand Total: Decreases		2,216,517	2,699,237			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 180102

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

Worksheet A-7
Part I
Date/Time Prepared:
5/23/2016 10:11 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	453,242	0	0	0	0	1.00
2.00	Land Improvements	2,815,642	217,038	0	217,038	18,238	2.00
3.00	Buildings and Fixtures	97,687,896	12,770,885	0	12,770,885	269,864	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	40,276,642	2,919,824	0	2,919,824	187,608	5.00
6.00	Movable Equipment	77,874,266	3,837,504	0	3,837,504	891,552	6.00
7.00	HIT designated Assets	5,105,098	897,743	0	897,743	0	7.00
8.00	Subtotal (sum of lines 1-7)	224,212,786	20,642,994	0	20,642,994	1,367,262	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	224,212,786	20,642,994	0	20,642,994	1,367,262	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	453,242	0				1.00
2.00	Land Improvements	3,014,442	0				2.00
3.00	Buildings and Fixtures	110,188,917	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	43,008,858	0				5.00
6.00	Movable Equipment	80,820,218	0				6.00
7.00	HIT designated Assets	6,002,841	0				7.00
8.00	Subtotal (sum of lines 1-7)	243,488,518	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	243,488,518	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 180102

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

Worksheet A-7
Part II
Date/Time Prepared:
5/23/2016 10:11 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	2,721,630	1,178,280	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	4,832,989	1,263,599	0	0	0	2.00
3.00	Total (sum of lines 1-2)	7,554,619	2,441,879	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	3,899,910				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	128,804	6,225,392				2.00
3.00	Total (sum of lines 1-2)	128,804	10,125,302				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 180102

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

Worksheet A-7
Part III
Date/Time Prepared:
5/23/2016 10:11 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	113,656,601	0	113,656,601	0.466993	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	129,831,917	108,636	129,723,281	0.533007	0	2.00
3.00	Total (sum of lines 1-2)	243,488,518	108,636	243,379,882	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	2,721,630	1,656,484	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	4,832,989	1,263,599	2.00
3.00	Total (sum of lines 1-2)	0	0	0	7,554,619	2,920,083	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	-798,312	37,706	0	0	3,617,508	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	43,073	0	128,804	6,268,465	2.00
3.00	Total (sum of lines 1-2)	-798,312	80,779	0	128,804	9,885,973	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 180102

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

Worksheet A-8

Date/Time Prepared:
5/23/2016 10:11 am

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	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	A	-798,312	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00		2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-11,147	NONPATIENT TELEPHONES	5.01	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	-6,808,512			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	10,216,262			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-745,028	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others	B	-331,961	CAP REL COSTS-BLDG & FIXT	1.00	10	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	B	-63,333	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00 Sale of medical records and abstracts	B	-5,688	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	-52,147	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		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
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)	B	74,910	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 ADMIN MISC INCOME	B	-307,477	OTHER ADMINISTRATIVE AND GENERAL	5.07	0	33.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.01 DAYCARE MISC INCOME	B	-681,270	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.01
33.02 CLINICAL ENGINEERING MISC INCOME	B	-2,572	MAINTENANCE & REPAIRS		6.00	0 33.02
33.03 ADULTS & PEDI MISC INCOME	B	-657	ADULTS & PEDIATRICS		30.00	0 33.03
33.04 LABORATORY MISC INCOME	B	-200	LABORATORY		60.00	0 33.04
33.05 FOUNDATION MISC INCOME	B	-47,466	ADULTS & PEDIATRICS		30.00	0 33.05
33.06 PAIN MANAGEMENT MISC INCOME	B	-3,510	PAIN MANAGEMENT		90.02	0 33.06
33.07		0			0.00	0 33.07
33.08		0			0.00	0 33.08
33.09 PATIENT TV	A	-443	OTHER ADMINISTRATIVE AND GENERAL		5.05	0 33.09
33.10 PATIENT TV	A	-32,428	MAINTENANCE & REPAIRS		6.00	0 33.10
33.11		0			0.00	0 33.11
33.12 PATIENT TV	A	-1,543	RADIOLOGY-DIAGNOSTIC		54.00	0 33.12
33.13 PATIENT TV	A	-579	ULTRA SOUND		54.01	0 33.13
33.14 PATIENT TV	A	-701	ELECTROCARDIOLOGY		69.00	0 33.14
33.15 PATIENT TV	A	-2,408	ELECTROENCEPHALOGRAPHY		70.00	0 33.15
33.16 PATIENT TV	A	-999	CLINIC		90.00	0 33.16
33.17 PATIENT TV	A	-1,172	PAIN MANAGEMENT		90.02	0 33.17
33.18 PATIENT TV	A	-444	EMERGENCY		91.00	0 33.18
33.19 PATIENT TV	A	-755	HOME HEALTH AGENCY		101.00	0 33.19
33.20 PATIENT TV	A	-554	HOSPICE		116.00	0 33.20
33.21 PATIENT TV	A	-127	HOSPICE II		116.01	0 33.21
33.22		0			0.00	0 33.22
33.23 AHA/KHA LOBBYING	A	-11,216	OTHER ADMINISTRATIVE AND GENERAL		5.07	0 33.23
33.24		0			0.00	0 33.24
33.25		0			0.00	0 33.25
33.26		0			0.00	0 33.26
33.27		0			0.00	0 33.27
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		378,523				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.
 (2) Basis for adjustment (see instructions).
 A. Costs - if cost, including applicable overhead, can be determined.
 B. Amount Received - if cost cannot be determined.
 (3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.
 Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN: 180102

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

Worksheet A-8-1

Date/Time Prepared:
5/23/2016 10:11 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	MERCY HEALTH	14,490,448	10,424,773	1.00
2.00	5.07	OTHER ADMINISTRATIVE AND GEN	MERCY HEALTH	28,963,991	22,639,437	2.00
3.00	1.00	CAP REL COSTS-BLDG & FIXT	MERCY HEALTH	798,312	972,279	3.00
4.00	30.00	ADULTS & PEDIATRICS	LOURDES PHYSICIANS	2,521,716	2,521,716	4.00
4.01	91.00	EMERGENCY	LOURDES PHYSICIANS	1,820,733	1,820,733	4.01
4.02	90.02	PAIN MANAGEMENT	LOURDES PHYSICIANS	29,022	29,022	4.02
4.03	101.00	HOME HEALTH AGENCY	MERCY HEALTH	572,058	572,058	4.03
4.04	116.00	HOSPICE	MERCY HEALTH	692,134	692,134	4.04
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			49,888,414	39,672,152	5.00

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

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

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

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

6.00	B		0.00	MERCY HEALTH	100.00	6.00
7.00	G		0.00	LOURDES PHYSICI	0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

(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: 180102

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

Worksheet A-8-1

Date/Time Prepared:
5/23/2016 10:11 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	4,065,675	0		1.00
2.00	6,324,554	0		2.00
3.00	-173,967	10		3.00
4.00	0	0		4.00
4.01	0	0		4.01
4.02	0	0		4.02
4.03	0	0		4.03
4.04	0	0		4.04
5.00	10,216,262			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	HOME OFFICE		6.00
7.00	SISTER COMPANY		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: 180102

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

Worksheet A-8-2

Date/Time Prepared:
5/23/2016 10:11 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.05	AGGREGATE-OTHER ADMINISTRATIVE AND G	412,100	412,100	0	211,500	0	1.00
2.00	5.07	AGGREGATE-OTHER ADMINISTRATIVE AND G	305,387	193,787	111,600	211,500	1,065	2.00
3.00	14.00	AGGREGATE-CENTRAL SERVICE & SUPPLY	561	561	0	211,500	0	3.00
4.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	2,623,824	2,623,824	0	211,500	0	4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	1,588,394	1,585,244	3,150	246,400	32	5.00
6.00	60.00	AGGREGATE-LABORATORY	135,000	22,500	112,500	260,300	1,013	6.00
7.00	70.00	AGGREGATE-ELECTROENCEPHALOGR APHY	10,090	3,075	7,015	211,500	73	7.00
8.00	91.00	AGGREGATE-EMERGENCY	1,820,733	1,820,733	0	211,500	0	8.00
9.00	15.00	AGGREGATE-PHARMACY	1,315	1,315	0	211,500	0	9.00
10.00	71.00	AGGREGATE-MEDICAL SUPPLIES CHARGED T	85,824	85,824	0	211,500	0	10.00
11.00	90.00	AGGREGATE-CLINIC	5,770	5,770	0	179,000	0	11.00
12.00	90.01	AGGREGATE-PARTIAL HOSPITAL PRG	5,983	5,983	0	211,500	0	12.00
13.00	90.02	AGGREGATE-PAIN MANAGEMENT	46,522	44,022	2,500	211,500	20	13.00
200.00			7,041,503	6,804,738	236,765		2,203	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.05	AGGREGATE-OTHER ADMINISTRATIVE AND G	0	0	0	0	0	1.00
2.00	5.07	AGGREGATE-OTHER ADMINISTRATIVE AND G	108,292	5,415	0	0	0	2.00
3.00	14.00	AGGREGATE-CENTRAL SERVICE & SUPPLY	0	0	0	0	0	3.00
4.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	3,791	190	0	0	0	5.00
6.00	60.00	AGGREGATE-LABORATORY	126,771	6,339	0	0	0	6.00
7.00	70.00	AGGREGATE-ELECTROENCEPHALOGR APHY	7,423	371	0	0	0	7.00
8.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	8.00
9.00	15.00	AGGREGATE-PHARMACY	0	0	0	0	0	9.00
10.00	71.00	AGGREGATE-MEDICAL SUPPLIES CHARGED T	0	0	0	0	0	10.00
11.00	90.00	AGGREGATE-CLINIC	0	0	0	0	0	11.00
12.00	90.01	AGGREGATE-PARTIAL HOSPITAL PRG	0	0	0	0	0	12.00
13.00	90.02	AGGREGATE-PAIN MANAGEMENT	2,034	102	0	0	0	13.00
200.00			248,311	12,417	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.05	AGGREGATE-OTHER ADMINISTRATIVE AND G	0	0	0	412,100		1.00
2.00	5.07	AGGREGATE-OTHER ADMINISTRATIVE AND G	0	108,292	3,308	197,095		2.00
3.00	14.00	AGGREGATE-CENTRAL SERVICE & SUPPLY	0	0	0	561		3.00
4.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	2,623,824		4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	0	3,791	0	1,585,244		5.00
6.00	60.00	AGGREGATE-LABORATORY	0	126,771	0	22,500		6.00
7.00	70.00	AGGREGATE-ELECTROENCEPHALOGR APHY	0	7,423	0	3,075		7.00
8.00	91.00	AGGREGATE-EMERGENCY	0	0	0	1,820,733		8.00
9.00	15.00	AGGREGATE-PHARMACY	0	0	0	1,315		9.00
10.00	71.00	AGGREGATE-MEDICAL SUPPLIES CHARGED T	0	0	0	85,824		10.00
11.00	90.00	AGGREGATE-CLINIC	0	0	0	5,770		11.00
12.00	90.01	AGGREGATE-PARTIAL HOSPITAL PRG	0	0	0	5,983		12.00
13.00	90.02	AGGREGATE-PAIN MANAGEMENT	0	2,034	466	44,488		13.00
200.00			0	248,311	3,774	6,808,512		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 180102

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

Worksheet B
Part I
Date/Time Prepared:
5/23/2016 10:11 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	3,617,508	3,617,508			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	6,268,465		6,268,465		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	21,696,306	97,728	412	21,794,446	4.00
5.01 00540	NONPATIENT TELEPHONES	230,175	4,107	0	83,123	317,405 5.01
5.03 00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0 5.03
5.04 00550	DATA PROCESSING	0	0	0	0	4,934 5.04
5.05 00591	OTHER ADMINISTRATIVE AND GENERAL	2,515,600	434,609	143,918	527,685	0 5.05
5.06 00570	ADMINISTRATIVE	0	0	4,339	0	7,401 5.06
5.07 00590	OTHER ADMINISTRATIVE AND GENERAL	30,301,446	188,045	208,034	618,265	41,115 5.07
6.00 00600	MAINTENANCE & REPAIRS	7,696,001	234,707	24,247	246,084	8,497 6.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0 8.00
9.00 00900	HOUSEKEEPING	2,055,264	23,959	740	0	1,645 9.00
10.00 01000	DIETARY	2,216,421	93,055	0	458,854	5,482 10.00
11.00 01100	CAFETERIA	-745,028	39,879	0	0	1,096 11.00
13.00 01300	NURSING ADMINISTRATION	1,097,127	13,401	175,929	399,473	6,304 13.00
14.00 01400	CENTRAL SERVICE & SUPPLY	532,634	37,796	0	0	274 14.00
15.00 01500	PHARMACY	2,223,252	27,586	345	822,283	4,386 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	-5,655	0	0	0	9,593 16.00
17.00 01700	SOCIAL SERVICE	1,047,169	4,368	3,244	372,079	11,786 17.00
18.00 01850	PATIENT TRANSPORT	464,796	6,400	0	57	0 18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	11,189,610	840,427	55,739	4,509,673	33,440 30.00
31.00 03100	INTENSIVE CARE UNIT	2,069,481	105,060	7,726	845,092	3,289 31.00
32.00 03200	CORONARY CARE UNIT	1,367,217	71,755	69,658	560,396	2,193 32.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - IRF	1,045,510	140,633	1,447	421,703	7,949 41.00
43.00 04300	NURSERY	110,369	3,348	0	43,724	3,563 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	5,515,623	363,125	3,653,668	1,577,324	11,238 50.00
50.01 05001	REHAB MEDICINE	1,072,598	43,402	1,578	372,778	548 50.01
51.00 05100	RECOVERY ROOM	367,571	38,624	38,158	149,567	1,645 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	978,702	24,465	0	387,726	0 52.00
53.00 05300	ANESTHESIOLOGY	21,552	3,793	6,950	377	274 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,570,728	116,717	231,512	920,485	13,705 54.00
54.01 03630	ULTRA SOUND	248,450	2,816	42,816	102,351	548 54.01
56.00 05600	RADIOISOTOPE	0	0	0	0	0 56.00
56.01 03450	NUCLEAR MEDICINE - DIAGNOSTIC	753,073	9,739	12,092	82,309	548 56.01
57.00 05700	CT SCAN	555,729	10,689	58,013	185,403	822 57.00
59.00 05900	CARDIAC CATHETERIZATION	2,179,719	108,652	53,822	592,203	11,512 59.00
60.00 06000	LABORATORY	4,796,251	59,889	68,510	754,132	16,994 60.00
64.00 06400	INTRAVENOUS THERAPY	195,444	15,999	1,973	79,647	274 64.00
65.00 06500	RESPIRATORY THERAPY	1,013,896	10,105	670	357,596	1,370 65.00
66.00 06600	PHYSICAL THERAPY	826,261	2,092	11,342	342,443	274 66.00
67.00 06700	OCCUPATIONAL THERAPY	223,857	0	700	90,561	2,741 67.00
68.00 06800	SPEECH PATHOLOGY	162,638	0	2,723	67,399	274 68.00
69.00 06900	ELECTROCARDIOLOGY	1,123,839	76,733	215,647	414,626	3,837 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	355,057	1,700	16,766	123,815	3,015 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,615,946	0	5,750	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	10,042,331	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	10,920,034	0	329	0	0 73.00
74.00 07400	RENAL DIALYSIS	587,512	0	0	0	822 74.00
76.00 03951	DIABETES	0	0	0	0	0 76.00
76.01 03950	LITHIOTRIPTOR	0	0	0	0	0 76.01
76.02 03030	WOUND CARE	38,308	0	0	7,572	0 76.02
76.03 03020	PICC LINE TEAM	77,238	445	0	32,136	0 76.03
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	870,596	0	2,930	195,083	1,919 90.00
90.01 09001	PARTIAL HOSPITAL PRG	172,208	39,635	0	70,021	0 90.01
90.02 09002	PAIN MANAGEMENT	815,403	32,869	9,394	303,625	5,208 90.02
91.00 09100	EMERGENCY	2,403,155	153,266	18,644	890,257	10,416 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	16,071	0	0	0	0 95.00
101.00 10100	HOME HEALTH AGENCY	6,172,578	0	0	1,874,977	16,172 101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
116.00 11600	HOSPICE	8,356,101	81,154	6,433	1,559,432	12,334 116.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 180102

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

Worksheet B
Part I
Date/Time Prepared:
5/23/2016 10:11 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
116.01 11601 HOSPI CE II	757,815	0	0	133,027	0	116.01
118.00 SUBTOTALS (SUM OF LINES 1-117)	173,799,952	3,562,772	5,156,198	21,575,363	269,437	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	16,095	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	459,020	25,502	1,094,249	97,272	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 MEDICAL BUILDING AND OTHER	304,610	9,782	18,018	42,898	0	194.00
194.01 07951 MARCUM & WALLACE HOSPITAL	0	0	0	0	47,968	194.01
194.02 07952 FOUNDATION	184	0	0	0	0	194.02
194.03 07953 RETAIL PHARMACY	1,847,440	3,357	0	78,913	0	194.03
194.04 07954 SNF CLOSING EXP	0	0	0	0	0	194.04
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)	176,411,206	3,617,508	6,268,465	21,794,446	317,405	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 180102	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part I Date/Time Prepared: 5/23/2016 10:11 am		
Cost Center Description			PURCHASING RECEIVING AND STORES	DATA PROCESSING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	ADMINISTRATIVE
			5.03	5.04	5A.04	5.05	5.06
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.03	00560	PURCHASING RECEIVING AND STORES	0				5.03
5.04	00550	DATA PROCESSING	0	4,934			5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	0	0	3,621,812	3,621,812	5.05
5.06	00570	ADMINISTRATIVE	0	0	11,740	245	11,985
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	31,356,905	654,566	0
6.00	00600	MAINTENANCE & REPAIRS	0	0	8,209,536	171,382	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0
9.00	00900	HOUSEKEEPING	0	0	2,081,608	43,456	0
10.00	01000	DIETARY	0	0	2,773,812	57,906	0
11.00	01100	CAFETERIA	0	0	-704,053	0	0
13.00	01300	NURSING ADMINISTRATION	0	0	1,692,234	35,327	0
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	570,704	11,914	0
15.00	01500	PHARMACY	0	0	3,077,852	64,253	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	3,938	82	0
17.00	01700	SOCIAL SERVICE	0	0	1,438,646	30,033	0
18.00	01850	PATIENT TRANSPORT	0	0	471,253	9,838	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	315	16,629,204	347,151	811
31.00	03100	INTENSIVE CARE UNIT	0	50	3,030,698	63,269	128
32.00	03200	CORONARY CARE UNIT	0	38	2,071,257	43,240	97
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I/RF	0	30	1,617,272	33,762	77
43.00	04300	NURSERY	0	2	161,006	3,361	6
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	695	11,121,673	232,176	1,503
50.01	05001	REHAB MEDICINE	0	29	1,490,933	31,125	75
51.00	05100	RECOVERY ROOM	0	30	595,595	12,434	77
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	21	1,390,914	29,037	53
53.00	05300	ANESTHESIOLOGY	0	65	33,011	689	167
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	366	3,853,513	80,446	940
54.01	03630	ULTRA SOUND	0	54	397,035	8,289	138
56.00	05600	RADIOISOTOPE	0	0	0	0	0
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	112	857,873	17,909	287
57.00	05700	CT SCAN	0	228	810,884	16,928	586
59.00	05900	CARDIAC CATHETERIZATION	0	183	2,946,091	61,503	471
60.00	06000	LABORATORY	0	417	5,696,193	118,914	1,073
64.00	06400	INTRAVENOUS THERAPY	0	26	293,363	6,124	68
65.00	06500	RESPIRATORY THERAPY	0	118	1,383,755	28,887	302
66.00	06600	PHYSICAL THERAPY	0	26	1,182,438	24,685	66
67.00	06700	OCCUPATIONAL THERAPY	0	9	317,868	6,636	23
68.00	06800	SPEECH PATHOLOGY	0	8	233,042	4,865	20
69.00	06900	ELECTROCARDIOLOGY	0	247	1,834,929	38,306	636
70.00	07000	ELECTROENCEPHALOGRAPHY	0	37	500,390	10,446	95
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	153	12,621,849	263,494	392
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	481	10,042,812	209,654	1,238
73.00	07300	DRUGS CHARGED TO PATIENTS	0	434	10,920,797	227,983	1,115
74.00	07400	RENAL DIALYSIS	0	16	588,350	12,282	41
76.00	03951	DIABETES	0	0	0	0	0
76.01	03950	LITHOTRIPTOR	0	0	0	0	0
76.02	03030	WOUNDCARE	0	2	45,882	958	4
76.03	03020	PICC LINE TEAM	0	8	109,827	2,293	19
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	64	1,070,592	22,350	165
90.01	09001	PARTIAL HOSPITAL PRG	0	15	281,879	5,885	38
90.02	09002	PAIN MANAGEMENT	0	156	1,166,655	24,355	401
91.00	09100	EMERGENCY	0	339	3,476,077	72,567	872
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0		
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	16,071	335	1
101.00	10100	HOME HEALTH AGENCY	0	67	8,063,794	168,340	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	75	10,015,529	209,084	0
116.01	11601	HOSPICE II	0	18	890,860	18,598	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	4,934	172,365,898	3,537,362	11,985
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	16,095	336	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 180102

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

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Cost Center Description			PURCHASING RECEIVING AND STORES	DATA PROCESSING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	ADMITTING	
			5.03	5.04	5A.04	5.05	5.06	
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,676,043	34,989	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	0	0	375,308	7,835	0	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	47,968	1,001	0	194.01
194.02	07952	FOUNDATION	0	0	184	4	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	1,929,710	40,285	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0	0	194.04
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)	0	4,934	176,411,206	3,621,812	11,985	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 180102

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

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Part I
Date/Time Prepared:
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Cost Center Description		Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5A.06	5.07	6.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.03	00560						5.03
5.04	00550						5.04
5.05	00591						5.05
5.06	00570						5.06
5.07	00590	32,011,471	32,011,471				5.07
6.00	00600	8,380,918	1,848,923	10,229,841			6.00
8.00	00800	0	0	0	0		8.00
9.00	00900	2,125,064	468,812	92,200	0	2,686,076	9.00
10.00	01000	2,831,718	624,708	358,097	0	0	10.00
11.00	01100	-704,053	0	153,465	0	0	11.00
13.00	01300	1,727,561	381,119	51,569	0	14,689	13.00
14.00	01400	582,618	128,532	145,447	0	39,871	14.00
15.00	01500	3,142,105	693,183	106,158	0	29,379	15.00
16.00	01600	4,020	887	0	0	0	16.00
17.00	01700	1,468,679	324,007	16,809	0	4,197	17.00
18.00	01850	481,091	106,134	24,627	0	6,295	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	16,977,166	3,745,333	3,234,183	0	902,360	30.00
31.00	03100	3,094,095	682,591	404,298	0	113,319	31.00
32.00	03200	2,114,594	466,503	276,130	0	77,644	32.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	1,651,111	364,253	541,189	0	151,092	41.00
43.00	04300	164,373	36,262	12,884	0	4,197	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	11,355,352	2,505,116	1,397,394	0	390,320	50.00
50.01	05001	1,522,133	335,799	167,020	0	46,167	50.01
51.00	05100	608,106	134,155	148,634	0	41,970	51.00
52.00	05200	1,420,004	313,269	94,146	0	27,280	52.00
53.00	05300	33,867	7,471	14,595	0	4,197	53.00
54.00	05400	3,934,899	868,082	449,156	0	125,910	54.00
54.01	03630	405,462	89,449	10,837	0	2,098	54.01
56.00	05600	0	0	0	0	0	56.00
56.01	03450	876,069	193,270	37,477	0	10,492	56.01
57.00	05700	828,398	182,754	41,134	0	10,492	57.00
59.00	05900	3,008,065	663,612	418,121	0	117,516	59.00
60.00	06000	5,816,180	1,283,113	230,467	0	65,053	60.00
64.00	06400	299,555	66,085	61,567	0	16,788	64.00
65.00	06500	1,412,944	311,711	38,886	0	10,492	65.00
66.00	06600	1,207,189	266,319	8,052	0	2,098	66.00
67.00	06700	324,527	71,594	0	0	0	67.00
68.00	06800	237,927	52,489	0	0	0	68.00
69.00	06900	1,873,871	413,397	295,288	0	81,841	69.00
70.00	07000	510,931	112,717	6,543	0	2,098	70.00
71.00	07100	12,885,735	2,842,735	0	0	0	71.00
72.00	07200	10,253,704	2,262,080	0	0	0	72.00
73.00	07300	11,149,895	2,459,789	0	0	0	73.00
74.00	07400	600,673	132,515	0	0	0	74.00
76.00	03951	0	0	0	0	0	76.00
76.01	03950	0	0	0	0	0	76.01
76.02	03030	46,844	10,334	0	0	0	76.02
76.03	03020	112,139	24,739	1,711	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	1,093,107	241,151	0	0	0	90.00
90.01	09001	287,802	63,492	152,526	0	41,970	90.01
90.02	09002	1,191,411	262,838	126,490	0	35,674	90.02
91.00	09100	3,549,516	783,062	589,805	0	163,683	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	16,407	3,620	0	0	0	95.00
101.00	10100	8,232,134	1,816,099	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
116.00	11600	10,224,613	2,255,662	312,299	0	88,137	116.00
116.01	11601	909,458	200,636	0	0	0	116.01
118.00		172,281,448	31,100,401	10,019,204	0	2,627,319	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	16,431	3,625	61,936	0	16,788	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 180102

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

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Cost Center Description			Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5A.06	5.07	6.00	8.00	9.00	
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,711,032	377,472	98,139	0	27,280	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	383,143	84,526	37,645	0	10,492	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	48,969	10,803	0	0	0	194.01
194.02	07952	FOUNDATION	188	41	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	1,969,995	434,603	12,917	0	4,197	194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0	0	194.04
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)	176,411,206	32,011,471	10,229,841	0	2,686,076	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 180102

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

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Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00550	DATA PROCESSING						5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL						5.05
5.06	00570	ADMINISTRATIVE						5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL						5.07
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	3,814,523					10.00
11.00	01100	CAFETERIA	2,844,910	2,294,322				11.00
13.00	01300	NURSING ADMINISTRATION	0	41,832	2,216,770			13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	3,218	0	899,686		14.00
15.00	01500	PHARMACY	0	83,664	162	12	4,054,663	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	41,832	70,020	0	0	17.00
18.00	01850	PATIENT TRANSPORT	0	0	0	135	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	757,823	769,062	964,899	433	0	30.00
31.00	03100	INTENSIVE CARE UNIT	51,273	90,100	199,930	113	0	31.00
32.00	03200	CORONARY CARE UNIT	37,074	64,357	148,207	61	0	32.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	123,443	67,575	71,959	204	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
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	247,774	238,589	1,113	0	50.00
50.01	05001	REHAB MEDICINE	0	38,614	8,617	0	0	50.01
51.00	05100	RECOVERY ROOM	0	19,307	41,085	11	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	11	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	115,842	22,968	2,883	0	54.00
54.01	03630	ULTRA SOUND	0	12,871	0	91	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	9,654	0	18,129	0	56.01
57.00	05700	CT SCAN	0	25,743	5,805	3,518	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	67,575	80,550	23,995	0	59.00
60.00	06000	LABORATORY	0	135,149	549	64,642	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	9,654	23,440	14,011	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	57,921	0	4,817	0	65.00
66.00	06600	PHYSICAL THERAPY	0	41,832	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	9,654	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	6,436	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	74,010	27,850	880	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	19,307	54	1	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	430,749	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	332,768	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	4,054,663	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUND CARE	0	0	1,552	0	0	76.02
76.03	03020	PICC LINE TEAM	0	3,218	4,738	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	32,178	39,168	453	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	9,654	11,020	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	51,485	52,740	14	0	90.02
91.00	09100	EMERGENCY	0	122,278	202,868	510	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	28	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	94	0	116.00
116.01	11601	HOSPICE II	0	0	0	0	0	116.01
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,814,523	2,271,796	2,216,770	899,676	4,054,663	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	6,436	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	0	9,654	0	10	0	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	6,436	0	0	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0	0	194.04
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)	3,814,523	2,294,322	2,216,770	899,686	4,054,663	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 180102

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

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
			PATIENT TRANSPORT		
	16.00	17.00	18.00	24.00	25.00
GENERAL SERVICE COST CENTERS					
1.00 00100 CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540 NONPATIENT TELEPHONES					5.01
5.03 00560 PURCHASING RECEIVING AND STORES					5.03
5.04 00550 DATA PROCESSING					5.04
5.05 00591 OTHER ADMINISTRATIVE AND GENERAL					5.05
5.06 00570 ADMITTING					5.06
5.07 00590 OTHER ADMINISTRATIVE AND GENERAL					5.07
6.00 00600 MAINTENANCE & REPAIRS					6.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICE & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	4,907				16.00
17.00 01700 SOCIAL SERVICE	0	1,925,544			17.00
18.00 01850 PATIENT TRANSPORT	0	0	618,282		18.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	1,864	1,513,504	41,618	28,908,245	0 30.00
31.00 03100 INTENSIVE CARE UNIT	138	64,634	6,569	4,707,060	0 31.00
32.00 03200 CORONARY CARE UNIT	101	64,634	5,002	3,254,307	0 32.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00 04100 SUBPROVIDER - IRF	238	0	3,948	2,975,012	0 41.00
43.00 04300 NURSERY	35	0	306	218,057	0 43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	460	0	80,185	16,216,303	0 50.00
50.01 05001 REHAB MEDICINE	0	0	3,829	2,122,179	0 50.01
51.00 05100 RECOVERY ROOM	0	0	3,936	997,204	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	2,714	1,857,413	0 52.00
53.00 05300 ANESTHESIOLOGY	0	0	8,574	68,715	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	771	0	48,270	5,568,781	0 54.00
54.01 03630 ULTRA SOUND	0	0	7,068	527,876	0 54.01
56.00 05600 RADIOISOTOPE	0	0	0	0	0 56.00
56.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	14,747	1,159,838	0 56.01
57.00 05700 CT SCAN	0	0	30,101	1,127,945	0 57.00
59.00 05900 CARDIAC CATHETERIZATION	171	0	24,163	4,403,768	0 59.00
60.00 06000 LABORATORY	405	0	55,071	7,650,629	0 60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	3,484	494,584	0 64.00
65.00 06500 RESPIRATORY THERAPY	74	0	15,514	1,852,359	0 65.00
66.00 06600 PHYSICAL THERAPY	0	0	3,398	1,528,888	0 66.00
67.00 06700 OCCUPATIONAL THERAPY	13	0	1,198	406,986	0 67.00
68.00 06800 SPEECH PATHOLOGY	10	0	1,023	297,885	0 68.00
69.00 06900 ELECTROCARDIOLOGY	175	0	32,627	2,799,939	0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	76	0	4,879	656,606	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	20,133	16,179,352	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	63,533	12,912,085	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	57,227	17,721,574	0 73.00
74.00 07400 RENAL DIALYSIS	0	0	2,129	735,317	0 74.00
76.00 03951 DIABETES	0	0	0	0	0 76.00
76.01 03950 LI THOTRIPTOR	0	0	0	0	0 76.01
76.02 03030 WOUNDCARE	0	0	230	58,960	0 76.02
76.03 03020 PICC LINE TEAM	0	0	994	147,539	0 76.03
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0	0	8,482	1,414,539	0 90.00
90.01 09001 PARTIAL HOSPITAL PRG	0	0	1,953	568,417	0 90.01
90.02 09002 PAIN MANAGEMENT	0	0	20,577	1,741,229	0 90.02
91.00 09100 EMERGENCY	250	282,772	44,772	5,739,516	0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART					0 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0	0	28	20,055	0 95.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	10,048,261	0 101.00
SPECIAL PURPOSE COST CENTERS					
113.00 11300 INTEREST EXPENSE					113.00
116.00 11600 HOSPICE	0	0	0	12,880,805	0 116.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 180102

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

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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
				PATIENT TRANSPORT				
		16.00	17.00	18.00	24.00	25.00		
116.01	11601	HOSPICE II	0	0	0	0	0	116.01
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,781	1,925,544	618,282	171,078,322	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	98,780	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	2,220,359	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	0	0	0	525,470	0	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	59,772	0	194.01
194.02	07952	FOUNDATION	126	0	0	355	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	2,428,148	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0	0	194.04
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)	4,907	1,925,544	618,282	176,411,206	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 180102

Period:
From 01/01/2015
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540 NONPATIENT TELEPHONES		5.01
5.03	00560 PURCHASING RECEIVING AND STORES		5.03
5.04	00550 DATA PROCESSING		5.04
5.05	00591 OTHER ADMINISTRATIVE AND GENERAL		5.05
5.06	00570 ADMITTING		5.06
5.07	00590 OTHER ADMINISTRATIVE AND GENERAL		5.07
6.00	00600 MAINTENANCE & REPAIRS		6.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL 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
18.00	01850 PATIENT TRANSPORT		18.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	28,908,245	30.00
31.00	03100 INTENSIVE CARE UNIT	4,707,060	31.00
32.00	03200 CORONARY CARE UNIT	3,254,307	32.00
40.00	04000 SUBPROVIDER - IPF	0	40.00
41.00	04100 SUBPROVIDER - IRF	2,975,012	41.00
43.00	04300 NURSERY	218,057	43.00
44.00	04400 SKILLED NURSING FACILITY	0	44.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	16,216,303	50.00
50.01	05001 REHAB MEDICINE	2,122,179	50.01
51.00	05100 RECOVERY ROOM	997,204	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,857,413	52.00
53.00	05300 ANESTHESIOLOGY	68,715	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,568,781	54.00
54.01	03630 ULTRA SOUND	527,876	54.01
56.00	05600 RADIOISOTOPE	0	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	1,159,838	56.01
57.00	05700 CT SCAN	1,127,945	57.00
59.00	05900 CARDIAC CATHETERIZATION	4,403,768	59.00
60.00	06000 LABORATORY	7,650,629	60.00
64.00	06400 INTRAVENOUS THERAPY	494,584	64.00
65.00	06500 RESPIRATORY THERAPY	1,852,359	65.00
66.00	06600 PHYSICAL THERAPY	1,528,888	66.00
67.00	06700 OCCUPATIONAL THERAPY	406,986	67.00
68.00	06800 SPEECH PATHOLOGY	297,885	68.00
69.00	06900 ELECTROCARDIOLOGY	2,799,939	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	656,606	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	16,179,352	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	12,912,085	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	17,721,574	73.00
74.00	07400 RENAL DIALYSIS	735,317	74.00
76.00	03951 DIABETES	0	76.00
76.01	03950 LI THOTRIPTOR	0	76.01
76.02	03030 WOUND CARE	58,960	76.02
76.03	03020 PICC LINE TEAM	147,539	76.03
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	1,414,539	90.00
90.01	09001 PARTIAL HOSPITAL PRG	568,417	90.01
90.02	09002 PAIN MANAGEMENT	1,741,229	90.02
91.00	09100 EMERGENCY	5,739,516	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	20,055	95.00
101.00	10100 HOME HEALTH AGENCY	10,048,261	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00
116.00	11600 HOSPICE	12,880,805	116.00
116.01	11601 HOSPICE II	1,110,094	116.01
118.00	SUBTOTALS (SUM OF LINES 1-117)	171,078,322	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	98,780	190.00
191.00	19100 RESEARCH	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	2,220,359	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 180102

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

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Cost Center Description		Total	
		26.00	
193.00	19300	NONPAID WORKERS	0
194.00	07950	MEDICAL BUILDING AND OTHER	525,470
194.01	07951	MARCUM & WALLACE HOSPITAL	59,772
194.02	07952	FOUNDATION	355
194.03	07953	RETAIL PHARMACY	2,428,148
194.04	07954	SNF CLOSING EXP	0
200.00		Cross Foot Adjustments	0
201.00		Negative Cost Centers	0
202.00		TOTAL (sum lines 118-201)	176,411,206

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 180102

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	97,728	412	98,140	4.00
5.01 00540	NONPATIENT TELEPHONES	0	4,107	0	4,107	5.01
5.03 00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03
5.04 00550	DATA PROCESSING	0	0	0	0	5.04
5.05 00591	OTHER ADMINISTRATIVE AND GENERAL	0	434,609	143,918	578,527	5.05
5.06 00570	ADMINISTRATIVE	0	0	4,339	4,339	5.06
5.07 00590	OTHER ADMINISTRATIVE AND GENERAL	823,416	188,045	208,034	1,219,495	5.07
6.00 00600	MAINTENANCE & REPAIRS	0	234,707	24,247	258,954	6.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	0	23,959	740	24,699	9.00
10.00 01000	DIETARY	0	93,055	0	93,055	10.00
11.00 01100	CAFETERIA	0	39,879	0	39,879	11.00
13.00 01300	NURSING ADMINISTRATION	0	13,401	175,929	189,330	13.00
14.00 01400	CENTRAL SERVICE & SUPPLY	0	37,796	0	37,796	14.00
15.00 01500	PHARMACY	0	27,586	345	27,931	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00 01700	SOCIAL SERVICE	0	4,368	3,244	7,612	17.00
18.00 01850	PATIENT TRANSPORT	0	6,400	0	6,400	18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	840,427	55,739	896,166	30.00
31.00 03100	INTENSIVE CARE UNIT	0	105,060	7,726	112,786	31.00
32.00 03200	CORONARY CARE UNIT	0	71,755	69,658	141,413	32.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	140,633	1,447	142,080	41.00
43.00 04300	NURSERY	0	3,348	0	3,348	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	363,125	3,653,668	4,016,793	50.00
50.01 05001	REHAB MEDICINE	0	43,402	1,578	44,980	50.01
51.00 05100	RECOVERY ROOM	0	38,624	38,158	76,782	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	24,465	0	24,465	52.00
53.00 05300	ANESTHESIOLOGY	0	3,793	6,950	10,743	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	116,717	231,512	348,229	54.00
54.01 03630	ULTRASOUND	0	2,816	42,816	45,632	54.01
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
56.01 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	9,739	12,092	21,831	56.01
57.00 05700	CT SCAN	0	10,689	58,013	68,702	57.00
59.00 05900	CARDIAC CATHETERIZATION	0	108,652	53,822	162,474	59.00
60.00 06000	LABORATORY	0	59,889	68,510	128,399	60.00
64.00 06400	INTRAVENOUS THERAPY	0	15,999	1,973	17,972	64.00
65.00 06500	RESPIRATORY THERAPY	0	10,105	670	10,775	65.00
66.00 06600	PHYSICAL THERAPY	0	2,092	11,342	13,434	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	700	700	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	2,723	2,723	68.00
69.00 06900	ELECTROCARDIOLOGY	0	76,733	215,647	292,380	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	1,700	16,766	18,466	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	5,750	5,750	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	329	329	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00 03951	DIABETES	0	0	0	0	76.00
76.01 03950	LITHOTRIPTOR	0	0	0	0	76.01
76.02 03030	WOUND CARE	0	0	0	0	76.02
76.03 03020	PICC LINE TEAM	0	445	0	445	76.03
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	2,930	2,930	90.00
90.01 09001	PARTIAL HOSPITAL PRG	0	39,635	0	39,635	90.01
90.02 09002	PAIN MANAGEMENT	0	32,869	9,394	42,263	90.02
91.00 09100	EMERGENCY	0	153,266	18,644	171,910	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	95.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00 11600	HOSPICE	0	81,154	6,433	87,587	116.00
116.01 11601	HOSPICE II	0	0	0	0	116.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 180102

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

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
118.00				2A	4.00	
	SUBTOTALS (SUM OF LINES 1-117)	823,416	3,562,772	5,156,198	9,542,386	97,154
	NONREIMBURSABLE COST CENTERS					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	16,095	0	16,095	0
191.00	19100 RESEARCH	0	0	0	0	0
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	25,502	1,094,249	1,119,751	438
193.00	19300 NONPAID WORKERS	0	0	0	0	0
194.00	07950 MEDICAL BUILDING AND OTHER	0	9,782	18,018	27,800	193
194.01	07951 MARCUM & WALLACE HOSPITAL	0	0	0	0	0
194.02	07952 FOUNDATION	0	0	0	0	0
194.03	07953 RETAIL PHARMACY	0	3,357	0	3,357	355
194.04	07954 SNF CLOSING EXP	0	0	0	0	0
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	0
202.00	TOTAL (sum lines 118-201)	823,416	3,617,508	6,268,465	10,709,389	98,140

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 180102		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/23/2016 10:11 am	
Cost Center Description			NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	DATA PROCESSING	OTHER ADMINISTRATIVE AND GENERAL	ADMINISTRATIVE	
			5.01	5.03	5.04	5.05	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	4,481					5.01
5.03	00560	PURCHASING RECEIVING AND STORES	0	0				5.03
5.04	00550	DATA PROCESSING	70	0	70			5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	580,903		5.05
5.06	00570	ADMINISTRATIVE	104	0	0	39	4,482	5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL	580	0	0	105,023	0	5.07
6.00	00600	MAINTENANCE & REPAIRS	120	0	0	27,486	0	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	23	0	0	6,969	0	9.00
10.00	01000	DIETARY	77	0	0	9,287	0	10.00
11.00	01100	CAFETERIA	15	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	89	0	0	5,666	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	4	0	0	1,911	0	14.00
15.00	01500	PHARMACY	62	0	0	10,305	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	135	0	0	13	0	16.00
17.00	01700	SOCIAL SERVICE	166	0	0	4,817	0	17.00
18.00	01850	PATIENT TRANSPORT	0	0	0	1,578	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	472	0	0	55,675	315	30.00
31.00	03100	INTENSIVE CARE UNIT	46	0	0	10,147	50	31.00
32.00	03200	CORONARY CARE UNIT	31	0	0	6,935	38	32.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	112	0	0	5,415	30	41.00
43.00	04300	NURSERY	50	0	0	539	2	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	159	0	70	37,235	403	50.00
50.01	05001	REHAB MEDICINE	8	0	0	4,992	29	50.01
51.00	05100	RECOVERY ROOM	23	0	0	1,994	30	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	4,657	21	52.00
53.00	05300	ANESTHESIOLOGY	4	0	0	111	65	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	193	0	0	12,902	366	54.00
54.01	03630	ULTRA SOUND	8	0	0	1,329	54	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	8	0	0	2,872	112	56.01
57.00	05700	CT SCAN	12	0	0	2,715	228	57.00
59.00	05900	CARDIAC CATHETERIZATION	163	0	0	9,864	183	59.00
60.00	06000	LABORATORY	240	0	0	19,071	417	60.00
64.00	06400	INTRAVENOUS THERAPY	4	0	0	982	26	64.00
65.00	06500	RESPIRATORY THERAPY	19	0	0	4,633	118	65.00
66.00	06600	PHYSICAL THERAPY	4	0	0	3,959	26	66.00
67.00	06700	OCCUPATIONAL THERAPY	39	0	0	1,064	9	67.00
68.00	06800	SPEECH PATHOLOGY	4	0	0	780	8	68.00
69.00	06900	ELECTROCARDIOLOGY	54	0	0	6,143	247	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	43	0	0	1,675	37	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	42,258	153	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	33,623	481	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	36,563	434	73.00
74.00	07400	RENAL DIALYSIS	12	0	0	1,970	16	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUNDCARE	0	0	0	154	2	76.02
76.03	03020	PICC LINE TEAM	0	0	0	368	8	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	27	0	0	3,584	64	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	944	15	90.01
90.02	09002	PAIN MANAGEMENT	74	0	0	3,906	156	90.02
91.00	09100	EMERGENCY	147	0	0	11,638	339	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	54	0	95.00
101.00	10100	HOME HEALTH AGENCY	228	0	0	26,998	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	174	0	0	33,532	0	116.00
116.01	11601	HOSPICE II	0	0	0	2,983	0	116.01
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,803	0	70	567,358	4,482	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	54	0	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 180102

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

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Cost Center Description			NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	DATA PROCESSING	OTHER ADMINISTRATIVE AND GENERAL	ADMINITTING	
			5.01	5.03	5.04	5.05	5.06	
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	5,611	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	0	0	0	1,257	0	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	678	0	0	161	0	194.01
194.02	07952	FOUNDATION	0	0	0	1	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	6,461	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	4,481	0	70	580,903	4,482	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 180102		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/23/2016 10:11 am	
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.07	6.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00550	DATA PROCESSING						5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL						5.05
5.06	00570	ADMINISTRATIVE						5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL	1,327,882					5.07
6.00	00600	MAINTENANCE & REPAIRS	76,694	364,362				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0			8.00
9.00	00900	HOUSEKEEPING	19,446	3,284	0	54,421		9.00
10.00	01000	DIETARY	25,913	12,755	0	0	143,153	10.00
11.00	01100	CAFETERIA	0	5,466	0	0	106,765	11.00
13.00	01300	NURSING ADMINISTRATION	15,809	1,837	0	298	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	5,332	5,180	0	808	0	14.00
15.00	01500	PHARMACY	28,753	3,781	0	595	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	37	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	13,440	599	0	85	0	17.00
18.00	01850	PATIENT TRANSPORT	4,402	877	0	128	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	155,395	115,194	0	18,279	28,440	30.00
31.00	03100	INTENSIVE CARE UNIT	28,314	14,400	0	2,296	1,924	31.00
32.00	03200	CORONARY CARE UNIT	19,351	9,835	0	1,573	1,391	32.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	15,109	19,276	0	3,061	4,633	41.00
43.00	04300	NURSERY	1,504	459	0	85	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	103,913	49,772	0	7,908	0	50.00
50.01	05001	REHAB MEDICINE	13,929	5,949	0	935	0	50.01
51.00	05100	RECOVERY ROOM	5,565	5,294	0	850	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,994	3,353	0	553	0	52.00
53.00	05300	ANESTHESIOLOGY	310	520	0	85	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	36,008	15,998	0	2,551	0	54.00
54.01	03630	ULTRA SOUND	3,710	386	0	43	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	8,017	1,335	0	213	0	56.01
57.00	05700	CT SCAN	7,581	1,465	0	213	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	27,527	14,892	0	2,381	0	59.00
60.00	06000	LABORATORY	53,224	8,209	0	1,318	0	60.00
64.00	06400	INTRAVENOUS THERAPY	2,741	2,193	0	340	0	64.00
65.00	06500	RESPIRATORY THERAPY	12,930	1,385	0	213	0	65.00
66.00	06600	PHYSICAL THERAPY	11,047	287	0	43	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,970	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,177	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	17,148	10,517	0	1,658	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,676	233	0	43	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	117,917	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	93,832	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	102,033	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	5,497	0	0	0	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUND CARE	429	0	0	0	0	76.02
76.03	03020	PICC LINE TEAM	1,026	61	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	10,003	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	2,634	5,433	0	850	0	90.01
90.02	09002	PAIN MANAGEMENT	10,903	4,505	0	723	0	90.02
91.00	09100	EMERGENCY	32,482	21,007	0	3,316	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	150	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	75,332	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	93,565	11,123	0	1,786	0	116.00
116.01	11601	HOSPICE II	8,322	0	0	0	0	116.01
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,290,091	356,860	0	53,230	143,153	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	150	2,206	0	340	0	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 180102

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Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
			5.07	6.00	8.00	9.00	10.00		
191.00	19100	RESEARCH	0	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	15,658	3,495	0	553	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	3,506	1,341	0	213	0	0	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	448	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	2	0	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	18,027	460	0	85	0	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments							200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,327,882	364,362	0	54,421	143,153	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 180102		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/23/2016 10:11 am	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00550	DATA PROCESSING						5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL						5.05
5.06	00570	ADMINISTRATIVE						5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL						5.07
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	114,835					11.00
13.00	01300	NURSING ADMINISTRATION	2,094	216,922				13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	161	0	51,192			14.00
15.00	01500	PHARMACY	4,188	16	1	79,334		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	86	16.00
17.00	01700	SOCIAL SERVICE	2,094	6,852	0	0	0	17.00
18.00	01850	PATIENT TRANSPORT	0	0	8	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	38,495	94,419	25	0	34	30.00
31.00	03100	INTENSIVE CARE UNIT	4,510	19,564	6	0	2	31.00
32.00	03200	CORONARY CARE UNIT	3,221	14,503	3	0	2	32.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	3,382	7,042	12	0	4	41.00
43.00	04300	NURSERY	0	0	0	0	1	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12,402	23,347	63	0	8	50.00
50.01	05001	REHAB MEDICINE	1,933	843	0	0	0	50.01
51.00	05100	RECOVERY ROOM	966	4,020	1	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	1	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,798	2,248	164	0	14	54.00
54.01	03630	ULTRA SOUND	644	0	5	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	483	0	1,031	0	0	56.01
57.00	05700	CT SCAN	1,288	568	200	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	3,382	7,882	1,365	0	3	59.00
60.00	06000	LABORATORY	6,764	54	3,677	0	7	60.00
64.00	06400	INTRAVENOUS THERAPY	483	2,294	797	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,899	0	274	0	1	65.00
66.00	06600	PHYSICAL THERAPY	2,094	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	483	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	322	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,704	2,725	50	0	3	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	966	5	0	0	1	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	24,514	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	18,931	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	79,334	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUND CARE	0	152	0	0	0	76.02
76.03	03020	PICC LINE TEAM	161	464	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,611	3,833	26	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	483	1,078	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	2,577	5,161	1	0	0	90.02
91.00	09100	EMERGENCY	6,120	19,852	29	0	4	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	2	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	5	0	0	116.00
116.01	11601	HOSPICE II	0	0	0	0	0	116.01
118.00		SUBTOTALS (SUM OF LINES 1-117)	113,708	216,922	51,191	79,334	84	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEN	0	0	0	0	0	190.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	322	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	483	0	1	0	0	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	0	0	0	2	194.02
194.03	07953	RETAIL PHARMACY	322	0	0	0	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	37,290	0	0	0	99	201.00
202.00		TOTAL (sum lines 118-201)	152,125	216,922	51,192	79,334	185	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 180102

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Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
		PATIENT TRANSPORT				
	17.00	18.00		24.00	25.00	26.00
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00550 DATA PROCESSING						5.04
5.05 00591 OTHER ADMINISTRATIVE AND GENERAL						5.05
5.06 00570 ADMITTING						5.06
5.07 00590 OTHER ADMINISTRATIVE AND GENERAL						5.07
6.00 00600 MAINTENANCE & REPAIRS						6.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICE & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE	37,340					17.00
18.00 01850 PATIENT TRANSPORT	0	13,393				18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	29,351	901	1,453,479	0	1,453,479	30.00
31.00 03100 INTENSIVE CARE UNIT	1,253	142	199,245	0	199,245	31.00
32.00 03200 CORONARY CARE UNIT	1,253	108	202,180	0	202,180	32.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	85	202,140	0	202,140	41.00
43.00 04300 NURSERY	0	7	6,192	0	6,192	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	1,744	4,260,919	0	4,260,919	50.00
50.01 05001 REHAB MEDICINE	0	83	75,359	0	75,359	50.01
51.00 05100 RECOVERY ROOM	0	85	96,283	0	96,283	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	59	47,848	0	47,848	52.00
53.00 05300 ANESTHESIOLOGY	0	186	12,027	0	12,027	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	1,045	429,660	0	429,660	54.00
54.01 03630 ULTRA SOUND	0	153	52,425	0	52,425	54.01
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	319	36,592	0	36,592	56.01
57.00 05700 CT SCAN	0	652	84,459	0	84,459	57.00
59.00 05900 CARDIAC CATHETERIZATION	0	523	233,305	0	233,305	59.00
60.00 06000 LABORATORY	0	1,192	225,967	0	225,967	60.00
64.00 06400 INTRAVENOUS THERAPY	0	75	28,266	0	28,266	64.00
65.00 06500 RESPIRATORY THERAPY	0	336	35,193	0	35,193	65.00
66.00 06600 PHYSICAL THERAPY	0	74	32,510	0	32,510	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	26	5,699	0	5,699	67.00
68.00 06800 SPEECH PATHOLOGY	0	22	6,339	0	6,339	68.00
69.00 06900 ELECTROCARDIOLOGY	0	706	337,202	0	337,202	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	106	26,808	0	26,808	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	436	191,028	0	191,028	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	1,375	148,242	0	148,242	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	1,239	219,932	0	219,932	73.00
74.00 07400 RENAL DIALYSIS	0	46	7,541	0	7,541	74.00
76.00 03951 DIABETES	0	0	0	0	0	76.00
76.01 03950 LI THOTRIPTOR	0	0	0	0	0	76.01
76.02 03030 WOUNDCARE	0	5	776	0	776	76.02
76.03 03020 PICC LINE TEAM	0	22	2,700	0	2,700	76.03
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	184	23,140	0	23,140	90.00
90.01 09001 PARTIAL HOSPITAL PRG	0	42	51,429	0	51,429	90.01
90.02 09002 PAIN MANAGEMENT	0	445	72,081	0	72,081	90.02
91.00 09100 EMERGENCY	5,483	969	277,304	0	277,304	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	1	205	0	205	95.00
101.00 10100 HOME HEALTH AGENCY	0	0	111,002	0	111,002	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE	0	0	234,793	0	234,793	113.00
116.00 11600 HOSPICE	0	0	234,793	0	234,793	116.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 180102

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From 01/01/2015
To 12/31/2015

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Cost Center Description		SOCIAL SERVICE	OTHER GENERAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			PATIENT TRANSPORT					
		17.00	18.00	24.00	25.00	26.00		
116.01	11601	HOSPICE II	0	0	11,904	0	11,904	116.01
118.00		SUBTOTALS (SUM OF LINES 1-117)	37,340	13,393	9,442,174	0	9,442,174	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	18,845	0	18,845	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,145,828	0	1,145,828	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	0	0	34,794	0	34,794	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	1,287	0	1,287	194.01
194.02	07952	FOUNDATION	0	0	5	0	5	194.02
194.03	07953	RETAIL PHARMACY	0	0	29,067	0	29,067	194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments			0	0	0	200.00
201.00		Negative Cost Centers	0	0	37,389	0	37,389	201.00
202.00		TOTAL (sum lines 118-201)	37,340	13,393	10,709,389	0	10,709,389	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180102

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

Worksheet B-1

Date/Time Prepared:
5/23/2016 10:11 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NO OF PHONES)	PURCHASING RECEIVING AND STORES (COSTED REQUIS.)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	414,914				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		5,232,708			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	11,209	344	51,863,966		4.00
5.01 00540	NONPATIENT TELEPHONES	471	0	197,807	1,158	5.01
5.03 00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03
5.04 00550	DATA PROCESSING	0	0	0	18	5.04
5.05 00591	OTHER ADMINISTRATIVE AND GENERAL	49,848	120,138	1,255,725	0	5.05
5.06 00570	ADMINISTRATIVE	0	3,622	0	27	5.06
5.07 00590	OTHER ADMINISTRATIVE AND GENERAL	21,568	173,660	1,471,279	150	5.07
6.00 00600	MAINTENANCE & REPAIRS	26,920	20,241	585,603	31	6.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	2,748	618	0	6	9.00
10.00 01000	DIETARY	10,673	0	1,091,930	20	10.00
11.00 01100	CAFETERIA	4,574	0	0	4	11.00
13.00 01300	NURSING ADMINISTRATION	1,537	146,860	950,621	23	13.00
14.00 01400	CENTRAL SERVICE & SUPPLY	4,335	0	0	1	14.00
15.00 01500	PHARMACY	3,164	288	1,956,778	16	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	35	16.00
17.00 01700	SOCIAL SERVICE	501	2,708	885,432	43	17.00
18.00 01850	PATIENT TRANSPORT	734	0	136	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	96,394	46,529	10,731,588	122	30.00
31.00 03100	INTENSIVE CARE UNIT	12,050	6,449	2,011,057	12	31.00
32.00 03200	CORONARY CARE UNIT	8,230	58,148	1,333,568	8	32.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	16,130	1,208	1,003,523	29	41.00
43.00 04300	NURSERY	384	0	104,050	13	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	41,649	3,049,961	3,753,540	41	50.00
50.01 05001	REHAB MEDICINE	4,978	1,317	887,096	2	50.01
51.00 05100	RECOVERY ROOM	4,430	31,853	355,922	6	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,806	0	922,667	0	52.00
53.00 05300	ANESTHESIOLOGY	435	5,802	898	1	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	13,387	193,259	2,190,468	50	54.00
54.01 03630	ULTRA SOUND	323	35,741	243,563	2	54.01
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
56.01 03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,117	10,094	195,869	2	56.01
57.00 05700	CT SCAN	1,226	48,427	441,201	3	57.00
59.00 05900	CARDIAC CATHETERIZATION	12,462	44,929	1,409,259	42	59.00
60.00 06000	LABORATORY	6,869	57,190	1,794,600	62	60.00
64.00 06400	INTRAVENOUS THERAPY	1,835	1,647	189,534	1	64.00
65.00 06500	RESPIRATORY THERAPY	1,159	559	850,968	5	65.00
66.00 06600	PHYSICAL THERAPY	240	9,468	814,907	1	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	584	215,507	10	67.00
68.00 06800	SPEECH PATHOLOGY	0	2,273	160,388	1	68.00
69.00 06900	ELECTROCARDIOLOGY	8,801	180,015	986,680	14	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	195	13,996	294,640	11	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,800	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	275	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	3	74.00
76.00 03951	DIABETES	0	0	0	0	76.00
76.01 03950	LITHIOTRIPTOR	0	0	0	0	76.01
76.02 03030	WOUND CARE	0	0	18,018	0	76.02
76.03 03020	PICC LINE TEAM	51	0	76,474	0	76.03
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	2,446	464,236	7	90.00
90.01 09001	PARTIAL HOSPITAL PRG	4,546	0	166,628	0	90.01
90.02 09002	PAIN MANAGEMENT	3,770	7,842	722,532	19	90.02
91.00 09100	EMERGENCY	17,579	15,563	2,118,535	38	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	95.00
101.00 10100	HOME HEALTH AGENCY	0	0	4,461,862	59	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	9,308	5,370	3,710,964	45	116.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180102

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NO OF PHONES)	PURCHASING RECEIVING AND STORES (COSTED REQUIS.)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5.01	5.03	
116.01	11601 HOSPICE II	0	0	316,563	0	475	116.01
118.00	SUBTOTALS (SUM OF LINES 1-117)	408,636	4,304,224	51,342,616	983	3,766,633	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,846	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	2,925	913,443	231,477	0	13,844	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 MEDICAL BUILDING AND OTHER	1,122	15,041	102,085	0	47,580	194.00
194.01	07951 MARCUM & WALLACE HOSPITAL	0	0	0	175	0	194.01
194.02	07952 FOUNDATION	0	0	0	0	184	194.02
194.03	07953 RETAIL PHARMACY	385	0	187,788	0	2,224	194.03
194.04	07954 SNF CLOSING EXP	0	0	0	0	0	194.04
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)	3,617,508	6,268,465	21,794,446	317,405	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	8.718694	1.197939	0.420223	274.097582	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			98,140	4,481	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.001892	3.869603	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180102

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		DATA PROCESSING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	ADMITTING (GROSS CHARGES)	Reconciliation		
		5.04	5A.05	5.05	5.06	5A.07		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00540	NONPATIENT TELEPHONES					5.01	
5.03	00560	PURCHASING RECEIVING AND STORES					5.03	
5.04	00550	DATA PROCESSING	691,712,281				5.04	
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	0	-3,621,812	173,493,447		5.05	
5.06	00570	ADMITTING	0	0	11,740	668,824,795	5.06	
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	31,356,905	0	-32,011,471	5.07
6.00	00600	MAINTENANCE & REPAIRS	0	0	8,209,536	0	0	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	2,081,608	0	0	9.00
10.00	01000	DIETARY	0	0	2,773,812	0	0	10.00
11.00	01100	CAFETERIA	0	704,053	0	0	704,053	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,692,234	0	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	570,704	0	0	14.00
15.00	01500	PHARMACY	0	0	3,077,852	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	3,938	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	1,438,646	0	0	17.00
18.00	01850	PATIENT TRANSPORT	0	0	471,253	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	45,040,946	0	16,629,204	45,040,946	0	30.00
31.00	03100	INTENSIVE CARE UNIT	7,109,293	0	3,030,698	7,109,293	0	31.00
32.00	03200	CORONARY CARE UNIT	5,413,026	0	2,071,257	5,413,026	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	4,272,593	0	1,617,272	4,272,593	0	41.00
43.00	04300	NURSERY	331,197	0	161,006	331,197	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	86,469,432	0	11,121,673	86,469,432	0	50.00
50.01	05001	REHAB MEDICINE	4,143,697	0	1,490,933	4,143,697	0	50.01
51.00	05100	RECOVERY ROOM	4,259,203	0	595,595	4,259,203	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,936,900	0	1,390,914	2,936,900	0	52.00
53.00	05300	ANESTHESIOLOGY	9,279,122	0	33,011	9,279,122	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	52,240,059	0	3,853,513	52,240,059	0	54.00
54.01	03630	ULTRA SOUND	7,649,085	0	397,035	7,649,085	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	15,959,453	0	857,873	15,959,453	0	56.01
57.00	05700	CT SCAN	32,577,101	0	810,884	32,577,101	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	26,150,887	0	2,946,091	26,150,887	0	59.00
60.00	06000	LABORATORY	59,601,175	0	5,696,193	59,601,175	0	60.00
64.00	06400	INTRAVENOUS THERAPY	3,770,692	0	293,363	3,770,692	0	64.00
65.00	06500	RESPIRATORY THERAPY	16,790,373	0	1,383,755	16,790,373	0	65.00
66.00	06600	PHYSICAL THERAPY	3,677,882	0	1,182,438	3,677,882	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,296,548	0	317,868	1,296,548	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,107,360	0	233,042	1,107,360	0	68.00
69.00	06900	ELECTROCARDIOLOGY	35,310,265	0	1,834,929	35,310,265	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,279,847	0	500,390	5,279,847	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	21,789,493	0	12,621,849	21,789,493	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	68,758,719	0	10,042,812	68,758,719	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	61,933,493	0	10,920,797	61,933,493	0	73.00
74.00	07400	RENAL DIALYSIS	2,304,479	0	588,350	2,304,479	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LI THOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUND CARE	248,796	0	45,882	248,796	0	76.02
76.03	03020	PICC LINE TEAM	1,075,581	0	109,827	1,075,581	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	9,179,817	0	1,070,592	9,179,817	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	2,113,724	0	281,879	2,113,724	0	90.01
90.02	09002	PAIN MANAGEMENT	22,269,205	0	1,166,655	22,269,205	0	90.02
91.00	09100	EMERGENCY	48,454,914	0	3,476,077	48,454,914	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	30,438	0	16,071	30,438	0	95.00
101.00	10100	HOME HEALTH AGENCY	9,536,068	0	8,063,794	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	10,734,997	0	10,015,529	0	0	116.00
116.01	11601	HOSPICE II	2,616,421	0	890,860	0	0	116.01
118.00		SUBTOTALS (SUM OF LINES 1-117)	691,712,281	-2,917,759	169,448,139	668,824,795	-31,307,418	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180102

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		DATA PROCESSING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	ADMINISTRATIVE (GROSS CHARGES)	Reconciliation	
		5.04	5A.05	5.05	5.06	5A.07	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	16,095	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,676,043	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	0	0	375,308	0	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	47,968	0	194.01
194.02	07952	FOUNDATION	0	0	184	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	1,929,710	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0	194.04
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,934		3,621,812	11,985	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000007		0.020876	0.000018	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	70		580,903	4,482	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000		0.003348	0.000007	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180102

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		5.07	6.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00550	DATA PROCESSING					5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL					5.05
5.06	00570	ADMINISTRATIVE					5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL	145,103,788				5.07
6.00	00600	MAINTENANCE & REPAIRS	8,380,918	304,898			6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0		8.00
9.00	00900	HOUSEKEEPING	2,125,064	2,748	1,280		9.00
10.00	01000	DIETARY	2,831,718	10,673	0	486,259	10.00
11.00	01100	CAFETERIA	0	4,574	0	362,657	11.00
13.00	01300	NURSING ADMINISTRATION	1,727,561	1,537	7	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	582,618	4,335	19	0	14.00
15.00	01500	PHARMACY	3,142,105	3,164	14	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,020	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,468,679	501	2	0	17.00
18.00	01850	PATIENT TRANSPORT	481,091	734	3	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	16,977,166	96,394	430	96,604	30.00
31.00	03100	INTENSIVE CARE UNIT	3,094,095	12,050	54	6,536	31.00
32.00	03200	CORONARY CARE UNIT	2,114,594	8,230	37	4,726	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,651,111	16,130	72	15,736	41.00
43.00	04300	NURSERY	164,373	384	2	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	11,355,352	41,649	186	0	50.00
50.01	05001	REHAB MEDICINE	1,522,133	4,978	22	0	50.01
51.00	05100	RECOVERY ROOM	608,106	4,430	20	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,420,004	2,806	13	0	52.00
53.00	05300	ANESTHESIOLOGY	33,867	435	2	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,934,899	13,387	60	0	54.00
54.01	03630	ULTRA SOUND	405,462	323	1	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	876,069	1,117	5	0	56.01
57.00	05700	CT SCAN	828,398	1,226	5	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	3,008,065	12,462	56	0	59.00
60.00	06000	LABORATORY	5,816,180	6,869	31	0	60.00
64.00	06400	INTRAVENOUS THERAPY	299,555	1,835	8	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,412,944	1,159	5	0	65.00
66.00	06600	PHYSICAL THERAPY	1,207,189	240	1	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	324,527	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	237,927	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,873,871	8,801	39	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	510,931	195	1	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,885,735	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,253,704	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,149,895	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	600,673	0	0	0	74.00
76.00	03951	DIABETES	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	76.01
76.02	03030	WOUND CARE	46,844	0	0	0	76.02
76.03	03020	PICC LINE TEAM	112,139	51	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,093,107	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	287,802	4,546	20	0	90.01
90.02	09002	PAIN MANAGEMENT	1,191,411	3,770	17	0	90.02
91.00	09100	EMERGENCY	3,549,516	17,579	78	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	16,407	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	8,232,134	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	10,224,613	9,308	42	0	116.00
116.01	11601	HOSPICE II	909,458	0	0	0	116.01
118.00		SUBTOTALS (SUM OF LINES 1-117)	140,974,030	298,620	1,252	486,259	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180102

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

Worksheet B-1

Date/Time Prepared:
5/23/2016 10:11 am

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)		
		5.07	6.00	8.00	9.00	10.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	16,431	1,846	0	8	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,711,032	2,925	0	13	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	383,143	1,122	0	5	0	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	48,969	0	0	0	0	194.01
194.02	07952	FOUNDATION	188	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	1,969,995	385	0	2	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0	0	194.04
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)	32,011,471	10,229,841	0	2,686,076	3,814,523	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.220611	33.551683	0.000000	2,098.496875	7.844632	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,327,882	364,362	0	54,421	143,153	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.009151	1.195029	0.000000	42.516406	0.294397	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180102

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

Worksheet B-1

Date/Time Prepared:
5/23/2016 10:11 am

Cost Center Description			CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICE & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00550	DATA PROCESSING						5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL						5.05
5.06	00570	ADMITTING						5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL						5.07
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	713					11.00
13.00	01300	NURSING ADMINISTRATION	13	492,617				13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	1	0	26,491,978			14.00
15.00	01500	PHARMACY	26	36	356	100		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	6,094	16.00
17.00	01700	SOCIAL SERVICE	13	15,560	0	0	0	17.00
18.00	01850	PATIENT TRANSPORT	0	0	3,974	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	239	214,422	12,750	0	2,314	30.00
31.00	03100	INTENSIVE CARE UNIT	28	44,429	3,316	0	172	31.00
32.00	03200	CORONARY CARE UNIT	20	32,935	1,794	0	125	32.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	21	15,991	6,016	0	296	41.00
43.00	04300	NURSERY	0	0	0	0	44	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	77	53,020	32,769	0	571	50.00
50.01	05001	REHAB MEDICINE	12	1,915	0	0	0	50.01
51.00	05100	RECOVERY ROOM	6	9,130	321	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	310	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	36	5,104	84,901	0	958	54.00
54.01	03630	ULTRA SOUND	4	0	2,676	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	3	0	533,827	0	0	56.01
57.00	05700	CT SCAN	8	1,290	103,591	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	21	17,900	706,544	0	212	59.00
60.00	06000	LABORATORY	42	122	1,903,423	0	503	60.00
64.00	06400	INTRAVENOUS THERAPY	3	5,209	412,573	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	18	0	141,826	0	92	65.00
66.00	06600	PHYSICAL THERAPY	13	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3	0	0	0	16	67.00
68.00	06800	SPEECH PATHOLOGY	2	0	0	0	13	68.00
69.00	06900	ELECTROCARDIOLOGY	23	6,189	25,914	0	217	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6	12	27	0	95	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	12,683,854	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	9,798,546	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	100	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	9	0	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUND CARE	0	345	0	0	0	76.02
76.03	03020	PICC LINE TEAM	1	1,053	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	10	8,704	13,346	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	3	2,449	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	16	11,720	410	0	0	90.02
91.00	09100	EMERGENCY	38	45,082	15,024	0	310	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	834	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	2,766	0	0	116.00
116.01	11601	HOSPICE II	0	0	0	0	0	116.01
118.00		SUBTOTALS (SUM OF LINES 1-117)	706	492,617	26,491,697	100	5,938	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180102

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

Worksheet B-1

Date/Time Prepared:
5/23/2016 10:11 am

Cost Center Description		CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICE & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	3	0	281	0	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	0	0	0	156 194.02
194.03	07953	RETAIL PHARMACY	2	0	0	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0	194.04
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)	2,294,322	2,216,770	899,686	4,054,663	4,907 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3,217.842917	4.499987	0.033961	40,546.630000	0.805218 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	152,125	216,922	51,192	79,334	185 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	161.058906	0.440346	0.001932	793.340000	0.014112 205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180102

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

Worksheet B-1
Date/Time Prepared:
5/23/2016 10:11 am

Cost Center Description		SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE	
			PATIENT TRANSPORT (GROSS CHARGES)	
		17.00	18.00	
GENERAL SERVICE COST CENTERS				
1.00	00100			1.00
2.00	00200			2.00
4.00	00400			4.00
5.01	00540			5.01
5.03	00560			5.03
5.04	00550			5.04
5.05	00591			5.05
5.06	00570			5.06
5.07	00590			5.07
6.00	00600			6.00
8.00	00800			8.00
9.00	00900			9.00
10.00	01000			10.00
11.00	01100			11.00
13.00	01300			13.00
14.00	01400			14.00
15.00	01500			15.00
16.00	01600			16.00
17.00	01700	22,880		17.00
18.00	01850	0	668,824,795	18.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	17,984	45,040,946	30.00
31.00	03100	768	7,109,293	31.00
32.00	03200	768	5,413,026	32.00
40.00	04000	0	0	40.00
41.00	04100	0	4,272,593	41.00
43.00	04300	0	331,197	43.00
44.00	04400	0	0	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	0	86,469,432	50.00
50.01	05001	0	4,143,697	50.01
51.00	05100	0	4,259,203	51.00
52.00	05200	0	2,936,900	52.00
53.00	05300	0	9,279,122	53.00
54.00	05400	0	52,240,059	54.00
54.01	03630	0	7,649,085	54.01
56.00	05600	0	0	56.00
56.01	03450	0	15,959,453	56.01
57.00	05700	0	32,577,101	57.00
59.00	05900	0	26,150,887	59.00
60.00	06000	0	59,601,175	60.00
64.00	06400	0	3,770,692	64.00
65.00	06500	0	16,790,373	65.00
66.00	06600	0	3,677,882	66.00
67.00	06700	0	1,296,548	67.00
68.00	06800	0	1,107,360	68.00
69.00	06900	0	35,310,265	69.00
70.00	07000	0	5,279,847	70.00
71.00	07100	0	21,789,493	71.00
72.00	07200	0	68,758,719	72.00
73.00	07300	0	61,933,493	73.00
74.00	07400	0	2,304,479	74.00
76.00	03951	0	0	76.00
76.01	03950	0	0	76.01
76.02	03030	0	248,796	76.02
76.03	03020	0	1,075,581	76.03
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	0	9,179,817	90.00
90.01	09001	0	2,113,724	90.01
90.02	09002	0	22,269,205	90.02
91.00	09100	3,360	48,454,914	91.00
92.00	09200			92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	0	30,438	95.00
101.00	10100	0	0	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300			113.00
116.00	11600	0	0	116.00
116.01	11601	0	0	116.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180102

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

Worksheet B-1

Date/Time Prepared:
5/23/2016 10:11 am

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE		
		PATIENT TRANSPORT (GROSS CHARGES)		
		17.00	18.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	22,880	668,824,795	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100 RESEARCH	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	193.00
194.00	07950 MEDICAL BUILDING AND OTHER	0	0	194.00
194.01	07951 MARCUM & WALLACE HOSPITAL	0	0	194.01
194.02	07952 FOUNDATION	0	0	194.02
194.03	07953 RETAIL PHARMACY	0	0	194.03
194.04	07954 SNF CLOSING EXP	0	0	194.04
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)	1,925,544	618,282	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	84.158392	0.000924	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	37,340	13,393	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.631993	0.000020	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 180102

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

Worksheet C
Part I
Date/Time Prepared:
5/23/2016 10:11 am

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	28,908,245		28,908,245	0	28,908,245	30.00
31.00	03100	INTENSIVE CARE UNIT	4,707,060		4,707,060	0	4,707,060	31.00
32.00	03200	CORONARY CARE UNIT	3,254,307		3,254,307	0	3,254,307	32.00
40.00	04000	SUBPROVIDER - I/PF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	2,975,012		2,975,012	0	2,975,012	41.00
43.00	04300	NURSERY	218,057		218,057	0	218,057	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	16,216,303		16,216,303	0	16,216,303	50.00
50.01	05001	REHAB MEDICINE	2,122,179		2,122,179	0	2,122,179	50.01
51.00	05100	RECOVERY ROOM	997,204		997,204	0	997,204	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,857,413		1,857,413	0	1,857,413	52.00
53.00	05300	ANESTHESIOLOGY	68,715		68,715	0	68,715	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,568,781		5,568,781	0	5,568,781	54.00
54.01	03630	ULTRA SOUND	527,876		527,876	0	527,876	54.01
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,159,838		1,159,838	0	1,159,838	56.01
57.00	05700	CT SCAN	1,127,945		1,127,945	0	1,127,945	57.00
59.00	05900	CARDIAC CATHETERIZATION	4,403,768		4,403,768	0	4,403,768	59.00
60.00	06000	LABORATORY	7,650,629		7,650,629	0	7,650,629	60.00
64.00	06400	INTRAVENOUS THERAPY	494,584		494,584	0	494,584	64.00
65.00	06500	RESPIRATORY THERAPY	1,852,359	0	1,852,359	0	1,852,359	65.00
66.00	06600	PHYSICAL THERAPY	1,528,888	0	1,528,888	0	1,528,888	66.00
67.00	06700	OCCUPATIONAL THERAPY	406,986	0	406,986	0	406,986	67.00
68.00	06800	SPEECH PATHOLOGY	297,885	0	297,885	0	297,885	68.00
69.00	06900	ELECTROCARDIOLOGY	2,799,939		2,799,939	0	2,799,939	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	656,606		656,606	0	656,606	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,179,352		16,179,352	0	16,179,352	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,912,085		12,912,085	0	12,912,085	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,721,574		17,721,574	0	17,721,574	73.00
74.00	07400	RENAL DIALYSIS	735,317		735,317	0	735,317	74.00
76.00	03951	DIABETES	0		0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0		0	0	0	76.01
76.02	03030	WOUND CARE	58,960		58,960	0	58,960	76.02
76.03	03020	PICC LINE TEAM	147,539		147,539	0	147,539	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,414,539		1,414,539	0	1,414,539	90.00
90.01	09001	PARTIAL HOSPITAL PRG	568,417		568,417	0	568,417	90.01
90.02	09002	PAIN MANAGEMENT	1,741,229		1,741,229	466	1,741,695	90.02
91.00	09100	EMERGENCY	5,739,516		5,739,516	0	5,739,516	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,166,662		1,166,662	0	1,166,662	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	20,055		20,055	0	20,055	95.00
101.00	10100	HOME HEALTH AGENCY	10,048,261		10,048,261	0	10,048,261	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	12,880,805		12,880,805		12,880,805	116.00
116.01	11601	HOSPICE II	1,110,094		1,110,094		1,110,094	116.01
200.00		Subtotal (see instructions)	172,244,984	0	172,244,984	466	172,245,450	200.00
201.00		Less Observation Beds	1,166,662		1,166,662		1,166,662	201.00
202.00		Total (see instructions)	171,078,322	0	171,078,322	466	171,078,788	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 180102		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/23/2016 10:11 am	
			Title XVII I		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	43,338,418		43,338,418			30.00
31.00	03100	INTENSIVE CARE UNIT	7,109,293		7,109,293			31.00
32.00	03200	CORONARY CARE UNIT	5,413,026		5,413,026			32.00
40.00	04000	SUBPROVIDER - I/PF	0		0			40.00
41.00	04100	SUBPROVIDER - I/RF	4,272,593		4,272,593			41.00
43.00	04300	NURSERY	331,197		331,197			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	42,448,047	44,021,385	86,469,432	0.187538	0.000000	50.00
50.01	05001	REHAB MEDICINE	4,143,305	392	4,143,697	0.512146	0.000000	50.01
51.00	05100	RECOVERY ROOM	1,614,468	2,644,735	4,259,203	0.234129	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,592,647	344,253	2,936,900	0.632440	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	4,336,614	4,942,508	9,279,122	0.007405	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,137,122	39,102,937	52,240,059	0.106600	0.000000	54.00
54.01	03630	ULTRA SOUND	1,667,345	5,981,740	7,649,085	0.069012	0.000000	54.01
56.00	05600	RADIO SOTOPE	0	0	0	0.000000	0.000000	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	2,845,710	13,113,743	15,959,453	0.072674	0.000000	56.01
57.00	05700	CT SCAN	9,445,032	23,132,069	32,577,101	0.034624	0.000000	57.00
59.00	05900	CARDIAC CATHETERIZATION	11,755,148	14,395,739	26,150,887	0.168398	0.000000	59.00
60.00	06000	LABORATORY	32,416,854	27,184,321	59,601,175	0.128364	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	588,928	3,181,764	3,770,692	0.131165	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	15,412,848	1,377,525	16,790,373	0.110323	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	2,693,171	984,711	3,677,882	0.415698	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,188,828	107,720	1,296,548	0.313900	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	622,341	485,019	1,107,360	0.269005	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	8,589,534	26,720,731	35,310,265	0.079295	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	375,009	4,904,838	5,279,847	0.124361	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,181,471	8,608,022	21,789,493	0.742530	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	52,293,616	16,465,103	68,758,719	0.187788	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	33,872,003	28,061,490	61,933,493	0.286139	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,622,273	682,206	2,304,479	0.319082	0.000000	74.00
76.00	03951	DIABETES	0	0	0	0.000000	0.000000	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0.000000	0.000000	76.01
76.02	03030	WOUND CARE	0	248,796	248,796	0.236981	0.000000	76.02
76.03	03020	PICC LINE TEAM	1,028,897	46,684	1,075,581	0.137171	0.000000	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	100,565	9,079,252	9,179,817	0.154092	0.000000	90.00
90.01	09001	PARTIAL HOSPITAL PRG	5,134	2,108,590	2,113,724	0.268917	0.000000	90.01
90.02	09002	PAIN MANAGEMENT	60,073	22,209,132	22,269,205	0.078190	0.000000	90.02
91.00	09100	EMERGENCY	10,568,713	37,886,201	48,454,914	0.118451	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	55,647	1,646,881	1,702,528	0.685253	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	12,068	18,370	30,438	0.658880	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	9,536,068	9,536,068			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	740,011	9,994,986	10,734,997			116.00
116.01	11601	HOSPICE II	0	2,616,421	2,616,421			116.01
200.00		Subtotal (see instructions)	329,877,949	361,834,332	691,712,281			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	329,877,949	361,834,332	691,712,281			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 180102	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/23/2016 10:11 am
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.187538		50.00
50.01	05001	REHAB MEDICINE	0.512146		50.01
51.00	05100	RECOVERY ROOM	0.234129		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.632440		52.00
53.00	05300	ANESTHESIOLOGY	0.007405		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.106600		54.00
54.01	03630	ULTRA SOUND	0.069012		54.01
56.00	05600	RADIOISOTOPE	0.000000		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.072674		56.01
57.00	05700	CT SCAN	0.034624		57.00
59.00	05900	CARDIAC CATHETERIZATION	0.168398		59.00
60.00	06000	LABORATORY	0.128364		60.00
64.00	06400	INTRAVENOUS THERAPY	0.131165		64.00
65.00	06500	RESPIRATORY THERAPY	0.110323		65.00
66.00	06600	PHYSICAL THERAPY	0.415698		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.313900		67.00
68.00	06800	SPEECH PATHOLOGY	0.269005		68.00
69.00	06900	ELECTROCARDIOLOGY	0.079295		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.124361		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.742530		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.187788		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.286139		73.00
74.00	07400	RENAL DIALYSIS	0.319082		74.00
76.00	03951	DIABETES	0.000000		76.00
76.01	03950	LITHOTRIPTOR	0.000000		76.01
76.02	03030	WOUNDCARE	0.236981		76.02
76.03	03020	PICC LINE TEAM	0.137171		76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.154092		90.00
90.01	09001	PARTIAL HOSPITAL PRG	0.268917		90.01
90.02	09002	PAIN MANAGEMENT	0.078211		90.02
91.00	09100	EMERGENCY	0.118451		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.685253		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.658880		95.00
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
116.01	11601	HOSPICE II			116.01
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: 180102

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

Worksheet C
Part I
Date/Time Prepared:
5/23/2016 10:11 am

		Title XIX		Hospital		Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE Disallowance	Total Costs			
	1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	28,908,245		28,908,245	0	28,908,245	30.00
31.00	03100	INTENSIVE CARE UNIT	4,707,060		4,707,060	0	4,707,060	31.00
32.00	03200	CORONARY CARE UNIT	3,254,307		3,254,307	0	3,254,307	32.00
40.00	04000	SUBPROVIDER - I PF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	2,975,012		2,975,012	0	2,975,012	41.00
43.00	04300	NURSERY	218,057		218,057	0	218,057	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	16,216,303		16,216,303	0	16,216,303	50.00
50.01	05001	REHAB MEDICINE	2,122,179		2,122,179	0	2,122,179	50.01
51.00	05100	RECOVERY ROOM	997,204		997,204	0	997,204	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,857,413		1,857,413	0	1,857,413	52.00
53.00	05300	ANESTHESIOLOGY	68,715		68,715	0	68,715	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,568,781		5,568,781	0	5,568,781	54.00
54.01	03630	ULTRA SOUND	527,876		527,876	0	527,876	54.01
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,159,838		1,159,838	0	1,159,838	56.01
57.00	05700	CT SCAN	1,127,945		1,127,945	0	1,127,945	57.00
59.00	05900	CARDIAC CATHETERIZATION	4,403,768		4,403,768	0	4,403,768	59.00
60.00	06000	LABORATORY	7,650,629		7,650,629	0	7,650,629	60.00
64.00	06400	INTRAVENOUS THERAPY	494,584		494,584	0	494,584	64.00
65.00	06500	RESPIRATORY THERAPY	1,852,359	0	1,852,359	0	1,852,359	65.00
66.00	06600	PHYSICAL THERAPY	1,528,888	0	1,528,888	0	1,528,888	66.00
67.00	06700	OCCUPATIONAL THERAPY	406,986	0	406,986	0	406,986	67.00
68.00	06800	SPEECH PATHOLOGY	297,885	0	297,885	0	297,885	68.00
69.00	06900	ELECTROCARDIOLOGY	2,799,939		2,799,939	0	2,799,939	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	656,606		656,606	0	656,606	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,179,352		16,179,352	0	16,179,352	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,912,085		12,912,085	0	12,912,085	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,721,574		17,721,574	0	17,721,574	73.00
74.00	07400	RENAL DIALYSIS	735,317		735,317	0	735,317	74.00
76.00	03951	DIABETES	0		0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0		0	0	0	76.01
76.02	03030	WOUND CARE	58,960		58,960	0	58,960	76.02
76.03	03020	PICC LINE TEAM	147,539		147,539	0	147,539	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,414,539		1,414,539	0	1,414,539	90.00
90.01	09001	PARTIAL HOSPITAL PRG	568,417		568,417	0	568,417	90.01
90.02	09002	PAIN MANAGEMENT	1,741,229		1,741,229	466	1,741,695	90.02
91.00	09100	EMERGENCY	5,739,516		5,739,516	0	5,739,516	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,166,662		1,166,662	0	1,166,662	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	20,055		20,055	0	20,055	95.00
101.00	10100	HOME HEALTH AGENCY	10,048,261		10,048,261	0	10,048,261	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	12,880,805		12,880,805		12,880,805	116.00
116.01	11601	HOSPICE II	1,110,094		1,110,094		1,110,094	116.01
200.00		Subtotal (see instructions)	172,244,984	0	172,244,984	466	172,245,450	200.00
201.00		Less Observation Beds	1,166,662		1,166,662		1,166,662	201.00
202.00		Total (see instructions)	171,078,322	0	171,078,322	466	171,078,788	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 180102		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/23/2016 10:11 am	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	43,338,418		43,338,418			30.00
31.00	03100	INTENSIVE CARE UNIT	7,109,293		7,109,293			31.00
32.00	03200	CORONARY CARE UNIT	5,413,026		5,413,026			32.00
40.00	04000	SUBPROVIDER - I/PF	0		0			40.00
41.00	04100	SUBPROVIDER - I/RF	4,272,593		4,272,593			41.00
43.00	04300	NURSERY	331,197		331,197			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	42,448,047	44,021,385	86,469,432	0.187538	0.000000	50.00
50.01	05001	REHAB MEDICINE	4,143,305	392	4,143,697	0.512146	0.000000	50.01
51.00	05100	RECOVERY ROOM	1,614,468	2,644,735	4,259,203	0.234129	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,592,647	344,253	2,936,900	0.632440	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	4,336,614	4,942,508	9,279,122	0.007405	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,137,122	39,102,937	52,240,059	0.106600	0.000000	54.00
54.01	03630	ULTRA SOUND	1,667,345	5,981,740	7,649,085	0.069012	0.000000	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	2,845,710	13,113,743	15,959,453	0.072674	0.000000	56.01
57.00	05700	CT SCAN	9,445,032	23,132,069	32,577,101	0.034624	0.000000	57.00
59.00	05900	CARDIAC CATHETERIZATION	11,755,148	14,395,739	26,150,887	0.168398	0.000000	59.00
60.00	06000	LABORATORY	32,416,854	27,184,321	59,601,175	0.128364	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	588,928	3,181,764	3,770,692	0.131165	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	15,412,848	1,377,525	16,790,373	0.110323	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	2,693,171	984,711	3,677,882	0.415698	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,188,828	107,720	1,296,548	0.313900	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	622,341	485,019	1,107,360	0.269005	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	8,589,534	26,720,731	35,310,265	0.079295	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	375,009	4,904,838	5,279,847	0.124361	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,181,471	8,608,022	21,789,493	0.742530	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	52,293,616	16,465,103	68,758,719	0.187788	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	33,872,003	28,061,490	61,933,493	0.286139	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,622,273	682,206	2,304,479	0.319082	0.000000	74.00
76.00	03951	DIABETES	0	0	0	0.000000	0.000000	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0.000000	0.000000	76.01
76.02	03030	WOUND CARE	0	248,796	248,796	0.236981	0.000000	76.02
76.03	03020	PICC LINE TEAM	1,028,897	46,684	1,075,581	0.137171	0.000000	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	100,565	9,079,252	9,179,817	0.154092	0.000000	90.00
90.01	09001	PARTIAL HOSPITAL PRG	5,134	2,108,590	2,113,724	0.268917	0.000000	90.01
90.02	09002	PAIN MANAGEMENT	60,073	22,209,132	22,269,205	0.078190	0.000000	90.02
91.00	09100	EMERGENCY	10,568,713	37,886,201	48,454,914	0.118451	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	55,647	1,646,881	1,702,528	0.685253	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	12,068	18,370	30,438	0.658880	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	9,536,068	9,536,068			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	740,011	9,994,986	10,734,997			116.00
116.01	11601	HOSPICE II	0	2,616,421	2,616,421			116.01
200.00		Subtotal (see instructions)	329,877,949	361,834,332	691,712,281			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	329,877,949	361,834,332	691,712,281			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 180102	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/23/2016 10:11 am
			Title XIX	Hospital	Cost
Cost Center Description			PPS Inpatient Ratio		
INPATIENT ROUTINE SERVICE COST CENTERS			11.00		
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
50.01	05001	REHAB MEDICINE	0.000000		50.01
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	03630	ULTRA SOUND	0.000000		54.01
56.00	05600	RADIOISOTOPE	0.000000		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000		56.01
57.00	05700	CT SCAN	0.000000		57.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.00	03951	DIABETES	0.000000		76.00
76.01	03950	LITHOTRIPTOR	0.000000		76.01
76.02	03030	WOUNDCARE	0.000000		76.02
76.03	03020	PICC LINE TEAM	0.000000		76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	PARTIAL HOSPITAL PRG	0.000000		90.01
90.02	09002	PAIN MANAGEMENT	0.000000		90.02
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
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
116.01	11601	HOSPICE II			116.01
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: 180102

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

Worksheet C Part II Date/Time Prepared: 5/23/2016 10:11 am

Cost Center Description			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	16,216,303	4,260,919	11,955,384	213,046	597,769	50.00
50.01	05001	REHAB MEDICINE	2,122,179	75,359	2,046,820	3,768	102,341	50.01
51.00	05100	RECOVERY ROOM	997,204	96,283	900,921	4,814	45,046	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,857,413	47,848	1,809,565	2,392	90,478	52.00
53.00	05300	ANESTHESIOLOGY	68,715	12,027	56,688	601	2,834	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,568,781	429,660	5,139,121	21,483	256,956	54.00
54.01	03630	ULTRA SOUND	527,876	52,425	475,451	2,621	23,773	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,159,838	36,592	1,123,246	1,830	56,162	56.01
57.00	05700	CT SCAN	1,127,945	84,459	1,043,486	4,223	52,174	57.00
59.00	05900	CARDIAC CATHETERIZATION	4,403,768	233,305	4,170,463	11,665	208,523	59.00
60.00	06000	LABORATORY	7,650,629	225,967	7,424,662	11,298	371,233	60.00
64.00	06400	INTRAVENOUS THERAPY	494,584	28,266	466,318	1,413	23,316	64.00
65.00	06500	RESPIRATORY THERAPY	1,852,359	35,193	1,817,166	1,760	90,858	65.00
66.00	06600	PHYSICAL THERAPY	1,528,888	32,510	1,496,378	1,626	74,819	66.00
67.00	06700	OCCUPATIONAL THERAPY	406,986	5,699	401,287	285	20,064	67.00
68.00	06800	SPEECH PATHOLOGY	297,885	6,339	291,546	317	14,577	68.00
69.00	06900	ELECTROCARDIOLOGY	2,799,939	337,202	2,462,737	16,860	123,137	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	656,606	26,808	629,798	1,340	31,490	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,179,352	191,028	15,988,324	9,551	799,416	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,912,085	148,242	12,763,843	7,412	638,192	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,721,574	219,932	17,501,642	10,997	875,082	73.00
74.00	07400	RENAL DIALYSIS	735,317	7,541	727,776	377	36,389	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUNDCARE	58,960	776	58,184	39	2,909	76.02
76.03	03020	PICC LINE TEAM	147,539	2,700	144,839	135	7,242	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,414,539	23,140	1,391,399	1,157	69,570	90.00
90.01	09001	PARTIAL HOSPITAL PRG	568,417	51,429	516,988	2,571	25,849	90.01
90.02	09002	PAIN MANAGEMENT	1,741,229	72,081	1,669,148	3,604	83,457	90.02
91.00	09100	EMERGENCY	5,739,516	277,304	5,462,212	13,865	273,111	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,166,662	58,659	1,108,003	2,933	55,400	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	20,055	205	19,850	10	993	95.00
101.00	10100	HOME HEALTH AGENCY	10,048,261	111,002	9,937,259	5,550	496,863	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	12,880,805	234,793	12,646,012	11,740	632,301	116.00
116.01	11601	HOSPICE II	1,110,094	11,904	1,098,190	595	54,910	116.01
200.00		Subtotal (sum of lines 50 thru 199)	132,182,303	7,437,597	124,744,706	371,878	6,237,234	200.00
201.00		Less Observation Beds	1,166,662	58,659	1,108,003	2,933	55,400	201.00
202.00		Total (line 200 minus line 201)	131,015,641	7,378,938	123,636,703	368,945	6,181,834	202.00

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

Provider CCN: 180102

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

Worksheet C Part II Date/Time Prepared: 5/23/2016 10:11 am

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part 1, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	Cost
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	15,405,488	86,469,432	0.178161		50.00
50.01	05001 REHAB MEDICINE	2,016,070	4,143,697	0.486539		50.01
51.00	05100 RECOVERY ROOM	947,344	4,259,203	0.222423		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,764,543	2,936,900	0.600818		52.00
53.00	05300 ANESTHESIOLOGY	65,280	9,279,122	0.007035		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,290,342	52,240,059	0.101270		54.00
54.01	03630 ULTRA SOUND	501,482	7,649,085	0.065561		54.01
56.00	05600 RADIOISOTOPE	0	0	0.000000		56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	1,101,846	15,959,453	0.069040		56.01
57.00	05700 CT SCAN	1,071,548	32,577,101	0.032893		57.00
59.00	05900 CARDIAC CATHETERIZATION	4,183,580	26,150,887	0.159979		59.00
60.00	06000 LABORATORY	7,268,098	59,601,175	0.121946		60.00
64.00	06400 INTRAVENOUS THERAPY	469,855	3,770,692	0.124607		64.00
65.00	06500 RESPIRATORY THERAPY	1,759,741	16,790,373	0.104807		65.00
66.00	06600 PHYSICAL THERAPY	1,452,443	3,677,882	0.394913		66.00
67.00	06700 OCCUPATIONAL THERAPY	386,637	1,296,548	0.298205		67.00
68.00	06800 SPEECH PATHOLOGY	282,991	1,107,360	0.255555		68.00
69.00	06900 ELECTROCARDIOLOGY	2,659,942	35,310,265	0.075331		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	623,776	5,279,847	0.118143		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	15,370,385	21,789,493	0.705404		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	12,266,481	68,758,719	0.178399		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	16,835,495	61,933,493	0.271832		73.00
74.00	07400 RENAL DIALYSIS	698,551	2,304,479	0.303128		74.00
76.00	03951 DIABETES	0	0	0.000000		76.00
76.01	03950 LI THOTRIPTOR	0	0	0.000000		76.01
76.02	03030 WOUNDCARE	56,012	248,796	0.225132		76.02
76.03	03020 PICC LINE TEAM	140,162	1,075,581	0.130313		76.03
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	1,343,812	9,179,817	0.146388		90.00
90.01	09001 PARTIAL HOSPITAL PRG	539,997	2,113,724	0.255472		90.01
90.02	09002 PAIN MANAGEMENT	1,654,168	22,269,205	0.074281		90.02
91.00	09100 EMERGENCY	5,452,540	48,454,914	0.112528		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1,108,329	1,702,528	0.650990		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	19,052	30,438	0.625928		95.00
101.00	10100 HOME HEALTH AGENCY	9,545,848	9,536,068	1.001026		101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
116.00	11600 HOSPICE	12,236,764	10,734,997	1.139894		116.00
116.01	11601 HOSPICE II	1,054,589	2,616,421	0.403065		116.01
200.00	Subtotal (sum of lines 50 thru 199)	125,573,191	631,247,754			200.00
201.00	Less Observation Beds	1,108,329	0			201.00
202.00	Total (line 200 minus line 201)	124,464,862	631,247,754			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 180102	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part I Date/Time Prepared: 5/23/2016 10:11 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	1,453,479	0	1,453,479	45,692	31.81	30.00
31.00	INTENSIVE CARE UNIT	199,245		199,245	3,462	57.55	31.00
32.00	CORONARY CARE UNIT	202,180		202,180	2,503	80.78	32.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	202,140	0	202,140	5,182	39.01	41.00
43.00	NURSERY	6,192		6,192	960	6.45	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (Lines 30-199)	2,063,236		2,063,236	57,799		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	20,715	658,944				
31.00	INTENSIVE CARE UNIT	1,531	88,109				
32.00	CORONARY CARE UNIT	1,259	101,702				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	3,425	133,609				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	0	0				
200.00	Total (Lines 30-199)	26,930	982,364				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 180102	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part II Date/Time Prepared: 5/23/2016 10:11 am
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Cost Center Description		Title XVIIII			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	4,260,919	86,469,432	0.049277	20,057,463	988,372	50.00
50.01	05001 REHAB MEDICINE	75,359	4,143,697	0.018186	0	0	50.01
51.00	05100 RECOVERY ROOM	96,283	4,259,203	0.022606	726,286	16,418	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	47,848	2,936,900	0.016292	0	0	52.00
53.00	05300 ANESTHESIOLOGY	12,027	9,279,122	0.001296	1,949,572	2,527	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	429,660	52,240,059	0.008225	5,627,862	46,289	54.00
54.01	03630 ULTRA SOUND	52,425	7,649,085	0.006854	678,252	4,649	54.01
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	36,592	15,959,453	0.002293	1,039,298	2,383	56.01
57.00	05700 CT SCAN	84,459	32,577,101	0.002593	4,554,341	11,809	57.00
59.00	05900 CARDIAC CATHETERIZATION	233,305	26,150,887	0.008921	4,863,387	43,386	59.00
60.00	06000 LABORATORY	225,967	59,601,175	0.003791	15,947,792	60,458	60.00
64.00	06400 INTRAVENOUS THERAPY	28,266	3,770,692	0.007496	288,486	2,162	64.00
65.00	06500 RESPIRATORY THERAPY	35,193	16,790,373	0.002096	7,079,016	14,838	65.00
66.00	06600 PHYSICAL THERAPY	32,510	3,677,882	0.008839	1,547,340	13,677	66.00
67.00	06700 OCCUPATIONAL THERAPY	5,699	1,296,548	0.004396	656,149	2,884	67.00
68.00	06800 SPEECH PATHOLOGY	6,339	1,107,360	0.005724	394,075	2,256	68.00
69.00	06900 ELECTROCARDIOLOGY	337,202	35,310,265	0.009550	4,642,396	44,335	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	26,808	5,279,847	0.005077	187,469	952	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	191,028	21,789,493	0.008767	4,922,715	43,157	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	148,242	68,758,719	0.002156	23,546,925	50,767	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	219,932	61,933,493	0.003551	16,710,070	59,337	73.00
74.00	07400 RENAL DIALYSIS	7,541	2,304,479	0.003272	941,577	3,081	74.00
76.00	03951 DIABETES	0	0	0.000000	0	0	76.00
76.01	03950 LI THOTRIPTOR	0	0	0.000000	0	0	76.01
76.02	03030 WOUND CARE	776	248,796	0.003119	0	0	76.02
76.03	03020 PICC LINE TEAM	2,700	1,075,581	0.002510	412,804	1,036	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	23,140	9,179,817	0.002521	26,092	66	90.00
90.01	09001 PARTIAL HOSPITAL PRG	51,429	2,113,724	0.024331	3,184	77	90.01
90.02	09002 PAIN MANAGEMENT	72,081	22,269,205	0.003237	31,003	100	90.02
91.00	09100 EMERGENCY	277,304	48,454,914	0.005723	5,046,091	28,879	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	58,659	1,702,528	0.034454	23,829	821	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	7,079,693	608,329,830		121,903,474	1,444,716	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 180102	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part III Date/Time Prepared: 5/23/2016 10:11 am
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Cost Center Description			Title XVIII		Hospital		PPS	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
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	45,692	0.00	20,715	0		30.00
31.00	03100	INTENSIVE CARE UNIT	3,462	0.00	1,531	0		31.00
32.00	03200	CORONARY CARE UNIT	2,503	0.00	1,259	0		32.00
40.00	04000	SUBPROVIDER - I PF	0	0.00	0	0		40.00
41.00	04100	SUBPROVIDER - I RF	5,182	0.00	3,425	0		41.00
43.00	04300	NURSERY	960	0.00	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0		44.00
200.00		Total (lines 30-199)	57,799		26,930	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 180102	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/23/2016 10:11 am
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Cost Center Description		Title XVIII				Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
50.01	05001	REHAB MEDICINE	0	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	0	76.01
76.02	03030	WOUND CARE	0	0	0	0	0	0	76.02
76.03	03020	PICC LINE TEAM	0	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 180102

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

Worksheet D
Part IV
Date/Time Prepared:
5/23/2016 10:11 am

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	PPS
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)			
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	86,469,432	0.000000	0.000000	20,057,463	50.00
50.01	05001	REHAB MEDICINE	0	4,143,697	0.000000	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0	4,259,203	0.000000	0.000000	726,286	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,936,900	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	9,279,122	0.000000	0.000000	1,949,572	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	52,240,059	0.000000	0.000000	5,627,862	54.00
54.01	03630	ULTRA SOUND	0	7,649,085	0.000000	0.000000	678,252	54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	15,959,453	0.000000	0.000000	1,039,298	56.01
57.00	05700	CT SCAN	0	32,577,101	0.000000	0.000000	4,554,341	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	26,150,887	0.000000	0.000000	4,863,387	59.00
60.00	06000	LABORATORY	0	59,601,175	0.000000	0.000000	15,947,792	60.00
64.00	06400	INTRAVENOUS THERAPY	0	3,770,692	0.000000	0.000000	288,486	64.00
65.00	06500	RESPIRATORY THERAPY	0	16,790,373	0.000000	0.000000	7,079,016	65.00
66.00	06600	PHYSICAL THERAPY	0	3,677,882	0.000000	0.000000	1,547,340	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,296,548	0.000000	0.000000	656,149	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,107,360	0.000000	0.000000	394,075	68.00
69.00	06900	ELECTROCARDIOLOGY	0	35,310,265	0.000000	0.000000	4,642,396	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,279,847	0.000000	0.000000	187,469	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	21,789,493	0.000000	0.000000	4,922,715	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	68,758,719	0.000000	0.000000	23,546,925	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	61,933,493	0.000000	0.000000	16,710,070	73.00
74.00	07400	RENAL DIALYSIS	0	2,304,479	0.000000	0.000000	941,577	74.00
76.00	03951	DIABETES	0	0	0.000000	0.000000	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0.000000	0.000000	0	76.01
76.02	03030	WOUNDCARE	0	248,796	0.000000	0.000000	0	76.02
76.03	03020	PICC LINE TEAM	0	1,075,581	0.000000	0.000000	412,804	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	9,179,817	0.000000	0.000000	26,092	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	2,113,724	0.000000	0.000000	3,184	90.01
90.02	09002	PAIN MANAGEMENT	0	22,269,205	0.000000	0.000000	31,003	90.02
91.00	09100	EMERGENCY	0	48,454,914	0.000000	0.000000	5,046,091	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	1,702,528	0.000000	0.000000	23,829	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	608,329,830			121,903,474	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 180102	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/23/2016 10:11 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII					
Hospital					
PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	12,994,435	0	50.00
50.01	05001 REHAB MEDICINE	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	743,226	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	1,526,594	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	12,489,144	0	54.00
54.01	03630 ULTRA SOUND	0	1,570,345	0	54.01
56.00	05600 RADIOISOTOPE	0	0	0	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	4,648,925	0	56.01
57.00	05700 CT SCAN	0	8,141,171	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	6,740,401	0	59.00
60.00	06000 LABORATORY	0	6,136,850	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	735,501	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	390,962	0	65.00
66.00	06600 PHYSICAL THERAPY	0	5,248	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,851	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	7,176	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	10,113,637	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,404,470	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,750,738	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	7,204,068	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	11,358,923	0	73.00
74.00	07400 RENAL DIALYSIS	0	140,578	0	74.00
76.00	03951 DIABETES	0	0	0	76.00
76.01	03950 LI THOTRIPTOR	0	0	0	76.01
76.02	03030 WOUND CARE	0	119,770	0	76.02
76.03	03020 PICC LINE TEAM	0	20,778	0	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	4,271,533	0	90.00
90.01	09001 PARTIAL HOSPITAL PRG	0	451,186	0	90.01
90.02	09002 PAIN MANAGEMENT	0	9,456,766	0	90.02
91.00	09100 EMERGENCY	0	8,667,429	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	995,420	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	0	113,087,125	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 180102	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/23/2016 10:11 am
		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	0.187538	12,994,435	0	0	2,436,950	50.00
50.01	05001	REHAB MEDICINE	0.512146	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.234129	743,226	0	0	174,011	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.632440	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.007405	1,526,594	0	0	11,304	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.106600	12,489,144	0	0	1,331,343	54.00
54.01	03630	ULTRA SOUND	0.069012	1,570,345	0	0	108,373	54.01
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.072674	4,648,925	0	0	337,856	56.01
57.00	05700	CT SCAN	0.034624	8,141,171	0	0	281,880	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.168398	6,740,401	0	0	1,135,070	59.00
60.00	06000	LABORATORY	0.128364	6,136,850	2,072	0	787,751	60.00
64.00	06400	INTRAVENOUS THERAPY	0.131165	735,501	0	0	96,472	64.00
65.00	06500	RESPIRATORY THERAPY	0.110323	390,962	0	0	43,132	65.00
66.00	06600	PHYSICAL THERAPY	0.415698	5,248	0	0	2,182	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.313900	1,851	0	0	581	67.00
68.00	06800	SPEECH PATHOLOGY	0.269005	7,176	0	0	1,930	68.00
69.00	06900	ELECTROCARDIOLOGY	0.079295	10,113,637	0	0	801,961	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.124361	1,404,470	0	0	174,661	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.742530	2,750,738	579	0	2,042,505	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.187788	7,204,068	0	0	1,352,838	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.286139	11,358,923	0	6,909	3,250,231	73.00
74.00	07400	RENAL DIALYSIS	0.319082	140,578	0	0	44,856	74.00
76.00	03951	DIABETES	0.000000	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0.000000	0	0	0	0	76.01
76.02	03030	WOUND CARE	0.236981	119,770	0	0	28,383	76.02
76.03	03020	PICC LINE TEAM	0.137171	20,778	0	0	2,850	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.154092	4,271,533	0	0	658,209	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0.268917	451,186	0	0	121,332	90.01
90.02	09002	PAIN MANAGEMENT	0.078190	9,456,766	0	0	739,425	90.02
91.00	09100	EMERGENCY	0.118451	8,667,429	0	0	1,026,666	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.685253	995,420	0	0	682,115	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.658880		0			95.00
200.00		Subtotal (see instructions)		113,087,125	2,651	6,909	17,674,867	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		113,087,125	2,651	6,909	17,674,867	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 180102	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/23/2016 10:11 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 REHAB MEDICINE	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 03630 ULTRA SOUND	0	0		54.01
56.00 05600 RADIOISOTOPE	0	0		56.00
56.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0		56.01
57.00 05700 CT SCAN	0	0		57.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	266	0		60.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	430	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	1,977		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03951 DIABETES	0	0		76.00
76.01 03950 LITHOTRIPTOR	0	0		76.01
76.02 03030 WOUNDCARE	0	0		76.02
76.03 03020 PICC LINE TEAM	0	0		76.03
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 PARTIAL HOSPITAL PRG	0	0		90.01
90.02 09002 PAIN MANAGEMENT	0	0		90.02
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	696	1,977		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	696	1,977		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 180102 Component CCN: 18T102		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part II Date/Time Prepared: 5/23/2016 10:11 am	
		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	4,260,919	86,469,432	0.049277	34,252	1,688	50.00
50.01	05001 REHAB MEDICINE	75,359	4,143,697	0.018186	2,732,400	49,691	50.01
51.00	05100 RECOVERY ROOM	96,283	4,259,203	0.022606	1,436	32	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	47,848	2,936,900	0.016292	0	0	52.00
53.00	05300 ANESTHESIOLOGY	12,027	9,279,122	0.001296	2,800	4	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	429,660	52,240,059	0.008225	113,928	937	54.00
54.01	03630 ULTRA SOUND	52,425	7,649,085	0.006854	18,057	124	54.01
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	36,592	15,959,453	0.002293	7,898	18	56.01
57.00	05700 CT SCAN	84,459	32,577,101	0.002593	65,990	171	57.00
59.00	05900 CARDIAC CATHETERIZATION	233,305	26,150,887	0.008921	2,628	23	59.00
60.00	06000 LABORATORY	225,967	59,601,175	0.003791	963,125	3,651	60.00
64.00	06400 INTRAVENOUS THERAPY	28,266	3,770,692	0.007496	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	35,193	16,790,373	0.002096	206,772	433	65.00
66.00	06600 PHYSICAL THERAPY	32,510	3,677,882	0.008839	2,660	24	66.00
67.00	06700 OCCUPATIONAL THERAPY	5,699	1,296,548	0.004396	561	2	67.00
68.00	06800 SPEECH PATHOLOGY	6,339	1,107,360	0.005724	1,898	11	68.00
69.00	06900 ELECTROCARDIOLOGY	337,202	35,310,265	0.009550	75,895	725	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	26,808	5,279,847	0.005077	5,110	26	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	191,028	21,789,493	0.008767	115,427	1,012	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	148,242	68,758,719	0.002156	7,760	17	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	219,932	61,933,493	0.003551	1,137,564	4,039	73.00
74.00	07400 RENAL DIALYSIS	7,541	2,304,479	0.003272	70,908	232	74.00
76.00	03951 DIABETES	0	0	0.000000	0	0	76.00
76.01	03950 LI THOTRIPTOR	0	0	0.000000	0	0	76.01
76.02	03030 WOUNDCARE	776	248,796	0.003119	0	0	76.02
76.03	03020 PICC LINE TEAM	2,700	1,075,581	0.002510	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	23,140	9,179,817	0.002521	0	0	90.00
90.01	09001 PARTIAL HOSPITAL PRG	51,429	2,113,724	0.024331	0	0	90.01
90.02	09002 PAIN MANAGEMENT	72,081	22,269,205	0.003237	629	2	90.02
91.00	09100 EMERGENCY	277,304	48,454,914	0.005723	3,873	22	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	1,702,528	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	7,021,034	608,329,830		5,571,571	62,884	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 180102 Component CCN: 18T102	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/23/2016 10:11 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 REHAB MEDICINE	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630 ULTRA SOUND	0	0	0	0	0	54.01
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951 DIABETES	0	0	0	0	0	76.00
76.01	03950 LI THOTRI PTOR	0	0	0	0	0	76.01
76.02	03030 WOUNDCARE	0	0	0	0	0	76.02
76.03	03020 PICC LINE TEAM	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 PARTIAL HOSPITAL PRG	0	0	0	0	0	90.01
90.02	09002 PAIN MANAGEMENT	0	0	0	0	0	90.02
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
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
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: 180102 Component CCN: 18T102	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/23/2016 10:11 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	86,469,432	0.000000	0.000000	34,252	50.00
50.01	05001 REHAB MEDICINE	0	4,143,697	0.000000	0.000000	2,732,400	50.01
51.00	05100 RECOVERY ROOM	0	4,259,203	0.000000	0.000000	1,436	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	2,936,900	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	9,279,122	0.000000	0.000000	2,800	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	52,240,059	0.000000	0.000000	113,928	54.00
54.01	03630 ULTRA SOUND	0	7,649,085	0.000000	0.000000	18,057	54.01
56.00	05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	15,959,453	0.000000	0.000000	7,898	56.01
57.00	05700 CT SCAN	0	32,577,101	0.000000	0.000000	65,990	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	26,150,887	0.000000	0.000000	2,628	59.00
60.00	06000 LABORATORY	0	59,601,175	0.000000	0.000000	963,125	60.00
64.00	06400 INTRAVENOUS THERAPY	0	3,770,692	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	16,790,373	0.000000	0.000000	206,772	65.00
66.00	06600 PHYSICAL THERAPY	0	3,677,882	0.000000	0.000000	2,660	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,296,548	0.000000	0.000000	561	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,107,360	0.000000	0.000000	1,898	68.00
69.00	06900 ELECTROCARDIOLOGY	0	35,310,265	0.000000	0.000000	75,895	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	5,279,847	0.000000	0.000000	5,110	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	21,789,493	0.000000	0.000000	115,427	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	68,758,719	0.000000	0.000000	7,760	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	61,933,493	0.000000	0.000000	1,137,564	73.00
74.00	07400 RENAL DIALYSIS	0	2,304,479	0.000000	0.000000	70,908	74.00
76.00	03951 DIABETES	0	0	0.000000	0.000000	0	76.00
76.01	03950 LI THOTRIPTOR	0	0	0.000000	0.000000	0	76.01
76.02	03030 WOUNDCARE	0	248,796	0.000000	0.000000	0	76.02
76.03	03020 PICC LINE TEAM	0	1,075,581	0.000000	0.000000	0	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	9,179,817	0.000000	0.000000	0	90.00
90.01	09001 PARTIAL HOSPITAL PRG	0	2,113,724	0.000000	0.000000	0	90.01
90.02	09002 PAIN MANAGEMENT	0	22,269,205	0.000000	0.000000	629	90.02
91.00	09100 EMERGENCY	0	48,454,914	0.000000	0.000000	3,873	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	1,702,528	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	608,329,830			5,571,571	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 180102 Component CCN: 18T102	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/23/2016 10:11 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	05001 REHAB MEDICINE	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	13,425	0	54.00
54.01	03630 ULTRA SOUND	0	1,675	0	54.01
56.00	05600 RADIOISOTOPE	0	0	0	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	56.01
57.00	05700 CT SCAN	0	13,130	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	1,347	0	59.00
60.00	06000 LABORATORY	0	25,955	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	71	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	4,649	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	5,569	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	87	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	65,706	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03951 DIABETES	0	0	0	76.00
76.01	03950 LI THOTRIPTOR	0	0	0	76.01
76.02	03030 WOUNDCARE	0	0	0	76.02
76.03	03020 PICC LINE TEAM	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	1,086	0	90.00
90.01	09001 PARTIAL HOSPITAL PRG	0	0	0	90.01
90.02	09002 PAIN MANAGEMENT	0	13,828	0	90.02
91.00	09100 EMERGENCY	0	10,892	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0	157,420	0	95.00
200.00	Total (lines 50-199)	0	157,420	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 180102 Component CCN: 18T102	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/23/2016 10:11 am
	Title XVIII	Subprovider - IRF	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	0.187538	0	0	0	0	50.00
50.01 05001 REHAB MEDICINE	0.512146	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0.234129	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.632440	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.007405	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.106600	13,425	0	0	1,431	54.00
54.01 03630 ULTRA SOUND	0.069012	1,675	0	0	116	54.01
56.00 05600 RADIO SOTOPE	0.000000	0	0	0	0	56.00
56.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.072674	0	0	0	0	56.01
57.00 05700 CT SCAN	0.034624	13,130	0	0	455	57.00
59.00 05900 CARDIAC CATHETERIZATION	0.168398	1,347	0	0	227	59.00
60.00 06000 LABORATORY	0.128364	25,955	0	0	3,332	60.00
64.00 06400 INTRAVENOUS THERAPY	0.131165	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.110323	71	0	0	8	65.00
66.00 06600 PHYSICAL THERAPY	0.415698	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.313900	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.269005	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.079295	4,649	0	0	369	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.124361	5,569	0	0	693	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.742530	87	0	0	65	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.187788	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.286139	65,706	0	0	18,801	73.00
74.00 07400 RENAL DIALYSIS	0.319082	0	0	0	0	74.00
76.00 03951 DIABETES	0.000000	0	0	0	0	76.00
76.01 03950 LI THOTRIPTOR	0.000000	0	0	0	0	76.01
76.02 03030 WOUND CARE	0.236981	0	0	0	0	76.02
76.03 03020 PICC LINE TEAM	0.137171	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.154092	1,086	0	0	167	90.00
90.01 09001 PARTIAL HOSPITAL PRG	0.268917	0	0	0	0	90.01
90.02 09002 PAIN MANAGEMENT	0.078190	13,828	0	0	1,081	90.02
91.00 09100 EMERGENCY	0.118451	10,892	0	0	1,290	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.685253	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0.658880		0	0		95.00
200.00	Subtotal (see instructions)		157,420	0	28,035	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		157,420	0	28,035	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 180102	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/23/2016 10:11 am
	Component CCN: 18T102	Title XVIII	Subprovider - IRF

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
50.01 05001 REHAB MEDICINE	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 03630 ULTRA SOUND	0	0	54.01
56.00 05600 RADIO SOTOPE	0	0	56.00
56.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	56.01
57.00 05700 CT SCAN	0	0	57.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03951 DIABETES	0	0	76.00
76.01 03950 LI THOTRIPTOR	0	0	76.01
76.02 03030 WOUNDCARE	0	0	76.02
76.03 03020 PICC LINE TEAM	0	0	76.03
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
90.01 09001 PARTIAL HOSPITAL PRG	0	0	90.01
90.02 09002 PAIN MANAGEMENT	0	0	90.02
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00 09500 AMBULANCE SERVICES	0	0	95.00
200.00 Subtotal (see instructions)	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (line 200 +/- line 201)	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 180102	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/23/2016 10:11 am
		Title XIX	Hospital	Cost

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	0.178161	0	208,652	0	0	50.00
50.01	05001	REHAB MEDICINE	0.486539	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.222423	0	5,783	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.600818	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.007035	0	11,285	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.101270	0	127,002	0	0	54.00
54.01	03630	ULTRA SOUND	0.065561	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.069040	0	12,758	0	0	56.01
57.00	05700	CT SCAN	0.032893	0	84,300	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.159979	0	0	0	0	59.00
60.00	06000	LABORATORY	0.121946	0	108,616	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.124607	0	7,286	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.104807	0	31,797	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.394913	0	1,316	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.298205	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.255555	0	1,959	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.075331	0	37,381	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.118143	0	25,966	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.705404	0	16,457	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.178399	0	8,378	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.271832	0	72,965	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.303128	0	0	0	0	74.00
76.00	03951	DIABETES	0.000000	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0.000000	0	0	0	0	76.01
76.02	03030	WOUND CARE	0.225132	0	0	0	0	76.02
76.03	03020	PICC LINE TEAM	0.130313	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.146388	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0.255472	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0.074281	0	24,715	0	0	90.02
91.00	09100	EMERGENCY	0.112528	0	185,574	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.650990	0	7,449	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.625928	0	0	0	0	95.00
200.00		Subtotal (see instructions)		0	979,639	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		0	979,639	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 180102	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/23/2016 10:11 am
		Title XIX	Hospital	Cost

Cost Center Description	Costs			Cost	
	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	37,174	0	50.00
50.01	05001	REHAB MEDICINE	0	0	50.01
51.00	05100	RECOVERY ROOM	1,286	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	79	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,861	0	54.00
54.01	03630	ULTRA SOUND	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	881	0	56.01
57.00	05700	CT SCAN	2,773	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	13,245	0	60.00
64.00	06400	INTRAVENOUS THERAPY	908	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,333	0	65.00
66.00	06600	PHYSICAL THERAPY	520	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	501	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,816	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,068	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,609	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,495	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,834	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03951	DIABETES	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	76.01
76.02	03030	WOUND CARE	0	0	76.02
76.03	03020	PICC LINE TEAM	0	0	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	90.01
90.02	09002	PAIN MANAGEMENT	1,836	0	90.02
91.00	09100	EMERGENCY	20,882	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,849	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
200.00		Subtotal (see instructions)	139,950	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00		Net Charges (line 200 +/- line 201)	139,950	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 180102	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/23/2016 10:11 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		45,692	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		45,692	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)		43,848	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		20,715	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)		28,908,245	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)		28,908,245	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)		28,908,245	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)		632.68	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		13,105,966	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)		13,105,966	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 180102	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/23/2016 10:11 am		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	4,707,060	3,462	1,359.64	1	1,360	43.00
44.00	CORONARY CARE UNIT	3,254,307	2,503	1,300.16	1,259	1,636,901	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)					23,694,440	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					38,438,667	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)					848,755	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,444,716	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,293,471	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					36,145,196	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)					1,844	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					632.68	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,166,662	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 180102		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/23/2016 10:11 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,453,479	28,908,245	0.050279	1,166,662	58,659	90.00
91.00	Nursing School cost	0	28,908,245	0.000000	1,166,662	0	91.00
92.00	Allied health cost	0	28,908,245	0.000000	1,166,662	0	92.00
93.00	All other Medical Education	0	28,908,245	0.000000	1,166,662	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 180102	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Component CCN: 18T102		Date/Time Prepared: 5/23/2016 10:11 am
		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)		5,182	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,182	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)		5,182	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)		3,425	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)		2,975,012	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)		2,975,012	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)		2,975,012	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)		574.10	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,966,293	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)		1,966,293	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 180102		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Component CCN: 18T102		Date/Time Prepared: 5/23/2016 10:11 am			
		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	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					2,013,550		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,979,843		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)					133,609		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					62,884		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					196,493		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,783,350		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: 180102 Component CCN: 18T102		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/23/2016 10:11 am	
		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	202,140	2,975,012	0.067946	0	0	90.00
91.00	Nursing School cost	0	2,975,012	0.000000	0	0	91.00
92.00	Allied health cost	0	2,975,012	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,975,012	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 180102	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XIX		Date/Time Prepared: 5/23/2016 10:11 am
		Hospital		Cost
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		45,692	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		45,692	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)		43,848	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)		121	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)		960	15.00
16.00	Nursery days (title V or XIX only)		23	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)		28,908,245	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)		28,908,245	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)		28,908,245	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)		632.68	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		76,554	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)		76,554	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 180102	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/23/2016 10:11 am		
Cost Center Description			Title XIX		Hospital	Cost	
	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)	218,057	960	227.14	23	5,224	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	4,707,060	3,462	1,359.64	14	19,035	43.00
44.00	CORONARY CARE UNIT	3,254,307	2,503	1,300.16	7	9,101	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)					100,033	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					209,947	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					1,844	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					632.68	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,166,662	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 180102		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/23/2016 10:11 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,453,479	28,908,245	0.050279	1,166,662	58,659	90.00
91.00	Nursing School cost	0	28,908,245	0.000000	1,166,662	0	91.00
92.00	Allied health cost	0	28,908,245	0.000000	1,166,662	0	92.00
93.00	All other Medical Education	0	28,908,245	0.000000	1,166,662	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 180102	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/23/2016 10:11 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		20,339,487	30.00
31.00	03100	INTENSIVE CARE UNIT		3,514,678	31.00
32.00	03200	CORONARY CARE UNIT		2,965,527	32.00
40.00	04000	SUBPROVIDER - I/PF		0	40.00
41.00	04100	SUBPROVIDER - I/RF		698	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.187538	20,057,463	50.00
50.01	05001	REHAB MEDICINE	0.512146	0	50.01
51.00	05100	RECOVERY ROOM	0.234129	726,286	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.632440	0	52.00
53.00	05300	ANESTHESIOLOGY	0.007405	1,949,572	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.106600	5,627,862	54.00
54.01	03630	ULTRA SOUND	0.069012	678,252	54.01
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.072674	1,039,298	56.01
57.00	05700	CT SCAN	0.034624	4,554,341	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.168398	4,863,387	59.00
60.00	06000	LABORATORY	0.128364	15,947,792	60.00
64.00	06400	INTRAVENOUS THERAPY	0.131165	288,486	64.00
65.00	06500	RESPIRATORY THERAPY	0.110323	7,079,016	65.00
66.00	06600	PHYSICAL THERAPY	0.415698	1,547,340	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.313900	656,149	67.00
68.00	06800	SPEECH PATHOLOGY	0.269005	394,075	68.00
69.00	06900	ELECTROCARDIOLOGY	0.079295	4,642,396	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.124361	187,469	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.742530	4,922,715	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.187788	23,546,925	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.286139	16,710,070	73.00
74.00	07400	RENAL DIALYSIS	0.319082	941,577	74.00
76.00	03951	DIABETES	0.000000	0	76.00
76.01	03950	LITHOTRIPTOR	0.000000	0	76.01
76.02	03030	WOUND CARE	0.236981	0	76.02
76.03	03020	PICC LINE TEAM	0.137171	412,804	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.154092	26,092	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0.268917	3,184	90.01
90.02	09002	PAIN MANAGEMENT	0.078211	31,003	90.02
91.00	09100	EMERGENCY	0.118451	5,046,091	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.685253	23,829	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		121,903,474	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)		121,903,474	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 180102	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3	
		Component CCN: 18T102		Date/Time Prepared: 5/23/2016 10:11 am	
		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
32.00	03200 CORONARY CARE UNIT		0		32.00
40.00	04000 SUBPROVIDER - I PF		0		40.00
41.00	04100 SUBPROVIDER - IRF		2,833,075		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.187538	34,252	6,424	50.00
50.01	05001 REHAB MEDICINE	0.512146	2,732,400	1,399,388	50.01
51.00	05100 RECOVERY ROOM	0.234129	1,436	336	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.632440	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.007405	2,800	21	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.106600	113,928	12,145	54.00
54.01	03630 ULTRA SOUND	0.069012	18,057	1,246	54.01
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.072674	7,898	574	56.01
57.00	05700 CT SCAN	0.034624	65,990	2,285	57.00
59.00	05900 CARDIAC CATHETERIZATION	0.168398	2,628	443	59.00
60.00	06000 LABORATORY	0.128364	963,125	123,631	60.00
64.00	06400 INTRAVENOUS THERAPY	0.131165	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.110323	206,772	22,812	65.00
66.00	06600 PHYSICAL THERAPY	0.415698	2,660	1,106	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.313900	561	176	67.00
68.00	06800 SPEECH PATHOLOGY	0.269005	1,898	511	68.00
69.00	06900 ELECTROCARDIOLOGY	0.079295	75,895	6,018	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.124361	5,110	635	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.742530	115,427	85,708	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.187788	7,760	1,457	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.286139	1,137,564	325,501	73.00
74.00	07400 RENAL DIALYSIS	0.319082	70,908	22,625	74.00
76.00	03951 DIABETES	0.000000	0	0	76.00
76.01	03950 LI THOTRIPTOR	0.000000	0	0	76.01
76.02	03030 WOUND CARE	0.236981	0	0	76.02
76.03	03020 PICC LINE TEAM	0.137171	0	0	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.154092	0	0	90.00
90.01	09001 PARTIAL HOSPITAL PRG	0.268917	0	0	90.01
90.02	09002 PAIN MANAGEMENT	0.078211	629	49	90.02
91.00	09100 EMERGENCY	0.118451	3,873	459	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.685253	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		5,571,571	2,013,550	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)		5,571,571		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 180102	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/23/2016 10:11 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		141,346	30.00
31.00	03100	INTENSIVE CARE UNIT		11,385	31.00
32.00	03200	CORONARY CARE UNIT		22,517	32.00
40.00	04000	SUBPROVIDER - I/PF		0	40.00
41.00	04100	SUBPROVIDER - I/RF		0	41.00
43.00	04300	NURSERY		14,567	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.187538	84,792	50.00
50.01	05001	REHAB MEDICINE	0.512146	0	50.01
51.00	05100	RECOVERY ROOM	0.234129	3,888	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.632440	0	52.00
53.00	05300	ANESTHESIOLOGY	0.007405	8,568	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.106600	25,653	54.00
54.01	03630	ULTRA SOUND	0.069012	0	54.01
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.072674	0	56.01
57.00	05700	CT SCAN	0.034624	20,390	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.168398	0	59.00
60.00	06000	LABORATORY	0.128364	116,587	60.00
64.00	06400	INTRAVENOUS THERAPY	0.131165	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.110323	26,873	65.00
66.00	06600	PHYSICAL THERAPY	0.415698	7,800	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.313900	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.269005	2,764	68.00
69.00	06900	ELECTROCARDIOLOGY	0.079295	19,178	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.124361	730	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.742530	14,250	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.187788	35,825	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.286139	100,860	73.00
74.00	07400	RENAL DIALYSIS	0.319082	17,080	74.00
76.00	03951	DIABETES	0.000000	0	76.00
76.01	03950	LITHOTRIPTOR	0.000000	0	76.01
76.02	03030	WOUND CARE	0.236981	0	76.02
76.03	03020	PICC LINE TEAM	0.137171	0	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.154092	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0.268917	0	90.01
90.02	09002	PAIN MANAGEMENT	0.078190	0	90.02
91.00	09100	EMERGENCY	0.118451	38,575	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.685253	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		523,813	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)		523,813	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 180102	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/23/2016 10:11 am
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		26,158,649	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		7,589,046	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)		513,811	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		8,267,984	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		269.34	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
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		7.77	30.00
31.00	Percentage of Medicaid patient days (see instructions)		15.80	31.00
32.00	Sum of lines 30 and 31		23.57	32.00
33.00	Allowable disproportionate share percentage (see instructions)		10.73	33.00
34.00	Disproportionate share adjustment (see instructions)		905,282	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 180102	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/23/2016 10:11 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		7,647,644,885	6,406,145,534	35.00
35.01	Factor 3 (see instructions)		0.000182789	0.000191997	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,397,908	1,229,960	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,045,558	309,170	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,354,728		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		36,521,516		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)		36,521,516		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,698,261		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		0		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		39,219,777		59.00
60.00	Primary payer payments		24,737		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		39,195,040		61.00
62.00	Deductibles billed to program beneficiaries		3,790,034		62.00
63.00	Coinurance billed to program beneficiaries		70,560		63.00
64.00	Allowable bad debts (see instructions)		150,701		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		97,956		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,172		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		35,432,402		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	IDENTIFIED ON PS&R AS OTHER ADJUST		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)		16,326		70.93
70.94	HRR adjustment amount (see instructions)		-59,650		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 180102	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/23/2016 10:11 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		302,596		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		35,086,482		71.00
71.01	Sequestration adjustment (see instructions)		701,730		71.01
72.00	Interim payments		34,355,611		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)		29,141		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2 TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)		168,635		75.00
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		40,257		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 180102	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/23/2016 10:11 am
		Title XVIII	Hospital	PPS

	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)	
	0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00				1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	26,158,649	26,158,649		26,158,649
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	7,589,046		7,589,046	7,589,046
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00	513,811	393,150	120,661	513,811
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0
3.00	Operating outlier reconciliation	2.01	0	0	0	0
4.00	Managed care simulated payments	3.00	8,267,984	6,391,785	1,876,199	8,267,984
Indirect Medical Education Adjustment						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA						
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0
Disproportionate Share Adjustment						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1073	0.1073	0.1073	
11.00	Disproportionate share adjustment (see instructions)	34.00	905,282	701,706	203,576	905,282
11.01	Uncompensated care payments	36.00	1,354,728	1,045,558	309,170	1,354,728
Additional payment for high percentage of ESRD beneficiary discharges						
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0
13.00	Subtotal (see instructions)	47.00	36,521,516	28,299,063	8,222,453	36,521,516
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	36,521,516	28,299,063	8,222,453	36,521,516
16.00	Payment for inpatient program capital	50.00	2,698,261	1,996,784	701,477	2,698,261
17.00	Special add-on payments for new technologies	54.00	0	0	0	0
17.01	Net organ acquisition cost	55.00	0	0	0	0
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0
19.00	SUBTOTAL			30,295,847	8,923,930	39,219,777

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 180102	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/23/2016 10:11 am
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)					
		0	1.00	2.00	3.00	4.00		
20.00	Capital DRG other than outlier	1.00	2,658,004	1,961,717	696,287	2,658,004	20.00	
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01	
21.00	Capital DRG outlier payments	2.00	40,257	35,067	5,190	40,257	21.00	
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01	
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	2,698,261	1,996,784	701,477	2,698,261	26.00	
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)					
		0	1.00	2.00	3.00	4.00		
27.00							27.00	
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00	
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00	
30.00	HVBP payment adjustment (see instructions)	70.93	16,326	-25,974	42,300	16,326	30.00	
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01	
31.00	HRR adjustment (see instructions)	70.94	-59,650	-10,249	-49,401	-59,650	31.00	
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01	
						(Amt. to Wkst. E, Pt. A)		
		0	1.00	2.00	3.00	4.00		
32.00	HAC Reduction Program adjustment (see instructions)	70.99		302,596		0	302,596	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y					100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 180102	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/23/2016 10:11 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		2,673	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		17,674,867	2.00
3.00	PPS payments		18,724,192	3.00
4.00	Outlier payment (see instructions)		96,612	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		2,673	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		9,560	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)		9,560	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)		9,560	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		6,887	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)		2,673	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)		18,820,804	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		126	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		3,937,416	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)		14,885,935	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)		14,885,935	30.00
31.00	Primary payer payments		9,885	31.00
32.00	Subtotal (line 30 minus line 31)		14,876,050	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)		101,587	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		66,032	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		172	36.00
37.00	Subtotal (see instructions)		14,942,082	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-77	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)		14,942,159	40.00
40.01	Sequestration adjustment (see instructions)		298,843	40.01
41.00	Interim payments		14,876,360	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-233,044	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)		96,612	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 180102	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/23/2016 10:11 am
		Component CCN: 18T102	Title XVII I	Subprovider - IRF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		28,035	2.00
3.00	PPS payments		20,904	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		20,904	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)		4,417	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		16,487	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)		16,487	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		16,487	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)		16,487	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)		16,487	40.00
40.01	Sequestration adjustment (see instructions)		330	40.01
41.00	Interim payments		18,018	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-1,861	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		6,652	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: 180102

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

Worksheet E-1
Part I
Date/Time Prepared:
5/23/2016 10:11 am

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		34,174,921		14,904,274	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	07/14/2015	180,690		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	03/05/2015	1,264	3.50
3.51			0	07/14/2015	26,650	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)		180,690		-27,914	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)		34,355,611		14,876,360	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		29,141		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		233,044	6.02
7.00	Total Medicare program liability (see instructions)		34,384,752		14,643,316	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor	CGS		15101		8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 180102

Period: From 01/01/2015

Worksheet E-1

Component CCN: 18T102

To 12/31/2015

Part I
Date/Time Prepared:
5/23/2016 10:11 am

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		4,874,098		18,018	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)		0		0	3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	07/14/2015	20,849		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)		20,849		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)		4,894,947		18,018	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		6,601		1,861	6.02
7.00	Total Medicare program liability (see instructions)		4,888,346		16,157	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor	CGS		15101		8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 180102

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

Worksheet E-1
Part II
Date/Time Prepared:
5/23/2016 10:11 am

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	10,303	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	23,505	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	4,835	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	49,813	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	691,712,281	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	1,722,042	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168	0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	0	8.00
9.00	Sequestration adjustment amount (see instructions)	0	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	0	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH			
30.00	Initial/interim HIT payment adjustment (see instructions)	0	30.00
31.00	Other Adjustment (specify)	0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)	0	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 180102	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part II Date/Time Prepared: 5/23/2016 10:11 am
		Title XVII	Hospital	PPS
		1.00		
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		0	1.00
2.00	Net IPF PPS Outlier Payments		0	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		120.131507	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line } 8/\text{line } 9)) \text{ raised to the power of } .5150 - 1)\}$.		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		0	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)		0	14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		0	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		0	18.00
19.00	Deductibles		0	19.00
20.00	Subtotal (line 18 minus line 19)		0	20.00
21.00	Coinsurance		0	21.00
22.00	Subtotal (line 20 minus line 21)		0	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		2,460	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		1,599	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	25.00
26.00	Subtotal (sum of lines 22 and 24)		1,599	26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		0	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	30.50
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		1,599	31.00
31.01	Sequestration adjustment (see instructions)		32	31.01
32.00	Interim payments		34,355,611	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)		-34,354,044	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		0	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: 180102	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part III Date/Time Prepared: 5/23/2016 10:11 am
		Component CCN: 18T102	Title VIII	Subprovider - IRF PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)		4,751,223	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0342	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		183,872	3.00
4.00	Outlier Payments		92,745	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)		14.197260	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)		5,027,840	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)			15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)		0	16.00
17.00	Subtotal (see instructions)		5,027,840	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		5,027,840	19.00
20.00	Deductibles		41,492	20.00
21.00	Subtotal (line 19 minus line 20)		4,986,348	21.00
22.00	Coinsurance		4,095	22.00
23.00	Subtotal (line 21 minus line 22)		4,982,253	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		9,007	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		5,855	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,480	26.00
27.00	Subtotal (sum of lines 23 and 25)		4,988,108	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)		4,988,108	32.00
32.01	Sequestration adjustment (see instructions)		99,762	32.01
33.00	Interim payments		4,894,947	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)		-6,601	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		92,745	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: 180102	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part VII Date/Time Prepared: 5/23/2016 10:11 am	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		209,947		1.00
2.00	Medical and other services			139,950	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		209,947	139,950	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		209,947	139,950	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		523,813	979,639	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		523,813	979,639	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		523,813	979,639	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		313,866	839,689	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		209,947	139,950	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0		28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		209,947	139,950	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		209,947	139,950	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		209,947	139,950	36.00
37.00	ADJUSTMENT FOR LAB AND KMAP 1		0	-13,337	37.00
38.00	Subtotal (line 36 ± line 37)		209,947	126,613	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		209,947	126,613	40.00
41.00	Interim payments		209,967	213,472	41.00
42.00	Balance due provider/program (line 40 minus line 41)		-20	-86,859	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 180102	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part VII Date/Time Prepared: 5/23/2016 10:11 am	
		Title XIX	Subprovider - IRF	Cost	
		Inpatient	Outpatient		
		1.00	2.00		
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services	0			1.00
2.00	Medical and other services		0		2.00
3.00	Organ acquisition (certified transplant centers only)	0			3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	0	0		4.00
5.00	Inpatient primary payer payments	0			5.00
6.00	Outpatient primary payer payments		0		6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	0	0		7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges	0			8.00
9.00	Ancillary service charges	0	0		9.00
10.00	Organ acquisition charges, net of revenue	0			10.00
11.00	Incentive from target amount computation	0			11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0		12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000		0.000000	15.00
16.00	Total customary charges (see instructions)	0		0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0		0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0		0	18.00
19.00	Interns and Residents (see instructions)	0		0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0		0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments	0		0	22.00
23.00	Outlier payments	0		0	23.00
24.00	Program capital payments	0		0	24.00
25.00	Capital exception payments (see instructions)	0		0	25.00
26.00	Routine and Ancillary service other pass through costs	0		0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0		0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0		0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)	0		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0		0	31.00
32.00	Deductibles	0		0	32.00
33.00	Coinurance	0		0	33.00
34.00	Allowable bad debts (see instructions)	0		0	34.00
35.00	Utilization review	0		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0		0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		0	37.00
38.00	Subtotal (line 36 ± line 37)	0		0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0		0	40.00
41.00	Interim payments	0		0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0		0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0		0	43.00

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

Provider CCN: 180102

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

Worksheet G

Date/Time Prepared:
5/23/2016 10:11 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	-4,686,888	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	52,833,526	0	0	0	4.00
5.00	Other receivable	34,543,819	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-17,124,825	0	0	0	6.00
7.00	Inventory	5,043,150	0	0	0	7.00
8.00	Prepaid expenses	191,456	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)	70,800,238	0	0	0	11.00
FIXED ASSETS						
12.00	Land	453,242	0	0	0	12.00
13.00	Land improvements	3,014,441	0	0	0	13.00
14.00	Accumulated depreciation	-2,797,417	0	0	0	14.00
15.00	Buildings	110,194,223	0	0	0	15.00
16.00	Accumulated depreciation	-60,856,951	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	43,008,858	0	0	0	19.00
20.00	Accumulated depreciation	-34,663,530	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	71,787,119	0	0	0	23.00
24.00	Accumulated depreciation	-63,339,226	0	0	0	24.00
25.00	Minor equipment depreciable	9,167,737	0	0	0	25.00
26.00	Accumulated depreciation	-6,626,739	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)	69,341,757	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	90,979,101	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	13,398,672	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	104,377,773	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	244,519,768	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	12,339,637	0	0	0	37.00
38.00	Salaries, wages, and fees payable	4,751,995	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	3,584,289	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	4,907,216	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	25,583,137	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	20,213,434	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	47,500	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	20,260,934	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	45,844,071	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	198,675,697	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	198,675,697	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	244,519,768	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 180102

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

Worksheet G-1

Date/Time Prepared:
5/23/2016 10:11 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		215,257,695		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		24,480,601			2.00
3.00	Total (sum of line 1 and line 2)		239,738,296		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		239,738,296		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		239,738,296		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	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 180102

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/23/2016 10:11 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	43,338,418		43,338,418	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	4,272,593		4,272,593	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	47,611,011		47,611,011	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	7,109,293		7,109,293	11.00
12.00	CORONARY CARE UNIT	5,413,026		5,413,026	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)	12,522,319		12,522,319	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	60,133,330		60,133,330	17.00
18.00	Ancillary services	257,871,211	266,738,431	524,609,642	18.00
19.00	Outpatient services	10,790,131	72,930,056	83,720,187	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		9,536,037	9,536,037	22.00
23.00	AMBULANCE SERVICES	12,068	18,370	30,438	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	740,011	9,994,986	10,734,997	26.00
26.01	HOSPICE II	0	2,616,421	2,616,421	26.01
27.00	NURSERY	331,197	0	331,197	27.00
27.01	PHYSICIAN PRIVATE OFFICE	0	71,880	71,880	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	329,877,948	361,906,181	691,784,129	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		176,032,683		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		176,032,683		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 180102	Period: From 01/01/2015 To 12/31/2015	Worksheet G-3 Date/Time Prepared: 5/23/2016 10:11 am
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	691,784,129	1.00
2.00	Less contractual allowances and discounts on patients' accounts	494,588,425	2.00
3.00	Net patient revenues (line 1 minus line 2)	197,195,704	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	176,032,683	4.00
5.00	Net income from service to patients (line 3 minus line 4)	21,163,021	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 OPERATING AND NON-OPERATING	3,317,580	24.00
25.00	Total other income (sum of lines 6-24)	3,317,580	25.00
26.00	Total (line 5 plus line 25)	24,480,601	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)	24,480,601	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 180102

Period: From 01/01/2015

Worksheet H

HHA CCN: 187100

To 12/31/2015

Date/Time Prepared: 5/23/2016 10:11 am

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	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	130,624	130,624	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	0	0	167,396	663,450	830,846	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	2,001,344	0	161,952	0	2,163,296	6.00
7.00	Physical Therapy	1,363,026	0	129,624	0	1,492,650	7.00
8.00	Occupational Therapy	264,293	0	19,917	0	284,210	8.00
9.00	Speech Pathology	102,799	0	7,311	0	110,110	9.00
10.00	Medical Social Services	67,910	0	3,029	0	70,939	10.00
11.00	Home Health Aide	65,654	0	15,031	0	80,685	11.00
12.00	Supplies (see instructions)	0	0	0	88,661	88,661	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	90,109	0	0	0	90,109	23.00
24.00	Total (sum of lines 1-23)	3,955,135	0	336,864	256,057	5,342,130	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		1.00
2.00	Capital Related - Movable Equipment	0	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	130,624	0	130,624		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	0	830,846	-755	830,091		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	430,404	2,593,700	0	2,593,700		6.00
7.00	Physical Therapy	293,129	1,785,779	0	1,785,779		7.00
8.00	Occupational Therapy	56,838	341,048	0	341,048		8.00
9.00	Speech Pathology	22,108	132,218	0	132,218		9.00
10.00	Medical Social Services	14,605	85,544	0	85,544		10.00
11.00	Home Health Aide	14,119	94,804	0	94,804		11.00
12.00	Supplies (see instructions)	0	88,661	0	88,661		12.00
13.00	Drugs	0	0	0	0		13.00
14.00	DME	0	0	0	0		14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	90,109	0	90,109		23.00
24.00	Total (sum of lines 1-23)	831,203	6,173,333	-755	6,172,578		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: 180102	Period: From 01/01/2015 To 12/31/2015	Worksheet H-1 Part I Date/Time Prepared: 5/23/2016 10:11 am
		HHA CCN: 187100	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
		1.00	2.00				
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	130,624	0	0	130,624	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	830,091	0	0	130,624	0	960,715
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	2,593,700	0	0	0	0	2,593,700
7.00	Physical Therapy	1,785,779	0	0	0	0	1,785,779
8.00	Occupational Therapy	341,048	0	0	0	0	341,048
9.00	Speech Pathology	132,218	0	0	0	0	132,218
10.00	Medical Social Services	85,544	0	0	0	0	85,544
11.00	Home Health Aide	94,804	0	0	0	0	94,804
12.00	Supplies (see instructions)	88,661	0	0	0	0	88,661
13.00	Drugs	0	0	0	0	0	0
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	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	90,109	0	0	0	0	90,109
24.00	Total (sum of lines 1-23)	6,172,578	0	0	130,624	0	6,172,578
		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	960,715					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	478,105	3,071,805				6.00
7.00	Physical Therapy	329,176	2,114,955				7.00
8.00	Occupational Therapy	62,866	403,914				8.00
9.00	Speech Pathology	24,372	156,590				9.00
10.00	Medical Social Services	15,768	101,312				10.00
11.00	Home Health Aide	17,475	112,279				11.00
12.00	Supplies (see instructions)	16,343	105,004				12.00
13.00	Drugs	0	0				13.00
14.00	DME	0	0				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	16,610	106,719				23.00
24.00	Total (sum of lines 1-23)		6,172,578				24.00

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 180102 HHA CCN: 187100	Period: From 01/01/2015 To 12/31/2015	Worksheet H-1 Part II Date/Time Prepared: 5/23/2016 10:11 am PPS
			Home Health Agency I	

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
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	1,000	0		3.00
4.00	Transportation (see instructions)	0	0	0	55,154		4.00
5.00	Administrative and General	0	0	1,000	0	-960,715	5,211,863
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	26,516	0	2,593,700
7.00	Physical Therapy	0	0	0	21,223	0	1,785,779
8.00	Occupational Therapy	0	0	0	3,261	0	341,048
9.00	Speech Pathology	0	0	0	1,197	0	132,218
10.00	Medical Social Services	0	0	0	496	0	85,544
11.00	Home Health Aide	0	0	0	2,461	0	94,804
12.00	Supplies (see instructions)	0	0	0	0	0	88,661
13.00	Drugs	0	0	0	0	0	0
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	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	90,109
24.00	Total (sum of lines 1-23)	0	0	1,000	55,154	-960,715	5,211,863
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	130,624	0		960,715
26.00	Unit Cost Multiplier	0.000000	0.000000	130.624000	0.000000		0.184332

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 180102

Period: From 01/01/2015

Worksheet H-2

HHA CCN: 187100

To 12/31/2015

Part I
Date/Time Prepared: 5/23/2016 10:11 am

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				
1.00 Administrative and General	0	0	0	212,938	16,172	0	1.00
2.00 Skilled Nursing Care	3,071,805	0	0	841,011	0	0	2.00
3.00 Physical Therapy	2,114,955	0	0	572,775	0	0	3.00
4.00 Occupational Therapy	403,914	0	0	111,062	0	0	4.00
5.00 Speech Pathology	156,590	0	0	43,199	0	0	5.00
6.00 Medical Social Services	101,312	0	0	28,537	0	0	6.00
7.00 Home Health Aide	112,279	0	0	27,589	0	0	7.00
8.00 Supplies (see instructions)	105,004	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)	106,719	0	0	37,866	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	6,172,578	0	0	1,874,977	16,172	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	DATA PROCESSING	Subtotal	OTHER ADMIN STRATIVE AND GENERAL	ADMITTING	Subtotal	OTHER ADMIN STRATIVE AND GENERAL	
	5.04	5A.04	5.05	5.06	5A.06	5.07	
1.00 Administrative and General	67	229,177	4,784	0	233,961	51,614	1.00
2.00 Skilled Nursing Care	0	3,912,816	81,684	0	3,994,500	881,230	2.00
3.00 Physical Therapy	0	2,687,730	56,109	0	2,743,839	605,321	3.00
4.00 Occupational Therapy	0	514,976	10,751	0	525,727	115,981	4.00
5.00 Speech Pathology	0	199,789	4,171	0	203,960	44,996	5.00
6.00 Medical Social Services	0	129,849	2,711	0	132,560	29,244	6.00
7.00 Home Health Aide	0	139,868	2,920	0	142,788	31,501	7.00
8.00 Supplies (see instructions)	0	105,004	2,192	0	107,196	23,649	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	144,585	3,018	0	147,603	32,563	19.00
20.00 Total (sum of lines 1-19) (2)	67	8,063,794	168,340	0	8,232,134	1,816,099	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			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: 180102

Period: From 01/01/2015

Worksheet H-2

HHA CCN: 187100

To 12/31/2015

Part I
Date/Time Prepared: 5/23/2016 10:11 am

Home Health Agency I

PPS

Cost Center Description		MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		6.00	8.00	9.00	10.00	11.00	13.00	
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) (2)	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
Cost Center Description		CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT TRANSPORT	Subtotal	
		14.00	15.00	16.00	17.00	18.00	24.00	
1.00	Administrative and General	0	0	0	0	0	285,575	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	4,875,730	2.00
3.00	Physical Therapy	0	0	0	0	0	3,349,160	3.00
4.00	Occupational Therapy	0	0	0	0	0	641,708	4.00
5.00	Speech Pathology	0	0	0	0	0	248,956	5.00
6.00	Medical Social Services	0	0	0	0	0	161,804	6.00
7.00	Home Health Aide	0	0	0	0	0	174,289	7.00
8.00	Supplies (see instructions)	28	0	0	0	0	130,873	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	180,166	19.00
20.00	Total (sum of lines 1-19) (2)	28	0	0	0	0	10,048,261	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: 180102

Period: From 01/01/2015

Worksheet H-2

HHA CCN: 187100

To 12/31/2015

Part I
Date/Time Prepared:
5/23/2016 10:11 am

Home Health Agency I

PPS

Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
	25.00	26.00	27.00	28.00		
1.00 Administrative and General	0	285,575				1.00
2.00 Skilled Nursing Care	0	4,875,730	142,623	5,018,353		2.00
3.00 Physical Therapy	0	3,349,160	97,970	3,447,130		3.00
4.00 Occupational Therapy	0	641,708	18,771	660,479		4.00
5.00 Speech Pathology	0	248,956	7,282	256,238		5.00
6.00 Medical Social Services	0	161,804	4,733	166,537		6.00
7.00 Home Health Aide	0	174,289	5,098	179,387		7.00
8.00 Supplies (see instructions)	0	130,873	3,828	134,701		8.00
9.00 Drugs	0	0	0	0		9.00
10.00 DME	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0		13.00
14.00 Clinic	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0		18.00
19.00 All Others (specify)	0	180,166	5,270	185,436		19.00
20.00 Total (sum of lines 1-19) (2)	0	10,048,261	285,575	10,048,261		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.			0.029252			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: 180102

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

Worksheet H-2 Part II Date/Time Prepared: 5/23/2016 10:11 am

HHA CCN: 187100

Home Health Agency I

PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NO OF PHONES)	PURCHASING RECEIVING AND STORES (COSTED REQUIS.)	DATA PROCESSING (GROSS CHARGES)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	0	0	506,727	59	88,302	9,536,068	1.00
2.00 Skilled Nursing Care	0	0	2,001,344	0	0	0	2.00
3.00 Physical Therapy	0	0	1,363,026	0	0	0	3.00
4.00 Occupational Therapy	0	0	264,293	0	0	0	4.00
5.00 Speech Pathology	0	0	102,799	0	0	0	5.00
6.00 Medical Social Services	0	0	67,910	0	0	0	6.00
7.00 Home Health Aide	0	0	65,654	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	90,109	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	0	4,461,862	59	88,302	9,536,068	20.00
21.00 Total cost to be allocated	0	0	1,874,977	16,172	0	67	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.420223	274.101695	0.000000	0.000007	22.00
Cost Center Description	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	ADMINISTERING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
	5A.05	5.05	5.06	5A.07	5.07	6.00	
1.00 Administrative and General	0	229,177	0	0	233,961	0	1.00
2.00 Skilled Nursing Care	0	3,912,816	0	0	3,994,500	0	2.00
3.00 Physical Therapy	0	2,687,730	0	0	2,743,839	0	3.00
4.00 Occupational Therapy	0	514,976	0	0	525,727	0	4.00
5.00 Speech Pathology	0	199,789	0	0	203,960	0	5.00
6.00 Medical Social Services	0	129,849	0	0	132,560	0	6.00
7.00 Home Health Aide	0	139,868	0	0	142,788	0	7.00
8.00 Supplies (see instructions)	0	105,004	0	0	107,196	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	144,585	0	0	147,603	0	19.00
20.00 Total (sum of lines 1-19)	0	8,063,794	0	0	8,232,134	0	20.00
21.00 Total cost to be allocated	0	168,340	0	0	1,816,099	0	21.00
22.00 Unit cost multiplier		0.020876	0.000000		0.220611	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 180102

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

Worksheet H-2 Part II Date/Time Prepared: 5/23/2016 10:11 am

HHA CCN: 187100

Home Health Agency I

PPS

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICE & SUPPLY (COSTED REQUIS.)	
		8.00	9.00	10.00	11.00	13.00	14.00	
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	834	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	834	20.00
21.00	Total cost to be allocated	0	0	0	0	0	28	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.033573	22.00
Cost Center Description		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE PATIENT TRANSPORT (GROSS CHARGES)			
		15.00	16.00	17.00	18.00			
1.00	Administrative and General	0	0	0	0			1.00
2.00	Skilled Nursing Care	0	0	0	0			2.00
3.00	Physical Therapy	0	0	0	0			3.00
4.00	Occupational Therapy	0	0	0	0			4.00
5.00	Speech Pathology	0	0	0	0			5.00
6.00	Medical Social Services	0	0	0	0			6.00
7.00	Home Health Aide	0	0	0	0			7.00
8.00	Supplies (see instructions)	0	0	0	0			8.00
9.00	Drugs	0	0	0	0			9.00
10.00	DME	0	0	0	0			10.00
11.00	Home Dialysis Aide Services	0	0	0	0			11.00
12.00	Respiratory Therapy	0	0	0	0			12.00
13.00	Private Duty Nursing	0	0	0	0			13.00
14.00	Clinic	0	0	0	0			14.00
15.00	Health Promotion Activities	0	0	0	0			15.00
16.00	Day Care Program	0	0	0	0			16.00
17.00	Home Delivered Meals Program	0	0	0	0			17.00
18.00	Homemaker Service	0	0	0	0			18.00
19.00	All Others (specify)	0	0	0	0			19.00
20.00	Total (sum of lines 1-19)	0	0	0	0			20.00
21.00	Total cost to be allocated	0	0	0	0			21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000			22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 180102	Period: From 01/01/2015 To 12/31/2015	Worksheet H-3 Part I Date/Time Prepared: 5/23/2016 10:11 am	
				HHA CCN: 187100	Title XVIII		Home Health Agency I
				Total HHA Costs (cols. 1 + 2)		Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)
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)				
	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	5,018,353		5,018,353	26,516	189.26
2.00	Physical Therapy	3.00	3,447,130	0	3,447,130	21,223	162.42
3.00	Occupational Therapy	4.00	660,479	0	660,479	3,261	202.54
4.00	Speech Pathology	5.00	256,238	0	256,238	1,197	214.07
5.00	Medical Social Services	6.00	166,537		166,537	496	335.76
6.00	Home Health Aide	7.00	179,387		179,387	2,461	72.89
7.00	Total (sum of lines 1-6)		9,728,124	0	9,728,124	55,154	
Program Visits							
Part B							
Not Subject to Deductibles & Coinsurance							
Subject to Deductibles							
Ratio (col. 3 ÷ col. 4)							
Cost Center Description							
Limitation Cost Computation							
8.00	Skilled Nursing Care		99914	0	1,426		8.00
8.01	Skilled Nursing Care		99918	0	1,175		8.01
8.02	Skilled Nursing Care		50050	0	12,843		8.02
9.00	Physical Therapy		99914	0	931		9.00
9.01	Physical Therapy		99918	0	805		9.01
9.02	Physical Therapy		50050	0	10,892		9.02
10.00	Occupational Therapy		99914	0	230		10.00
10.01	Occupational Therapy		99918	0	116		10.01
10.02	Occupational Therapy		50050	0	1,523		10.02
11.00	Speech Pathology		99914	0	57		11.00
11.01	Speech Pathology		99918	0	61		11.01
11.02	Speech Pathology		50050	0	503		11.02
12.00	Medical Social Services		99914	0	28		12.00
12.01	Medical Social Services		99918	0	13		12.01
12.02	Medical Social Services		50050	0	265		12.02
13.00	Home Health Aide		99914	0	303		13.00
13.01	Home Health Aide		99918	0	109		13.01
13.02	Home Health Aide		50050	0	1,280		13.02
14.00	Total (sum of lines 8-13)			0	32,560		14.00
Cost Center Description							
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	134,701	0	134,701	473,238	0.284637
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000
Program Visits							
Cost of Services							
Part B							
Not Subject to Deductibles & Coinsurance							
Subject to Deductibles & Coinsurance							
Ratio (col. 3 ÷ col. 4)							
Cost Center Description							
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	15,444		0	2,922,931	1.00
2.00	Physical Therapy	0	12,628		0	2,051,040	2.00
3.00	Occupational Therapy	0	1,869		0	378,547	3.00
4.00	Speech Pathology	0	621		0	132,937	4.00
5.00	Medical Social Services	0	306		0	102,743	5.00
6.00	Home Health Aide	0	1,692		0	123,330	6.00
7.00	Total (sum of lines 1-6)	0	32,560		0	5,711,528	7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 180102

Period: From 01/01/2015

Worksheet H-3

HHA CCN: 187100

To 12/31/2015

Part I
Date/Time Prepared:
5/23/2016 10:11 am

Title XVII I

Home Health Agency I

PPS

Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
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	416	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	2,922,931						1.00
2.00	Physical Therapy	2,051,040						2.00
3.00	Occupational Therapy	378,547						3.00
4.00	Speech Pathology	132,937						4.00
5.00	Medical Social Services	102,743						5.00
6.00	Home Health Aide	123,330						6.00
7.00	Total (sum of lines 1-6)	5,711,528						7.00
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 180102 HHA CCN: 187100	Period: From 01/01/2015 To 12/31/2015	Worksheet H-3 Part II Date/Time Prepared: 5/23/2016 10:11 am
			Title XVIII	Home Health Agency I

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	0.415698	0	0	col. 2, line 2.00 1.00
2.00	Occupational Therapy	67.00	0.313900	0	0	col. 2, line 3.00 2.00
3.00	Speech Pathology	68.00	0.269005	0	0	col. 2, line 4.00 3.00
4.00	Cost of Medical Supplies	71.00	0.742530	0	0	col. 2, line 15.00 4.00
5.00	Cost of Drugs	73.00	0.286139	0	0	col. 2, line 16.00 5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 180102 HHA CCN: 187100	Period: From 01/01/2015 To 12/31/2015	Worksheet H-4 Part I-11 Date/Time Prepared: 5/23/2016 10:11 am
		Title XVII I	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
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
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	4,847,581
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	87,822
13.00	Total PPS Reimbursement - LUPA Episodes		0	62,925
14.00	Total PPS Reimbursement - PEP Episodes		0	38,997
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	25,274
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	5,062,599
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	5,062,599
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	5,062,599
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	5,062,599
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
31.00	Subtotal (see instructions)		0	5,062,599
31.01	Sequestration adjustment (see instructions)		0	0
32.00	Interim payments (see instructions)		0	5,062,599
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

Provider CCN: 180102
HHA CCN: 187100

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

Worksheet H-5
Date/Time Prepared:
5/23/2016 10:11 am
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		5,062,599	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		5,062,599	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		5,062,599	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				1.00	2.00	
				0		
8.00	Name of Contractor	CGS		15101		8.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 180102	Period: From 01/01/2015 To 12/31/2015	Worksheet I-5 Date/Time Prepared: 5/23/2016 10:11 am
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		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	0		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	0	0	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012	0	0	5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013	0	0	5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014	0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	0	0	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	0		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.000000		14.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 180102

Period: From 01/01/2015

Worksheet K

Hospice CCN: 181507

To 12/31/2015

Date/Time Prepared: 5/23/2016 10:11 am

		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		23,600	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	216,144	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	62,768	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	1,965,592	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	12,000	0	7.00
8.00	Inpatient - Respite Care	0	0	0	190,652	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	331,464	0	9.00
10.00	Nursing Care	2,042,271	0	181,265	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	5,038	0	1,967	0	0	12.00
13.00	Occupational Therapy	0	0	218	0	0	13.00
14.00	Speech/ Language Pathology	0	0	204	0	0	14.00
15.00	Medical Social Services	260,331	0	32,790	0	0	15.00
16.00	Spiritual Counseling	216,858	0	14,807	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	309,411	0	113,950	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	147,409	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	97,834	0	29.00
30.00	Medical Supplies	0	0	0	0	88,654	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	234,066	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	67,195	0	700	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)	3,111,281	0	345,901	866,016	2,293,990	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 180102

Period: From 01/01/2015

Worksheet K

Hospice CCN: 181507

To 12/31/2015

Date/Time Prepared: 5/23/2016 10:11 am

		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.	23,600	0	23,600	0	23,600	2.00
3.00	Plant Operation and Maintenance	216,144	0	216,144	0	216,144	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	62,768	0	62,768	0	62,768	5.00
6.00	Administrative and General	1,965,592	686,733	2,652,325	0	2,652,325	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	12,000	0	12,000	0	12,000	7.00
8.00	Inpatient - Respite Care	190,652	0	190,652	0	190,652	8.00
VISITING SERVICES							
9.00	Physician Services	331,464	0	331,464	0	331,464	9.00
10.00	Nursing Care	2,223,536	0	2,223,536	0	2,223,536	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	7,005	0	7,005	0	7,005	12.00
13.00	Occupational Therapy	218	0	218	0	218	13.00
14.00	Speech/ Language Pathology	204	0	204	0	204	14.00
15.00	Medical Social Services	293,121	0	293,121	0	293,121	15.00
16.00	Spiritual Counseling	231,665	0	231,665	0	231,665	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	-26,708	-26,708	0	-26,708	18.00
19.00	Home Health Aide and Homemaker	423,361	0	423,361	0	423,361	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	147,409	0	147,409	0	147,409	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	97,834	0	97,834	0	97,834	29.00
30.00	Medical Supplies	88,654	251,609	340,263	0	340,263	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	234,066	672,899	906,965	0	906,965	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	67,895	0	67,895	0	67,895	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	-554	-554	38.00
39.00	Total (sum of lines 1 thru 38)	6,617,188	1,584,533	8,201,721	-554	8,201,167	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 180102

Period: From 01/01/2015

Worksheet K

Hospice CCN: 141548

To 12/31/2015

Date/Time Prepared: 5/23/2016 10:11 am

		Hospice II					
		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	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	0	0	0	27,634	26,444	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	192,552	0	16,267	0	0	10.00
11.00	Nursing Care-Continuous Home Care	91	0	0	0	0	11.00
12.00	Physical Therapy	281	0	12	0	0	12.00
13.00	Occupational Therapy	93	0	36	0	0	13.00
14.00	Speech/ Language Pathology	0	0	12	0	0	14.00
15.00	Medical Social Services	14,490	0	2,644	0	0	15.00
16.00	Spiritual Counseling	3,771	0	2,177	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	46,793	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	7,931	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	3,316	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	625	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	598	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	272,742	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	1,616	0	131	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)	259,687	0	32,526	301,599	26,444	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 180102

Period: From 01/01/2015

Worksheet K

Hospice CCN: 141548

To 12/31/2015

Date/Time Prepared: 5/23/2016 10:11 am

		Hospice II					
		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	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	54,078	33,297	87,375	0	87,375	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	208,819	0	208,819	0	208,819	10.00
11.00	Nursing Care-Continuous Home Care	91	0	91	0	91	11.00
12.00	Physical Therapy	293	0	293	0	293	12.00
13.00	Occupational Therapy	129	0	129	0	129	13.00
14.00	Speech/ Language Pathology	12	0	12	0	12	14.00
15.00	Medical Social Services	17,134	0	17,134	0	17,134	15.00
16.00	Spiritual Counseling	5,948	0	5,948	0	5,948	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	46,793	0	46,793	0	46,793	18.00
19.00	Home Health Aide and Homemaker	7,931	0	7,931	0	7,931	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	3,316	0	3,316	0	3,316	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	625	0	625	0	625	29.00
30.00	Medical Supplies	0	7,732	7,732	0	7,732	30.00
31.00	Outpatient Services (including E/R Dept.)	598	0	598	0	598	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	272,742	73,703	346,445	-127	346,318	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	1,747	0	1,747	0	1,747	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)	620,256	114,732	734,988	-127	734,861	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 180102

Period: From 01/01/2015

Worksheet K-1

Hospice CCN: 181507

To 12/31/2015

Date/Time Prepared: 5/23/2016 10:11 am

		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	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	2,042,271	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	260,331	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	147,409	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	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)	0	0	260,331	0	2,189,680	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 180102

Period: From 01/01/2015

Worksheet K-1

Hospice CCN: 181507

To 12/31/2015

Date/Time Prepared: 5/23/2016 10:11 am

		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	62,768	62,768	5.00
6.00	Administrative and General		0	0	0	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	2,042,271	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	5,038	0	0	5,038	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	260,331	15.00
16.00	Spiritual Counseling		0	216,858	216,858	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		309,411	0	309,411	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	147,409	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	67,195	67,195	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)	5,038	309,411	346,821	3,111,281	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 180102

Period: From 01/01/2015

Worksheet K-1

Hospice CCN: 141548

To 12/31/2015

Date/Time Prepared: 5/23/2016 10:11 am

		Hospice II					
		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	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	192,552	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	91	11.00
12.00	Physical Therapy	0	0	0	0	281	12.00
13.00	Occupational Therapy	0	0	0	0	93	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	14,490	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	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	1,616	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)	0	0	16,106	192,552	465	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 180102

Period: From 01/01/2015

Worksheet K-1

Hospice CCN: 141548

To 12/31/2015

Date/Time Prepared: 5/23/2016 10:11 am

		Hospice II				
		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	0	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	192,552	10.00
11.00	Nursing Care-Continuous Home Care		0	0	91	11.00
12.00	Physical Therapy	0	0	0	281	12.00
13.00	Occupational Therapy	0	0	0	93	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	14,490	15.00
16.00	Spiritual Counseling		0	3,771	3,771	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		46,793	0	46,793	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	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	1,616	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	46,793	3,771	259,687	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 180102		Period: From 01/01/2015 To 12/31/2015		Worksheet K-3	
		Hospice CCN: 181507				Date/Time Prepared: 5/23/2016 10:11 am	
		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	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						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	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)	0	0	0	0	0	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES

Provider CCN: 180102

Period: From 01/01/2015

Worksheet K-3

Hospice CCN: 181507

To 12/31/2015

Date/Time Prepared: 5/23/2016 10:11 am

		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	0	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	12,000	12,000	7.00
8.00	Inpatient - Respite Care		0	190,652	190,652	8.00
VISITING SERVICES						
9.00	Physician Services		0	331,464	331,464	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	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	97,834	97,834	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	234,066	234,066	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	866,016	866,016	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 180102	Period: From 01/01/2015	Worksheet K-3
		Hospice CCN: 141548	To 12/31/2015	Date/Time Prepared: 5/23/2016 10:11 am
Hospice II				

		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	0	8,374	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						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	625	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	598	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	272,742	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)	0	8,374	0	0	273,965	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 180102 Hospice CCN: 141548		Period: From 01/01/2015 To 12/31/2015		Worksheet K-3 Date/Time Prepared: 5/23/2016 10:11 am	
		Hospice II					
		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	19,260	27,634		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	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	0		27.00
28.00	Imaging Services		0	0	0		28.00
29.00	Labs and Diagnostics		0	0	625		29.00
30.00	Medical Supplies		0	0	0		30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	598		31.00
32.00	Radiation Therapy		0	0	0		32.00
33.00	Chemotherapy		0	0	0		33.00
34.00	Other		0	0	272,742		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	19,260	301,599		39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 180102
 Hospice CCN: 181507

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

Worksheet K-4
 Part I
 Date/Time Prepared:
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		CAPITAL RELATED COST					
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	23,600		0			2.00
3.00	Plant Operation and Maintenance	216,144	0	0	216,144		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	62,768	0	0	0	0	5.00
6.00	Administrative and General	2,652,325	0	0	216,144	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	12,000	0	0	0	0	7.00
8.00	Inpatient - Respite Care	190,652	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	331,464	0	0	0	0	9.00
10.00	Nursing Care	2,223,536	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	7,005	0	0	0	0	12.00
13.00	Occupational Therapy	218	0	0	0	0	13.00
14.00	Speech/ Language Pathology	204	0	0	0	0	14.00
15.00	Medical Social Services	293,121	0	0	0	0	15.00
16.00	Spiritual Counseling	231,665	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	-26,708	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	423,361	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	147,409	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	97,834	0	0	0	0	29.00
30.00	Medical Supplies	340,263	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	906,965	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	67,895	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	-554	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	8,201,167	0	0	216,144	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 180102

Period: From 01/01/2015

Worksheet K-4

Hospice CCN: 181507

To 12/31/2015

Part I
Date/Time Prepared:
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		Hospice I			
	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	62,768			5.00
6.00	Administrative and General	62,768	2,931,237	2,931,237	6.00
INPATIENT CARE SERVICE					
7.00	Inpatient - General Care	0	12,000	6,705	7.00
8.00	Inpatient - Respite Care	0	190,652	106,521	8.00
VISITING SERVICES					
9.00	Physician Services	0	331,464	185,196	9.00
10.00	Nursing Care	0	2,223,536	1,242,338	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	11.00
12.00	Physical Therapy	0	7,005	3,914	12.00
13.00	Occupational Therapy	0	218	122	13.00
14.00	Speech/ Language Pathology	0	204	114	14.00
15.00	Medical Social Services	0	293,121	163,773	15.00
16.00	Spiritual Counseling	0	231,665	129,436	16.00
17.00	Dietary Counseling	0	0	0	17.00
18.00	Counseling - Other	0	-26,708	-14,922	18.00
19.00	Home Health Aide and Homemaker	0	423,361	236,541	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	20.00
21.00	Other	0	147,409	82,361	21.00
OTHER HOSPICE SERVICE COSTS					
22.00	Drugs, Biological and Infusion Therapy	0	0	0	22.00
23.00	Analgesics	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	24.00
25.00	Other - Specify	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	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	97,834	54,662	29.00
30.00	Medical Supplies	0	340,263	190,112	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	906,965	506,740	34.00
HOSPICE NONREIMBURSABLE SERVICE					
35.00	Bereavement Program Costs	0	67,895	37,934	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	-554	-310	38.00
39.00	Total (sum of lines 1 thru 38)	62,768	8,177,567	8,177,567	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180102

Period: From 01/01/2015

Worksheet K-4

Hospice CCN: 181507

To 12/31/2015

Part II
Date/Time Prepared:
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		CAPITAL RELATED COST		PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
		BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT (\$ VALUE)				
		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	1,000			3.00
4.00	Transportation - Staff	0	0	0	100		4.00
5.00	Volunteer Service Coordination	0	0	0	0	100	5.00
6.00	Administrative and General	0	0	1,000	0	100	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	100	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	216,144	0	62,768	39.00
40.00	Unit Cost Multiplier	0.000000	0.000000	216.144000	0.000000	627.680000	40.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180102
 Hospice CCN: 181507

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

Worksheet K-4
 Part II
 Date/Time Prepared:
 5/23/2016 10:11 am

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	Hospice I
		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	-2,931,237	5,246,330	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	12,000	7.00
8.00	Inpatient - Respite Care	0	190,652	8.00
VISITING SERVICES				
9.00	Physician Services	0	331,464	9.00
10.00	Nursing Care	0	2,223,536	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	7,005	12.00
13.00	Occupational Therapy	0	218	13.00
14.00	Speech/ Language Pathology	0	204	14.00
15.00	Medical Social Services	0	293,121	15.00
16.00	Spiritual Counseling	0	231,665	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	-26,708	18.00
19.00	Home Health Aide and Homemaker	0	423,361	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	147,409	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	0	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	97,834	29.00
30.00	Medical Supplies	0	340,263	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	906,965	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	67,895	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	-554	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		2,931,237	39.00
40.00	Unit Cost Multiplier		0.558721	40.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 180102
 Hospice CCN: 141548

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

Worksheet K-4
 Part I
 Date/Time Prepared:
 5/23/2016 10:11 am

		CAPITAL RELATED COST					
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
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		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	87,375	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	208,819	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	91	0	0	0	0	11.00
12.00	Physical Therapy	293	0	0	0	0	12.00
13.00	Occupational Therapy	129	0	0	0	0	13.00
14.00	Speech/ Language Pathology	12	0	0	0	0	14.00
15.00	Medical Social Services	17,134	0	0	0	0	15.00
16.00	Spiritual Counseling	5,948	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	46,793	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	7,931	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	3,316	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	625	0	0	0	0	29.00
30.00	Medical Supplies	7,732	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	598	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	346,318	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	1,747	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)	734,861	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 180102

Period: From 01/01/2015

Worksheet K-4

Hospice CCN: 141548

To 12/31/2015

Part I
Date/Time Prepared:
5/23/2016 10:11 am

		Hospice II			
	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	87,375	87,375	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	208,819	28,179	10.00
11.00	Nursing Care-Continuous Home Care	0	91	12	11.00
12.00	Physical Therapy	0	293	40	12.00
13.00	Occupational Therapy	0	129	17	13.00
14.00	Speech/ Language Pathology	0	12	2	14.00
15.00	Medical Social Services	0	17,134	2,312	15.00
16.00	Spiritual Counseling	0	5,948	803	16.00
17.00	Dietary Counseling	0	0	0	17.00
18.00	Counseling - Other	0	46,793	6,314	18.00
19.00	Home Health Aide and Homemaker	0	7,931	1,070	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	0	0	0	22.00
23.00	Analgesics	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	24.00
25.00	Other - Specify	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	26.00
27.00	Patient Transportation	0	3,316	447	27.00
28.00	Imaging Services	0	0	0	28.00
29.00	Labs and Diagnostics	0	625	84	29.00
30.00	Medical Supplies	0	7,732	1,043	30.00
31.00	Outpatient Services (including E/R Dept.)	0	598	81	31.00
32.00	Radiation Therapy	0	0	0	32.00
33.00	Chemotherapy	0	0	0	33.00
34.00	Other	0	346,318	46,735	34.00
HOSPICE NONREIMBURSABLE SERVICE					
35.00	Bereavement Program Costs	0	1,747	236	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	734,861	734,861	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180102

Period: From 01/01/2015

Worksheet K-4

Hospice CCN: 141548

To 12/31/2015

Part II
Date/Time Prepared:
5/23/2016 10:11 am

Hospice II

	CAPITAL RELATED COST					
	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	100		3.00
4.00	Transportation - Staff	0	0	0	100	4.00
5.00	Volunteer Service Coordination	0	0	0	0	100
6.00	Administrative and General	0	0	100	100	100
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	0	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	0	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	0	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	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	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	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	0	0	0	0	39.00
40.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	0.000000

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180102

Period:

Worksheet K-4

Hospice CCN: 141548

From 01/01/2015
To 12/31/2015

Part II
Date/Time Prepared:
5/23/2016 10:11 am

Hospice II

		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	-87,375	647,486	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	0	7.00
8.00	Inpatient - Respite Care	0	0	8.00
VISITING SERVICES				
9.00	Physician Services	0	0	9.00
10.00	Nursing Care	0	208,819	10.00
11.00	Nursing Care-Continuous Home Care	0	91	11.00
12.00	Physical Therapy	0	293	12.00
13.00	Occupational Therapy	0	129	13.00
14.00	Speech/ Language Pathology	0	12	14.00
15.00	Medical Social Services	0	17,134	15.00
16.00	Spiritual Counseling	0	5,948	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	46,793	18.00
19.00	Home Health Aide and Homemaker	0	7,931	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	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	3,316	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	625	29.00
30.00	Medical Supplies	0	7,732	30.00
31.00	Outpatient Services (including E/R Dept.)	0	598	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	346,318	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	1,747	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		87,375	39.00
40.00	Unit Cost Multiplier		0.134945	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 180102

Period: From 01/01/2015

Worksheet K-5

Hospice CCN: 181507

To 12/31/2015

Part I
Date/Time Prepared:
5/23/2016 10:11 am

Cost Center Description		Hospice Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			BLDG & FIXT	MVBLE EQUIP			
			1.00	2.00			
		0	81,154	6,433	31,461	12,334	
1.00	Administrative and General		81,154	6,433	31,461	12,334	1.00
2.00	Inpatient - General Care	18,705	0	0	0	0	2.00
3.00	Inpatient - Respite Care	297,173	0	0	0	0	3.00
4.00	Physician Services	516,660	0	0	0	0	4.00
5.00	Nursing Care	3,465,874	0	0	1,023,624	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	10,919	0	0	2,525	0	7.00
8.00	Occupational Therapy	340	0	0	0	0	8.00
9.00	Speech/ Language Pathology	318	0	0	0	0	9.00
10.00	Medical Social Services	456,894	0	0	130,483	0	10.00
11.00	Spiritual Counseling	361,101	0	0	108,693	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	-41,630	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	659,902	0	0	155,082	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	73,884	0	15.00
16.00	Other	229,770	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	152,496	0	0	0	0	24.00
25.00	Medical Supplies	530,375	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	1,413,705	0	0	0	0	29.00
30.00	Bereavement Program Costs	105,829	0	0	33,680	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	-864	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	8,177,567	81,154	6,433	1,559,432	12,334	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 180102

Period: From 01/01/2015

Worksheet K-5

Hospice CCN: 181507

To 12/31/2015

Part I
Date/Time Prepared:
5/23/2016 10:11 am

Cost Center Description		PURCHASING		Subtotal	OTHER		ADMITTING
		RECEIVING AND STORES	DATA PROCESSING		ADMINISTRATIVE AND GENERAL		
		5.03	5.04	5A.04	5.05	5.06	
1.00	Administrative and General	0	75	131,457	2,794	0	1.00
2.00	Inpatient - General Care	0	0	18,705	398	0	2.00
3.00	Inpatient - Respite Care	0	0	297,173	6,316	0	3.00
4.00	Physician Services	0	0	516,660	10,982	0	4.00
5.00	Nursing Care	0	0	4,489,498	95,424	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	13,444	286	0	7.00
8.00	Occupational Therapy	0	0	340	7	0	8.00
9.00	Speech/ Language Pathology	0	0	318	7	0	9.00
10.00	Medical Social Services	0	0	587,377	12,485	0	10.00
11.00	Spiritual Counseling	0	0	469,794	9,985	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	-41,630	-885	0	13.00
14.00	Home Health Aide and Homemaker	0	0	814,984	17,322	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	73,884	1,570	0	15.00
16.00	Other	0	0	229,770	4,884	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	152,496	3,241	0	24.00
25.00	Medical Supplies	0	0	530,375	11,273	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	1,413,705	30,048	0	29.00
30.00	Bereavement Program Costs	0	0	139,509	2,965	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	-864	-18	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	75	9,836,995	209,084	0	34.00
35.00	Unit Cost Multiplier (see instructions)			0.000000			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 180102

Period:

Worksheet K-5

Hospice CCN: 181507

From 01/01/2015
To 12/31/2015

Part I
Date/Time Prepared:
5/23/2016 10:11 am

Cost Center Description		Subtotal	Hospice I				
			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5A.06	5.07	6.00	8.00	9.00	
1.00	Administrative and General	134,251	30,144	312,299	0	88,137	1.00
2.00	Inpatient - General Care	19,103	4,289	0	0	0	2.00
3.00	Inpatient - Respite Care	303,489	68,143	0	0	0	3.00
4.00	Physician Services	527,642	118,473	0	0	0	4.00
5.00	Nursing Care	4,584,922	1,029,457	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	13,730	3,083	0	0	0	7.00
8.00	Occupational Therapy	347	78	0	0	0	8.00
9.00	Speech/ Language Pathology	325	73	0	0	0	9.00
10.00	Medical Social Services	599,862	134,688	0	0	0	10.00
11.00	Spiritual Counseling	479,779	107,726	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	-42,515	-9,546	0	0	0	13.00
14.00	Home Health Aide and Homemaker	832,306	186,879	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	75,454	16,942	0	0	0	15.00
16.00	Other	234,654	52,687	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	155,737	34,968	0	0	0	24.00
25.00	Medical Supplies	541,648	121,617	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	1,443,753	324,169	0	0	0	29.00
30.00	Bereavement Program Costs	142,474	31,990	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	-882	-198	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	10,046,079	2,255,662	312,299	0	88,137	34.00
35.00	Unit Cost Multiplier (see instructions)	0.000000					35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 180102

Period:

Worksheet K-5

Hospice CCN: 181507

From 01/01/2015
To 12/31/2015

Part I
Date/Time Prepared:
5/23/2016 10:11 am

Cost Center Description	Hospice I						
	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	PHARMACY		
	10.00	11.00	13.00	14.00	15.00		
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	94	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	94	0	0	34.00
35.00 Unit Cost Multiplier (see instructions)							35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 180102

Period:

Worksheet K-5

Hospice CCN: 181507

From 01/01/2015
To 12/31/2015

Part I
Date/Time Prepared:
5/23/2016 10:11 am

Hospice I

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		Subtotal (col s. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	
			PATIENT TRANSPORT				
	16.00	17.00	18.00		24.00	25.00	
1.00 Administrative and General	0	0	0	0	564,831	0	1.00
2.00 Inpatient - General Care	0	0	0	0	23,392	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	371,632	0	3.00
4.00 Physician Services	0	0	0	0	646,115	0	4.00
5.00 Nursing Care	0	0	0	0	5,614,379	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	16,813	0	7.00
8.00 Occupational Therapy	0	0	0	0	425	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	398	0	9.00
10.00 Medical Social Services	0	0	0	0	734,550	0	10.00
11.00 Spiritual Counseling	0	0	0	0	587,505	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	-52,061	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	1,019,185	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	92,396	0	15.00
16.00 Other	0	0	0	0	287,341	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	190,705	0	24.00
25.00 Medical Supplies	0	0	0	0	663,359	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	1,767,922	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	174,464	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	-1,080	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	0	12,702,271	0	34.00
35.00 Unit Cost Multiplier (see instructions)							35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 180102

Period: From 01/01/2015

Worksheet K-5

Hospice CCN: 181507

To 12/31/2015

Part I
Date/Time Prepared:
5/23/2016 10:11 am

Cost Center Description		Subtotal	Allocated	Total Hospice	Hospice I	
		(col s. 24 ± 25)	Hospice A&G (See Part II)	Costs (col s. 26 ± 27)		
		26.00	27.00	28.00		
1.00	Administrative and General					1.00
2.00	Inpatient - General Care	23,392	1,089	24,481		2.00
3.00	Inpatient - Respite Care	371,632	17,294	388,926		3.00
4.00	Physician Services	646,115	30,068	676,183		4.00
5.00	Nursing Care	5,614,379	261,272	5,875,651		5.00
6.00	Nursing Care-Continuous Home Care	0	0	0		6.00
7.00	Physical Therapy	16,813	782	17,595		7.00
8.00	Occupational Therapy	425	20	445		8.00
9.00	Speech/ Language Pathology	398	19	417		9.00
10.00	Medical Social Services	734,550	34,183	768,733		10.00
11.00	Spiritual Counseling	587,505	27,340	614,845		11.00
12.00	Dietary Counseling	0	0	0		12.00
13.00	Counseling - Other	-52,061	-2,423	-54,484		13.00
14.00	Home Health Aide and Homemaker	1,019,185	47,429	1,066,614		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	92,396	4,300	96,696		15.00
16.00	Other	287,341	13,372	300,713		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	190,705	8,875	199,580		24.00
25.00	Medical Supplies	663,359	30,870	694,229		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	1,767,922	82,272	1,850,194		29.00
30.00	Bereavement Program Costs	174,464	8,119	182,583		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	-1,080	-50	-1,130		33.00
34.00	Total (sum of lines 1 thru 33) (2)	12,702,271		12,702,271		34.00
35.00	Unit Cost Multiplier (see instructions)		0.046536			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 180102

Period: From 01/01/2015

Worksheet K-5

Hospice CCN: 181507

To 12/31/2015

Part II
Date/Time Prepared:
5/23/2016 10:11 am

Cost Center Description	CAPITAL RELATED COSTS					Hospice I
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NO OF PHON ES)	PURCHASING RECEIVING AND STORES (COSTED REQUIS.)	
	1.00	2.00	4.00	5.01	5.03	
1.00 Administrative and General	9,308	5,370	74,867	45	88,497	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	2,435,908	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	6,009	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	310,508	0	0	10.00
11.00 Spiritual Counseling	0	0	258,656	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	369,048	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	175,821	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	80,147	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)	9,308	5,370	3,710,964	45	88,497	34.00
35.00 Total cost to be allocated	81,154	6,433	1,559,432	12,334	0	35.00
36.00 Unit Cost Multiplier (see instructions)	8.718737	1.197952	0.420223	274.088889	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 180102

Period:

Worksheet K-5

Hospice CCN: 181507

From 01/01/2015
To 12/31/2015

Part II
Date/Time Prepared:
5/23/2016 10:11 am

Cost Center Description		DATA		OTHER		ADM ITTING	
		PROCESSING (GROSS CHAR GES)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	Reconciliation	(GROSS CHAR GES)	Reconciliation
		5.04	5A.05	5.05	5.06	5A.07	
1.00	Administrative and General	10,734,997	0	131,457	0	0	1.00
2.00	Inpatient - General Care	0	0	18,705	0	0	2.00
3.00	Inpatient - Respite Care	0	0	297,173	0	0	3.00
4.00	Physician Services	0	0	516,660	0	0	4.00
5.00	Nursing Care	0	0	4,489,498	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	13,444	0	0	7.00
8.00	Occupational Therapy	0	0	340	0	0	8.00
9.00	Speech/ Language Pathology	0	0	318	0	0	9.00
10.00	Medical Social Services	0	0	587,377	0	0	10.00
11.00	Spiritual Counseling	0	0	469,794	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	-41,630	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	814,984	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	73,884	0	0	15.00
16.00	Other	0	0	229,770	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	152,496	0	0	24.00
25.00	Medical Supplies	0	0	530,375	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	1,413,705	0	0	29.00
30.00	Bereavement Program Costs	0	0	139,509	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	-864	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	10,734,997		9,836,995	0		34.00
35.00	Total cost to be allocated	75		209,084	0		35.00
36.00	Unit Cost Multiplier (see instructions)	0.000007		0.021255	0.000000		36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 180102

Period:

Worksheet K-5

Hospice CCN: 181507

From 01/01/2015
To 12/31/2015

Part II
Date/Time Prepared:
5/23/2016 10:11 am

Cost Center Description		Hospice I					
		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		5.07	6.00	8.00	9.00	10.00	
1.00	Administrative and General	134,251	9,308	10,558	32	0	1.00
2.00	Inpatient - General Care	19,103	0	0	0	0	2.00
3.00	Inpatient - Respite Care	303,489	0	0	0	0	3.00
4.00	Physician Services	527,642	0	0	0	0	4.00
5.00	Nursing Care	4,584,922	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	13,730	0	0	0	0	7.00
8.00	Occupational Therapy	347	0	0	0	0	8.00
9.00	Speech/ Language Pathology	325	0	0	0	0	9.00
10.00	Medical Social Services	599,862	0	0	0	0	10.00
11.00	Spiritual Counseling	479,779	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	-42,515	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	832,306	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	75,454	0	0	0	0	15.00
16.00	Other	234,654	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	155,737	0	0	0	0	24.00
25.00	Medical Supplies	541,648	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	1,443,753	0	0	0	0	29.00
30.00	Bereavement Program Costs	142,474	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	-882	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	10,046,079	9,308	10,558	32	0	34.00
35.00	Total cost to be allocated	2,255,662	312,299	0	88,137	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.224532	33.551676	0.000000	2,754.281250	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 180102
Hospice CCN: 181507

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

Worksheet K-5
Part II
Date/Time Prepared:
5/23/2016 10:11 am

Cost Center Description		Hospice I					
		CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICE & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	11	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	2,766	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)	11	0	2,766	0	0	34.00
35.00	Total cost to be allocated	0	0	94	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.033984	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 180102
Hospice CCN: 181507

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

Worksheet K-5
Part II
Date/Time Prepared:
5/23/2016 10:11 am

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

COMPUTATION OF TOTAL HOSPICE SHARED COSTS		Provider CCN: 180102 Hospice CCN: 181507		Period: From 01/01/2015 To 12/31/2015		Worksheet K-5 Part III Date/Time Prepared: 5/23/2016 10:11 am	
Cost Center Description		Wkst. C. Part I, col. 11 line	Cost to Charge Ratio	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	0.415698	0	0	1.00	
2.00	OCCUPATIONAL THERAPY	67.00	0.313900	0	0	2.00	
3.00	SPEECH PATHOLOGY	68.00	0.269005	0	0	3.00	
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.286139	0	0	4.00	
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00				5.00	
6.00	LABORATORY	60.00	0.128364	0	0	6.00	
6.01	BLOOD LABORATORY	60.01				6.01	
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.742530	0	0	7.00	
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00				8.00	
9.00	RADIOLOGY-THERAPEUTIC	55.00				9.00	
10.00	DIABETES	76.00	0.000000	0	0	10.00	
10.01	LITHOTRIPTOR	76.01	0.000000	0	0	10.01	
10.02	WOUND CARE	76.02	0.236981	0	0	10.02	
10.03	PICC LINE TEAM	76.03	0.137171	0	0	10.03	
11.00	Totals (sum of lines 1-10)					11.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 180102

Period:

Worksheet K-5

Hospice CCN: 141548

From 01/01/2015
To 12/31/2015

Part I
Date/Time Prepared:
5/23/2016 10:11 am

Hospice II

Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
1.00 Administrative and General		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	236,998	0	0	98,636	0	5.00
6.00 Nursing Care-Continuous Home Care	103	0	0	0	0	6.00
7.00 Physical Therapy	333	0	0	47	0	7.00
8.00 Occupational Therapy	146	0	0	144	0	8.00
9.00 Speech/ Language Pathology	14	0	0	48	0	9.00
10.00 Medical Social Services	19,446	0	0	7,423	0	10.00
11.00 Spiritual Counseling	6,751	0	0	1,931	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	53,107	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	9,001	0	0	23,970	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	3,763	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	709	0	0	0	0	24.00
25.00 Medical Supplies	8,775	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	679	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	393,053	0	0	0	0	29.00
30.00 Bereavement Program Costs	1,983	0	0	828	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)	734,861	0	0	133,027	0	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 180102

Period: From 01/01/2015

Worksheet K-5

Hospice CCN: 141548

To 12/31/2015

Part I
Date/Time Prepared:
5/23/2016 10:11 am

Cost Center Description		PURCHASING		Subtotal	OTHER		ADMITTING	
		RECEIVING AND STORES	DATA PROCESSING		ADMINISTRATIVE AND GENERAL			
		5.03	5.04	5A.04	5.05	5.06		
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	335,634	7,192	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	103	2	0	0	6.00
7.00	Physical Therapy	0	0	380	8	0	0	7.00
8.00	Occupational Therapy	0	0	290	6	0	0	8.00
9.00	Speech/ Language Pathology	0	0	62	1	0	0	9.00
10.00	Medical Social Services	0	0	26,869	576	0	0	10.00
11.00	Spiritual Counseling	0	0	8,682	186	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	53,107	1,138	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	32,971	707	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	3,763	81	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	709	15	0	0	24.00
25.00	Medical Supplies	0	0	8,775	188	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	679	15	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	393,053	8,423	0	0	29.00
30.00	Bereavement Program Costs	0	0	2,811	60	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	867,888	18,598	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)			0.000000				35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 180102

Period: From 01/01/2015

Worksheet K-5

Hospice CCN: 141548

To 12/31/2015

Part I
Date/Time Prepared:
5/23/2016 10:11 am

Cost Center Description		Subtotal	Hospice II				
			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5A.06	5.07	6.00	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	342,826	77,591	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	105	24	0	0	0	6.00
7.00	Physical Therapy	388	88	0	0	0	7.00
8.00	Occupational Therapy	296	67	0	0	0	8.00
9.00	Speech/ Language Pathology	63	14	0	0	0	9.00
10.00	Medical Social Services	27,445	6,212	0	0	0	10.00
11.00	Spiritual Counseling	8,868	2,007	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	54,245	12,277	0	0	0	13.00
14.00	Home Health Aide and Homemaker	33,678	7,622	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	3,844	870	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	724	164	0	0	0	24.00
25.00	Medical Supplies	8,963	2,029	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	694	157	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	401,476	90,864	0	0	0	29.00
30.00	Bereavement Program Costs	2,871	650	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)	886,486	200,636	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)	0.000000					35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 180102

Period:

Worksheet K-5

Hospice CCN: 141548

From 01/01/2015
To 12/31/2015

Part I
Date/Time Prepared:
5/23/2016 10:11 am

Cost Center Description	Hospice II					
	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
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: 180102

Period:

Worksheet K-5

Hospice CCN: 141548

From 01/01/2015
To 12/31/2015

Part I
Date/Time Prepared:
5/23/2016 10:11 am

Hospice II

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		Subtotal (col s. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	
			PATIENT TRANSPORT				
	16.00	17.00	18.00		24.00	25.00	
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	420,417	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	129	0	6.00
7.00 Physical Therapy	0	0	0	0	476	0	7.00
8.00 Occupational Therapy	0	0	0	0	363	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	77	0	9.00
10.00 Medical Social Services	0	0	0	0	33,657	0	10.00
11.00 Spiritual Counseling	0	0	0	0	10,875	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	66,522	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	41,300	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	4,714	0	22.00
23.00 Imaging Services	0	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	888	0	24.00
25.00 Medical Supplies	0	0	0	0	10,992	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	851	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	492,340	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	3,521	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	1,087,122	0	34.00
35.00 Unit Cost Multiplier (see instructions)							35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 180102

Period: From 01/01/2015

Worksheet K-5

Hospice CCN: 141548

To 12/31/2015

Part I
Date/Time Prepared:
5/23/2016 10:11 am

Cost Center Description		Subtotal	Allocated	Total Hospice	Hospice II	
		(col.s. 24 ± 25)	Hospice A&G (See Part II)	Costs (col.s. 26 ± 27)		
		26.00	27.00	28.00		
1.00	Administrative and General					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	420,417	0	420,417		5.00
6.00	Nursing Care-Continuous Home Care	129	0	129		6.00
7.00	Physical Therapy	476	0	476		7.00
8.00	Occupational Therapy	363	0	363		8.00
9.00	Speech/ Language Pathology	77	0	77		9.00
10.00	Medical Social Services	33,657	0	33,657		10.00
11.00	Spiritual Counseling	10,875	0	10,875		11.00
12.00	Dietary Counseling	0	0	0		12.00
13.00	Counseling - Other	66,522	0	66,522		13.00
14.00	Home Health Aide and Homemaker	41,300	0	41,300		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	4,714	0	4,714		22.00
23.00	Imaging Services	0	0	0		23.00
24.00	Labs and Diagnostics	888	0	888		24.00
25.00	Medical Supplies	10,992	0	10,992		25.00
26.00	Outpatient Services (including E/R Dept.)	851	0	851		26.00
27.00	Radiation Therapy	0	0	0		27.00
28.00	Chemotherapy	0	0	0		28.00
29.00	Other	492,340	0	492,340		29.00
30.00	Bereavement Program Costs	3,521	0	3,521		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)	1,087,122		1,087,122		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: 180102
Hospice CCN: 141548

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

Worksheet K-5
Part II
Date/Time Prepared:
5/23/2016 10:11 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NO OF PHONES)	PURCHASING RECEIVING AND STORES (COSTED REQUIS.)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
1.00 Administrative and General	0	0	0	0	475	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	192,552	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	91	0	0	7.00
8.00 Occupational Therapy	0	0	281	0	0	8.00
9.00 Speech/ Language Pathology	0	0	93	0	0	9.00
10.00 Medical Social Services	0	0	14,490	0	0	10.00
11.00 Spiritual Counseling	0	0	3,770	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	46,793	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	1,616	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	259,686	0	475	34.00
35.00 Total cost to be allocated	0	0	133,027	0	0	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.512261	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 180102
Hospice CCN: 141548

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

Worksheet K-5
Part II
Date/Time Prepared:
5/23/2016 10:11 am

Cost Center Description	Hospice II						
	DATA PROCESSING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	ADMITTING (GROSS CHARGES)	Reconciliation		
	5.04	5A.05	5.05	5.06	5A.07		
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	335,634	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	103	0	0	0	6.00
7.00 Physical Therapy	0	0	380	0	0	0	7.00
8.00 Occupational Therapy	0	0	290	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	62	0	0	0	9.00
10.00 Medical Social Services	0	0	26,869	0	0	0	10.00
11.00 Spiritual Counseling	0	0	8,682	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	53,107	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	32,971	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	3,763	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	709	0	0	0	24.00
25.00 Medical Supplies	0	0	8,775	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	679	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	393,053	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	2,811	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		867,888	0			34.00
35.00 Total cost to be allocated	18		18,598	0			35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000		0.021429	0.000000			36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 180102

Hospice CCN: 141548

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

Worksheet K-5
Part II
Date/Time Prepared:
5/23/2016 10:11 am

Cost Center Description		Hospice II					
		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		5.07	6.00	8.00	9.00	10.00	
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	342,826	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	105	0	0	0	0	6.00
7.00	Physical Therapy	388	0	0	0	0	7.00
8.00	Occupational Therapy	296	0	0	0	0	8.00
9.00	Speech/ Language Pathology	63	0	0	0	0	9.00
10.00	Medical Social Services	27,445	0	0	0	0	10.00
11.00	Spiritual Counseling	8,868	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	54,245	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	33,678	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	3,844	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	724	0	0	0	0	24.00
25.00	Medical Supplies	8,963	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	694	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	401,476	0	0	0	0	29.00
30.00	Bereavement Program Costs	2,871	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)	886,486	0	0	0	0	34.00
35.00	Total cost to be allocated	200,636	0	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.226327	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 180102
Hospice CCN: 141548

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

Worksheet K-5
Part II
Date/Time Prepared:
5/23/2016 10:11 am

Cost Center Description		Hospice II					
		CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICE & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	136	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)	136	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: 180102
Hospice CCN: 141548

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

Worksheet K-5
Part II
Date/Time Prepared:
5/23/2016 10:11 am

Hospice II

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

COMPUTATION OF TOTAL HOSPICE SHARED COSTS		Provider CCN: 180102	Period: From 01/01/2015 To 12/31/2015	Worksheet K-5 Part III Date/Time Prepared: 5/23/2016 10:11 am	
		Hospice CCN: 141548	Hospice II		
Cost Center Description	Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)	
	0	1.00	2.00	3.00	
ANCI LLARY SERVI CE COST CENTERS					
1.00	PHYSICAL THERAPY	66.00	0.415698	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.313900	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.269005	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.286139	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00			5.00
6.00	LABORATORY	60.00	0.128364	0	6.00
6.01	BLOOD LABORATORY	60.01			6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.742530	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00			8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00			9.00
10.00	DI ABETES	76.00	0.000000	0	10.00
10.01	LI THOTRI PTOR	76.01	0.000000	0	10.01
10.02	WOUNDCARE	76.02	0.236981	0	10.02
10.03	PICC LINE TEAM	76.03	0.137171	0	10.03
11.00	Totals (sum of lines 1-10)				11.00

CALCULATION OF HOSPI CE PER DIEM COST

Provider CCN: 180102

Period: From 01/01/2015

Worksheet K-6

Hospice CCN: 181507

To 12/31/2015

Date/Time Prepared: 5/23/2016 10:11 am

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				12,703,401	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				47,728	2.00
3.00	Average cost per diem (line 1 divided by line 2)				266.16	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	41,030				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	10,920,545				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		3,450			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		918,252			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	7,243				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	1,927,797				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		402			10.00
11.00	Aggregate NF cost (line 3 times line 10)		106,996			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			3,248		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			864,488		13.00

CALCULATION OF HOSPI CE PER DIEM COST

Provi der CCN: 180102

Period:

Worksheet K-6

Hospi ce CCN: 141548

From 01/01/2015

To 12/31/2015

Date/Time Prepared:
5/23/2016 10:11 am

		Hospi ce I I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				1,087,122	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				7,975	2.00
3.00	Average cost per diem (line 1 divided by line 2)				136.32	3.00
4.00	Upduplicated Medicare Days (Worksheet S-9, column 1, line 5)	6,623				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	902,847				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		728			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		99,241			7.00
8.00	Upduplicated SNF Days (Worksheet S-9, column 3, line 5)	3,864				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	526,740				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		703			10.00
11.00	Aggregate NF cost (line 3 times line 10)		95,833			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			624		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			85,064		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 180102	Period: From 01/01/2015 To 12/31/2015	Worksheet L Parts I-III Date/Time Prepared: 5/23/2016 10:11 am
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,658,004	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		40,257	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)		136.77	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)		2,698,261	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