

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 180104	Period: From 09/01/2014 To 08/31/2015	Worksheet S Parts I-III Date/Time Prepared: 1/15/2016 9:41 am
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 1/15/2016	Time: 9:41 am
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by BAPTIST HEALTH PADUCAH (180104) for the cost reporting period beginning 09/01/2014 and ending 08/31/2015 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	778,905	209,253	-649,407	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0	0	0		0	6.00
7.00 SKILLED NURSING FACILITY	0	1	0		0	7.00
8.00 NURSING FACILITY	0	0	0		0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0		0	11.00
12.00 CMHC I	0	0	0		0	12.00
200.00 Total	0	778,906	209,253	-649,407	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 180104		Period: From 09/01/2014 To 08/31/2015		Worksheet S-2 Part I Date/Time Prepared: 1/15/2016 9:39 am			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00 Street: 2501 KENTUCKY AVENUE		PO Box:									
2.00 City: PADUCAH		State: KY		Zip Code: 42003-		County: MCCRACKEN					
		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		BAPTIST HEALTH PADUCAH		180104	99918	1	01/04/1966	N	P	T	3.00
4.00 Subprovider - IPF											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		BAPTIST HEALTH TCU		185416	99918		11/22/1995	N	P	N	9.00
10.00 Hospital-Based NF											10.00
11.00 Hospital-Based OLTC											11.00
12.00 Hospital-Based HHA											12.00
13.00 Separately Certified ASC											13.00
14.00 Hospital-Based Hospice											14.00
15.00 Hospital-Based Health Clinic - RHC											15.00
16.00 Hospital-Based Health Clinic - FQHC											16.00
17.00 Hospital-Based (CMHC) I											17.00
17.10 Hospital-Based (CORF) I											17.10
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)							09/01/2014	08/31/2015		20.00	
21.00 Type of Control (see instructions)							2			21.00	
Inpatient PPS Information											
22.00 Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.							Y	N		22.00	
22.01 Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)							Y	Y		22.01	
22.02 Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.							N	N		22.02	
22.03 Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.							N	N		22.03	
23.00 Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.							2		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.				304	1,083	917	0	10,352	0	24.00	
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.				0	0	0	0	0		25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 180104	Period: From 09/01/2014 To 08/31/2015	Worksheet S-2 Part I Date/Time Prepared: 1/15/2016 9:39 am			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	2				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	2				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N		N		40.00	
		V	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.					57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00	
		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)				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.			N		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	76.00
				1.00	2.00	3.00
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N		86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N		87.00
				V	XIX	
				1.00	2.00	
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	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	N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00

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		V		XIX			
		1.00		2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N			96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00		97.00
Rural Providers							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N					105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N					106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	N					107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N					108.00
		Physical		Speech		Respiratory	
		1.00		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	
						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:	0		1,931,998		757,614	
						1.00	
						2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N					
119.00	DO NOT USE THIS LINE						
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N			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					
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 180104	Period: From 09/01/2014 To 08/31/2015	Worksheet S-2 Part I Date/Time Prepared: 1/15/2016 9:39 am			
		1.00	2.00				
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	18H001	140.00			
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: BAPTIST HEALTH	Contractor's Name: CIGNA		Contractor's Number: 15101			
142.00	Street: 2701 EASTPOINT PARKWAY	PO Box:					
143.00	City: LOUISVILLE	State: KY		Zip Code: 40223			
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?	Y		144.00			
		1.00	2.00				
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	N		145.00			
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00			
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00			
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00			
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00			
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
161.10	CORF		N	N	N	161.10	
				1.00			
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N		165.00			
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
				1.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y		167.00			
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0		168.00			
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)			168.01			
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.25		169.00			
		Beginning		Ending			
		1.00		2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10/01/2014		09/30/2015		170.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 180104	Period: From 09/01/2014 To 08/31/2015	Worksheet S-2 Part I Date/Time Prepared: 1/15/2016 9:39 am
			1.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)		N 171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 180104	Period: From 09/01/2014 To 08/31/2015	Worksheet S-2 Part II Date/Time Prepared: 1/15/2016 9:39 am	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	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.			N	15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	12/21/2015	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 180104

Period:
From 09/01/2014
To 08/31/2015

Worksheet S-2
Part II
Date/Time Prepared:
1/15/2016 9:39 am

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			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?			N	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			N	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BETH		WHEELER	41.00
42.00	Enter the employer/company name of the cost report preparer.	BAPTIST HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	502-896-5036		BWHEELER@BHSI.COM	43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	12/21/2015	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT 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: 180104

Period:
From 09/01/2014
To 08/31/2015

Worksheet S-3
Part I
Date/Time Prepared:
1/15/2016 9:39 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	239	87,235	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)		239	87,235	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	20	7,300	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	12	4,380	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		271	98,915	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	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	24	8,760		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE	46.00	0	0			21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		295				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: 180104

Period:
From 09/01/2014
To 08/31/2015

Worksheet S-3
Part I
Date/Time Prepared:
1/15/2016 9:39 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)	20,818	202	42,740			1.00
2.00 HMO and other (see instructions)	5,614	12,027				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	20,818	202	42,740			7.00
8.00 INTENSIVE CARE UNIT	1,995	102	3,881			8.00
9.00 CORONARY CARE UNIT	2,061	0	3,382			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		0	5,534			13.00
14.00 Total (see instructions)	24,874	304	55,537	0.00	1,313.11	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	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	4,020	0	5,674	0.00	26.89	19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE			0	0.00	0.00	21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,340.00	27.00
28.00 Observation Bed Days		0	5,039			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	325	540			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: 180104

Period:
From 09/01/2014
To 08/31/2015

Worksheet S-3
Part I
Date/Time Prepared:
1/15/2016 9:39 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	4,861	356	13,435	1.00
2.00 HMO and other (see instructions)			1,056	787		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	4,861	356	13,435	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	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0	0	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY	0.00					20.00
21.00 OTHER LONG TERM CARE	0.00				0	21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC	0.00					25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 180104		Period: From 09/01/2014 To 08/31/2015		Worksheet S-3 Part II Date/Time Prepared: 1/15/2016 9:39 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	69,401,277	-1,491,510	67,909,767	2,724,894.00	24.92	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	1,296,876	0	1,296,876	55,941.00	23.18	9.00
10.00	Excluded area salaries (see instructions)		617,457	708,005	1,325,462	105,257.00	12.59	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		1,467,719	0	1,467,719	21,740.00	67.51	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		402,664	0	402,664	3,602.00	111.79	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)		19,099,837	0	19,099,837			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		767,165	0	767,165			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	1,216,362	-749,147	467,215	15,580.00	29.99	26.00
27.00	Administrative & General	5.00	5,352,632	-1,450,368	3,902,264	214,566.00	18.19	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	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,683,597	0	1,683,597	75,738.00	22.23	30.00
31.00	Laundry & Linen Service	8.00	145,069	0	145,069	9,735.00	14.90	31.00
32.00	Housekeeping	9.00	1,592,087	0	1,592,087	123,128.00	12.93	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,769,629	-1,459,227	310,402	23,315.00	13.31	34.00
35.00	Dietary under contract (see instructions)		246,313	0	246,313	5,874.00	41.93	35.00
36.00	Cafeteria	11.00	0	1,459,227	1,459,227	109,608.00	13.31	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,666,995	0	1,666,995	51,977.00	32.07	38.00
39.00	Central Services and Supply	14.00	406,618	0	406,618	28,555.00	14.24	39.00
40.00	Pharmacy	15.00	3,656,231	0	3,656,231	82,808.00	44.15	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 180104

Period:
From 09/01/2014
To 08/31/2015

Worksheet S-3
Part II
Date/Time Prepared:
1/15/2016 9:39 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	1,619,766	0	58,973.00	27.47	42.00
43.00	Other General Service	18.00	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 180104

Period:
From 09/01/2014
To 08/31/2015

Worksheet S-3
Part III
Date/Time Prepared:
1/15/2016 9:39 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	69,647,590	-1,491,510	68,156,080	2,730,768.00	24.96	1.00
2.00	Excluded area salaries (see instructions)	1,914,333	708,005	2,622,338	161,198.00	16.27	2.00
3.00	Subtotal salaries (line 1 minus line 2)	67,733,257	-2,199,515	65,533,742	2,569,570.00	25.50	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,870,383	0	1,870,383	25,342.00	73.81	4.00
5.00	Subtotal wage-related costs (see inst.)	19,099,837	0	19,099,837	0.00	29.15	5.00
6.00	Total (sum of lines 3 thru 5)	88,703,477	-2,199,515	86,503,962	2,594,912.00	33.34	6.00
7.00	Total overhead cost (see instructions)	19,355,299	-2,199,515	17,155,784	799,857.00	21.45	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 180104	Period: From 09/01/2014 To 08/31/2015	Worksheet S-3 Part IV Date/Time Prepared: 1/15/2016 9:39 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			1,186,985 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			1,464,420 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)			11,269,726 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			0 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			82,129 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)			81,245 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			529,707 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only			4,896,784 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			68,618 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			287,388 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			19,867,002 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: 180104	Period: From 09/01/2014 To 08/31/2015	Worksheet S-3 Part V Date/Time Prepared: 1/15/2016 9:39 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		1,471,106	19,867,002 1.00
2.00	Hospital		1,467,719	19,099,837 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		3,387	379,401 8.00
9.00	Hospital-Based NF		0	0 9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC		0	0 12.00
13.00	Hospital-Based Hospice		0	0 13.00
14.00	Hospital-Based Health Clinic RHC		0	0 14.00
15.00	Hospital-Based Health Clinic FQHC		0	0 15.00
16.00	Hospital-Based-CMHC		0	0 16.00
16.10	Hospital-Based-CMHC 10		0	0 16.10
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	387,764 18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 180104

Period:
From 09/01/2014
To 08/31/2015

Worksheet S-7

Date/Time Prepared:
1/15/2016 9:39 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.	N		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.	N		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	3	0	3	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	15	0	15	12.00
13.00		RUB	107	0	107	13.00
14.00		RUA	729	0	729	14.00
15.00		RVC	51	0	51	15.00
16.00		RVB	77	0	77	16.00
17.00		RVA	2,039	0	2,039	17.00
18.00		RHC	0	0	0	18.00
19.00		RHB	0	0	0	19.00
20.00		RHA	402	0	402	20.00
21.00		RMC	0	0	0	21.00
22.00		RMB	7	0	7	22.00
23.00		RMA	132	0	132	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	16	0	16	34.00
35.00		HB2	15	0	15	35.00
36.00		HB1	104	0	104	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	4	0	4	40.00
41.00		LC2	0	0	0	41.00
42.00		LC1	27	0	27	42.00
43.00		LB2	0	0	0	43.00
44.00		LB1	9	0	9	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	42	0	42	50.00
51.00		CB2	0	0	0	51.00
52.00		CB1	54	0	54	52.00
53.00		CA2	0	0	0	53.00
54.00		CA1	137	0	137	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	1	0	1	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: 180104

Period:
From 09/01/2014
To 08/31/2015

Worksheet S-7

Date/Time Prepared:
1/15/2016 9:39 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	12	0	12	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	37	0	37	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		4,020	0	4,020	200.00

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

201.00 SNF SERVICES
 Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).
 99918 99918 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	1,300,263	17.54	Y	202.00
203.00	Recruitment	0	0.00		203.00
204.00	Retention of employees	0	0.00		204.00
205.00	Training	2,104	0.03	N	205.00
206.00	OTHER	102,948	1.39	Y	206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	7,412,427			207.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 180104	Period: From 09/01/2014 To 08/31/2015	Worksheet A Date/Time Prepared: 1/15/2016 9:39 am	
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		14,852,095	14,852,095	-14,852,095	0
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	14,852,095	14,852,095
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,216,362	21,892,655	23,109,017	492,453	23,601,470
5.01	00540	NONPATIENT TELEPHONES	153,708	344	154,052	196,715	350,767
5.02	00550	DATA PROCESSING	456,428	32,643	489,071	0	489,071
5.03	00580	PURCHASING, REC, STORES	10,620	146,566	157,186	0	157,186
5.04	00570	ADMINITTING	0	564	564	0	564
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	4,731,876	45,534,970	50,266,846	-1,647,083	48,619,763
7.00	00700	OPERATION OF PLANT	1,683,597	7,419,884	9,103,481	0	9,103,481
8.00	00800	LAUNDRY & LINEN SERVICE	145,069	739,536	884,605	0	884,605
9.00	00900	HOUSEKEEPING	1,592,087	379,819	1,971,906	0	1,971,906
10.00	01000	DIETARY	1,769,629	1,740,415	3,510,044	-2,894,364	615,680
11.00	01100	CAFETERIA	0	0	0	2,894,364	2,894,364
13.00	01300	NURSING ADMINISTRATION	1,666,995	216,516	1,883,511	0	1,883,511
14.00	01400	CENTRAL SERVICES & SUPPLY	406,618	33,322,384	33,729,002	-32,413,229	1,315,773
15.00	01500	PHARMACY	3,656,231	24,257,714	27,913,945	-24,314,851	3,599,094
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
17.00	01700	SOCIAL SERVICE	1,619,766	474,606	2,094,372	0	2,094,372
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	12,429,166	965,727	13,394,893	0	13,394,893
31.00	03100	INTENSIVE CARE UNIT	2,513,711	652,099	3,165,810	0	3,165,810
32.00	03200	CORONARY CARE UNIT	2,337,973	101,544	2,439,517	0	2,439,517
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	1,519,592	625,732	2,145,324	0	2,145,324
44.00	04400	SKILLED NURSING FACILITY	1,296,876	66,948	1,363,824	0	1,363,824
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,209,228	8,729,438	14,938,666	0	14,938,666
51.00	05100	RECOVERY ROOM	1,631,825	36,638	1,668,463	0	1,668,463
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,734,747	302,178	2,036,925	0	2,036,925
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,245,230	2,146,198	6,391,428	0	6,391,428
55.00	05500	RADIOLOGY-THERAPEUTIC	1,182,561	675,190	1,857,751	0	1,857,751
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	538,891	329,198	868,089	0	868,089
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	253,805	215,082	468,887	0	468,887
59.00	05900	CARDIAC CATHETERIZATION	1,210,898	629,739	1,840,637	0	1,840,637
60.00	06000	LABORATORY	2,705,033	3,557,503	6,262,536	0	6,262,536
60.01	06001	PATHOLOGY	503,866	719,798	1,223,664	0	1,223,664
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,965,140	1,965,140	0	1,965,140
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	1,895,575	232,368	2,127,943	0	2,127,943
66.00	06600	PHYSICAL THERAPY	1,644,343	79,008	1,723,351	0	1,723,351
67.00	06700	OCCUPATIONAL THERAPY	504,942	24,043	528,985	0	528,985
68.00	06800	SPEECH PATHOLOGY	429,932	21,671	451,603	0	451,603
69.00	06900	ELECTROCARDIOLOGY	1,151,049	198,590	1,349,639	0	1,349,639
70.00	07000	ELECTROENCEPHALOGRAPHY	318,267	15,721	333,988	0	333,988
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	13,491,362	13,491,362
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	18,921,867	18,921,867
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	24,314,851	24,314,851
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	232,267	17,571	249,838	0	249,838
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
91.00	09100	EMERGENCY	2,662,175	337,561	2,999,736	0	2,999,736
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
93.00	04040	ONCOLOGY INFUSION	522,882	-15,786	507,096	0	507,096
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 180104

Period:
From 09/01/2014
To 08/31/2015

Worksheet A
Date/Time Prepared:
1/15/2016 9:39 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	717,299	717,299	0	717,299	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	68,783,820	174,356,909	243,140,729	-957,915	242,182,814	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	67,338	232,351	299,689	0	299,689	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	550,119	525,211	1,075,330	-41,142	1,034,188	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	999,057	999,057	194.02
200.00		TOTAL (SUM OF LINES 118-199)	69,401,277	175,114,471	244,515,748	0	244,515,748	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 180104

Period:
From 09/01/2014
To 08/31/2015

Worksheet A
Date/Time Prepared:
1/15/2016 9:39 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-540,089	-540,089	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-59,511	14,792,584	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-5,856	23,595,614	4.00
5.01	00540	NONPATIENT TELEPHONES	-100,500	250,267	5.01
5.02	00550	DATA PROCESSING	5,311,271	5,800,342	5.02
5.03	00580	PURCHASING, REC, STORES	0	157,186	5.03
5.04	00570	ADMITTING	1,138,598	1,139,162	5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-9,364,262	39,255,501	5.06
7.00	00700	OPERATION OF PLANT	0	9,103,481	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	884,605	8.00
9.00	00900	HOUSEKEEPING	0	1,971,906	9.00
10.00	01000	DIETARY	-31,849	583,831	10.00
11.00	01100	CAFETERIA	-1,081,900	1,812,464	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,883,511	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-106	1,315,667	14.00
15.00	01500	PHARMACY	0	3,599,094	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	504,916	504,916	16.00
17.00	01700	SOCIAL SERVICE	0	2,094,372	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	13,394,893	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,165,810	31.00
32.00	03200	CORONARY CARE UNIT	0	2,439,517	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	-107,525	2,037,799	43.00
44.00	04400	SKILLED NURSING FACILITY	0	1,363,824	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-2,806,066	12,132,600	50.00
51.00	05100	RECOVERY ROOM	0	1,668,463	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-3,951	2,032,974	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-11,615	6,379,813	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,857,751	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	868,089	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	468,887	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,840,637	59.00
60.00	06000	LABORATORY	-20,000	6,242,536	60.00
60.01	06001	PATHOLOGY	0	1,223,664	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,965,140	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	-82,406	2,045,537	65.00
66.00	06600	PHYSICAL THERAPY	0	1,723,351	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	528,985	67.00
68.00	06800	SPEECH PATHOLOGY	0	451,603	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,349,639	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	333,988	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-942,926	12,548,436	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	-64,560	18,857,307	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	24,314,851	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	249,838	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	-16,439	2,983,297	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	0	507,096	93.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 180104

Period:
From 09/01/2014
To 08/31/2015

Worksheet A
Date/Time Prepared:
1/15/2016 9:39 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	6.00	7.00	
99.00	09900	CMHC	0	0	97.00
99.10	09910	CORF	0	0	99.00
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	100.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	101.00
106.00	10600	HEART ACQUISITION	0	0	105.00
107.00	10700	LIVER ACQUISITION	0	0	106.00
108.00	10800	LUNG ACQUISITION	0	0	107.00
109.00	10900	PANCREAS ACQUISITION	0	0	108.00
110.00	11000	INTESTINAL ACQUISITION	0	0	109.00
111.00	11100	ISLET ACQUISITION	0	0	110.00
113.00	11300	INTEREST EXPENSE	-717,299	0	111.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	114.00
116.00	11600	HOSPICE	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-9,002,075	233,180,739	116.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	299,689	118.00
191.00	19100	RESEARCH	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,034,188	191.00
193.00	19300	NONPAID WORKERS	0	0	192.00
194.00	07950	NAUTILUS	0	0	193.00
194.01	07951	PR/MARKETING	0	0	194.00
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	999,057	194.01
200.00		TOTAL (SUM OF LINES 118-199)	-9,002,075	235,513,673	194.02
					200.00

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
A - DRUGS CHARGED TO PATIENTS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	24,314,851	1.00	
	O		0	24,314,851		
B - CHARGEABLE MEDICAL SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	32,413,229	1.00	
	O		0	32,413,229		
C - TELEPHONE EXPENSES						
1.00	NONPATIENT TELEPHONES	5.01	0	196,715	1.00	
	O		0	196,715		
D - DEPRECIATION						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	14,852,095	1.00	
	O		0	14,852,095		
F - RECLASS OF PTO AND SICK						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,427,013	1.00	
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	40,479	2.00	
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	23,355	3.00	
4.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	663	4.00	
	O		0	1,491,510		
G - RECLASS OF IMPLANTABLE DEVICES						
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	18,921,867	1.00	
	O		0	18,921,867		
H - NON PATIENT RELATED DAY CARE COSTS						
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.02	749,147	249,910	1.00	
	O		749,147	249,910		
I - DIETARY/CAFE						
1.00	CAFETERIA	11.00	1,459,227	1,435,137	1.00	
	O		1,459,227	1,435,137		
500.00	Grand Total: Increases		2,208,374	93,875,314	500.00	

RECLASSIFICATIONS

Provider CCN: 180104

Period:
From 09/01/2014
To 08/31/2015

Worksheet A-6

Date/Time Prepared:
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - DRUGS CHARGED TO PATIENTS							
1.00	PHARMACY	15.00	0	24,314,851	0		1.00
	O		0	24,314,851			
B - CHARGEABLE MEDICAL SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	32,413,229	0		1.00
	O		0	32,413,229			
C - TELEPHONE EXPENSES							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	196,715	0		1.00
	O		0	196,715			
D - DEPRECIATION							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	14,852,095	9		1.00
	O		0	14,852,095			
F - RECLASS OF PTO AND SICK							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	1,427,013	0	0		1.00
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	40,479	0	0		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	23,355	0	0		3.00
4.00	PHYSICIANS' PRIVATE OFFICES	192.00	663	0	0		4.00
	O		1,491,510	0			
G - RECLASS OF IMPLANTABLE DEVICES							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	18,921,867	0		1.00
	O		0	18,921,867			
H - NON PATIENT RELATED DAY CARE COSTS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	749,147	249,910	0		1.00
	O		749,147	249,910			
I - DIETARY/CAFE							
1.00	DIETARY	10.00	1,459,227	1,435,137	0		1.00
	O		1,459,227	1,435,137			
500.00	Grand Total: Decreases		3,699,884	92,383,804			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 180104

Period:
From 09/01/2014
To 08/31/2015

Worksheet A-7
Part I
Date/Time Prepared:
1/15/2016 9:39 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	8,301,977	0	0	0	1.00
2.00	Land Improvements	6,665,350	120,600	0	120,600	2.00
3.00	Buildings and Fixtures	165,466,059	1,679,662	0	1,679,662	3.00
4.00	Building Improvements	41,302,185	1,410,562	0	1,410,562	4.00
5.00	Fixed Equipment	13,906,481	21,791	0	21,791	5.00
6.00	Movable Equipment	111,662,444	11,332,706	0	11,332,706	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	347,304,496	14,565,321	0	14,565,321	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	347,304,496	14,565,321	0	14,565,321	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	8,301,977	0			1.00
2.00	Land Improvements	6,785,950	0			2.00
3.00	Buildings and Fixtures	167,145,721	0			3.00
4.00	Building Improvements	42,712,747	0			4.00
5.00	Fixed Equipment	13,928,272	0			5.00
6.00	Movable Equipment	120,309,435	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	359,184,102	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	359,184,102	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 180104

Period:
From 09/01/2014
To 08/31/2015

Worksheet A-7
Part II
Date/Time Prepared:
1/15/2016 9:39 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	NEW CAP REL COSTS-BLDG & FIXT	14,852,095	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	14,852,095	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	14,852,095				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	14,852,095				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 180104

Period:
From 09/01/2014
To 08/31/2015

Worksheet A-7
Part III
Date/Time Prepared:
1/15/2016 9:39 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	NEW CAP REL COSTS-BLDG & FIXT	238,874,667	0	238,874,667	0.665048	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	120,309,435	0	120,309,435	0.334952	0	2.00
3.00	Total (sum of lines 1-2)	359,184,102	0	359,184,102	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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	-129,632	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	14,839,657	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	14,710,025	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	-410,457	0	0	0	-540,089	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	-47,073	0	0	0	14,792,584	2.00
3.00	Total (sum of lines 1-2)	-457,530	0	0	0	14,252,495	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 180104

Period:
From 09/01/2014
To 08/31/2015

Worksheet A-8

Date/Time Prepared:
1/15/2016 9:39 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		
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-410,457	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00 Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-4,893,077			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	-458,855			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-1,081,900	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts	B	-2,373	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		0		0.00	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		RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			UTILIZATION REVIEW-SNF	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			NEW 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		OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

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	
33.00 PATIENT PHONE - COST OFFSET	A	-30,708	NONPATIENT TELEPHONES	5.01	0	33.00
34.00 PATIENT PHONE - OPERATOR OFFSET	A	-18,564	NONPATIENT TELEPHONES	5.01	0	34.00
35.00 PATIENT PHONE - BENEFIT OFFSET	A	-5,856	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	35.00
36.00 LIFELINE EXPENSES	A	-186,539	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	36.00
37.00 LIFELINE DEPRECIATION	A	-11,728	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	37.00
38.00 CABLE TV COSTS	A	-51,228	NONPATIENT TELEPHONES	5.01	0	38.00
39.00 CHANGE IN USEFUL LIFE	A	-31,945	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	39.00
42.00 EDUCATION CLASS	B	-7,972	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	42.00
43.00 BASIC LIFE SUPPORT	B	-76,625	RESPIRATORY THERAPY	65.00	0	43.00
45.00 MEDICAL CALL	B	-15,130	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.00
45.01 DISCOUNTS	B	-45,677	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.01
45.02 MISCELLANEOUS	B	-137,686	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.02
45.03 NET ASSETS RELEASED	B	-47,073	NEW CAP REL COSTS-MVBLE EQUIP	2.00	11	45.03
45.04 DIETARY REVENUE	B	-31,849	DIETARY	10.00	0	45.04
45.05 CONTRIBUTIONS	A	-486,833	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.05
45.06 INTERCOMPANY INTEREST	A	-717,299	INTEREST EXPENSE	113.00	0	45.06
45.07 PEDIATRIC OFFICE BUILDING	A	-9,468	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	45.07
45.08 BB PERSONAL USE OF COMPANY CAR - DEP	A	-710	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	45.08
45.09 BB PERSONAL USE OF COMPANY CAR - GAS	A	-66	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.09
45.10 CE REGISTRATION	B	-3,459	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.10
45.11 CPE TUITION	B	-6,713	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.11
45.13 RESEARCH FUNDS	B	-79,400	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.13
45.14 PRODUCT SALES	B	-106	CENTRAL SERVICES & SUPPLY	14.00	0	45.14
45.15 RENTAL INCOME	B	-88,219	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	45.15
45.16 IMPLANT ISSUE	A	-64,560	IMPL. DEV. CHARGED TO PATIENT	72.00	0	45.16
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-9,002,075				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: 180104

Period:
From 09/01/2014
To 08/31/2015

Worksheet A-8-1

Date/Time Prepared:
1/15/2016 9:39 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.04	ADMITTING	PATIENT ACCESS AND SCHEDULING	1,138,598	0
2.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	FINANCE AND MALP	29,574,759	36,047,846
3.00	5.02	DATA PROCESSING	IT	5,311,271	0
4.00	71.00	MEDICAL SUPPLIES CHARGED TO	SUPPLIES	-942,926	0
4.01	16.00	MEDICAL RECORDS & LIBRARY	HIM	507,289	0
5.00	0			35,588,991	36,047,846

* 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	BAPTIST HC SYS	100.00	SUPPORT SERVICES	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

(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: 180104

Period:
From 09/01/2014
To 08/31/2015

Worksheet A-8-1

Date/Time Prepared:
1/15/2016 9:39 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	1,138,598	0		1.00
2.00	-6,473,087	0		2.00
3.00	5,311,271	0		3.00
4.00	-942,926	0		4.00
4.01	507,289	0		4.01
5.00	-458,855			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			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: 180104

Period:
From 09/01/2014
To 08/31/2015

Worksheet A-8-2

Date/Time Prepared:
1/15/2016 9:39 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	5.06	DR. A	2,011,658	1,911,272	100,385	159,800	1,211	1.00
2.00	5.06	DR. B	7,919	0	7,919	159,800	63	2.00
3.00	43.00	DR. C	127,500	95,000	32,500	159,800	260	3.00
4.00	50.00	DR. D	2,822,070	2,797,220	24,850	182,900	182	4.00
5.00	52.00	DR. E	8,100	0	8,100	159,800	54	5.00
6.00	54.00	DR. F	71,350	0	71,350	217,600	571	6.00
7.00	60.00	DR. G	100,000	0	100,000	208,000	800	7.00
8.00	65.00	DR. H	15,000	0	15,000	159,800	120	8.00
9.00	91.00	DR. I	42,560	0	42,560	159,800	340	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			5,206,157	4,803,492	402,664		3,601	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	5.06	DR. A	93,037	4,652	0	0	0	1.00
2.00	5.06	DR. B	4,840	242	0	0	0	2.00
3.00	43.00	DR. C	19,975	999	0	0	0	3.00
4.00	50.00	DR. D	16,004	800	0	0	0	4.00
5.00	52.00	DR. E	4,149	207	0	0	0	5.00
6.00	54.00	DR. F	59,735	2,987	0	0	0	6.00
7.00	60.00	DR. G	80,000	4,000	0	0	0	7.00
8.00	65.00	DR. H	9,219	461	0	0	0	8.00
9.00	91.00	DR. I	26,121	1,306	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			313,080	15,654	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	5.06	DR. A	0	93,037	7,348	1,918,621	1.00
2.00	5.06	DR. B	0	4,840	3,079	3,079	2.00
3.00	43.00	DR. C	0	19,975	12,525	107,525	3.00
4.00	50.00	DR. D	0	16,004	8,846	2,806,066	4.00
5.00	52.00	DR. E	0	4,149	3,951	3,951	5.00
6.00	54.00	DR. F	0	59,735	11,615	11,615	6.00
7.00	60.00	DR. G	0	80,000	20,000	20,000	7.00
8.00	65.00	DR. H	0	9,219	5,781	5,781	8.00
9.00	91.00	DR. I	0	26,121	16,439	16,439	9.00
10.00	0.00		0	0	0	0	10.00
200.00			0	313,080	89,584	4,893,077	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 180104

Period:
From 09/01/2014
To 08/31/2015

Worksheet B
Part I
Date/Time Prepared:
1/15/2016 9:39 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	-540,089	-540,089				1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	14,792,584		14,792,584			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	23,595,614	0	0	23,595,614		4.00
5.01 00540 NONPATIENT TELEPHONES	250,267	0	32,524	47,615	330,406	5.01
5.02 00550 DATA PROCESSING	5,800,342	0	43,192	160,812	4,954	5.02
5.03 00580 PURCHASING, REC, STORES	157,186	0	2,973	3,742	4,954	5.03
5.04 00570 ADMITTING	1,139,162	0	2,237	0	7,241	5.04
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	39,255,501	0	605,226	1,180,622	22,103	5.06
7.00 00700 OPERATION OF PLANT	9,103,481	0	145,484	593,178	9,908	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	884,605	0	21,540	51,112	1,143	8.00
9.00 00900 HOUSEKEEPING	1,971,906	0	15,385	560,937	1,524	9.00
10.00 01000 DIETARY	583,831	0	49,915	109,363	4,954	10.00
11.00 01100 CAFETERIA	1,812,464	0	0	514,127	381	11.00
13.00 01300 NURSING ADMINISTRATION	1,883,511	0	395,369	587,329	9,146	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	1,315,667	0	864,665	143,263	1,905	14.00
15.00 01500 PHARMACY	3,599,094	0	291,471	1,288,193	8,003	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	504,916	0	38,595	0	8,765	16.00
17.00 01700 SOCIAL SERVICE	2,094,372	0	206	570,689	6,860	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	13,394,893	0	407,145	4,379,170	108,232	30.00
31.00 03100 INTENSIVE CARE UNIT	3,165,810	0	119,476	885,651	8,003	31.00
32.00 03200 CORONARY CARE UNIT	2,439,517	0	7,361	823,733	4,954	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	2,037,799	0	147,167	535,395	0	43.00
44.00 04400 SKILLED NURSING FACILITY	1,363,824	0	84,536	456,926	11,433	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	12,132,600	0	4,428,778	2,187,685	20,960	50.00
51.00 05100 RECOVERY ROOM	1,668,463	0	11,257	574,938	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	2,032,974	0	105,776	611,200	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	6,379,813	0	3,235,070	1,495,713	25,533	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	1,857,751	0	691,549	416,649	6,097	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	868,089	0	434,127	189,866	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	468,887	0	646,393	89,423	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	1,840,637	0	579,915	426,633	6,479	59.00
60.00 06000 LABORATORY	6,242,536	0	260,753	953,059	6,860	60.00
60.01 06001 PATHOLOGY	1,223,664	0	171,785	177,526	4,954	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	1,965,140	0	5,572	0	381	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	2,045,537	0	65,425	667,864	3,049	65.00
66.00 06600 PHYSICAL THERAPY	1,723,351	0	41,484	579,348	3,811	66.00
67.00 06700 OCCUPATIONAL THERAPY	528,985	0	2,647	177,905	0	67.00
68.00 06800 SPEECH PATHOLOGY	451,603	0	17,559	151,477	1,524	68.00
69.00 06900 ELECTROCARDIOLOGY	1,349,639	0	598,179	405,547	10,671	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	333,988	0	55,284	112,134	1,143	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	12,548,436	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	18,857,307	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	24,314,851	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03951 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	249,838	0	16,234	81,834	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	2,983,297	0	133,665	937,959	14,481	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 04040 ONCOLOGY INFUSION	507,096	0	0	0	0	93.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 180104

Period:
From 09/01/2014
To 08/31/2015

Worksheet B
Part I
Date/Time Prepared:
1/15/2016 9:39 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DI ALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	233,180,739	0	14,775,919	23,128,617	330,406	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	299,689	0	8,352	23,725	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	1,034,188	0	8,313	179,327	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 NAUTILUS	0	0	0	0	0	194.00
194.01 07951 PR/MARKETING	0	0	0	0	0	194.01
194.02 07953 OTHER NONREIMBURSABLE COST CENTERS	999,057	0	0	263,945	0	194.02
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		-540,089	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	235,513,673	-540,089	14,792,584	23,595,614	330,406	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 180104		Period: From 09/01/2014 To 08/31/2015		Worksheet B Part I Date/Time Prepared: 1/15/2016 9:39 am	
Cost Center Description			DATA PROCESSING	PURCHASING, REC, STORES	ADMINITTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
			5.02	5.03	5.04	5A.04	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	6,009,300					5.02
5.03	00580	PURCHASING, REC, STORES	81,661	250,516				5.03
5.04	00570	ADMINITTING	695,721	12	1,844,373			5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	210,558	410	0	41,274,420	41,274,420	5.06
7.00	00700	OPERATION OF PLANT	0	789	0	9,852,840	2,087,846	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	25	0	958,425	203,093	8.00
9.00	00900	HOUSEKEEPING	44,834	2,431	0	2,597,017	550,316	9.00
10.00	01000	DIETARY	16,813	1	0	764,877	162,080	10.00
11.00	01100	CAFETERIA	0	0	0	2,326,972	493,092	11.00
13.00	01300	NURSING ADMINISTRATION	0	4	0	2,875,359	609,297	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	74,456	10,227	0	2,410,183	510,725	14.00
15.00	01500	PHARMACY	149,712	0	0	5,336,473	1,130,815	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	361,070	4	0	913,350	193,542	16.00
17.00	01700	SOCIAL SERVICE	1,601	469	0	2,674,197	566,670	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,106,376	12,677	200,667	20,609,160	4,367,143	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,015	54,096	4,236,051	897,632	31.00
32.00	03200	CORONARY CARE UNIT	0	2,409	47,361	3,325,335	704,648	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
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
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	2,637	49,775	2,772,773	587,559	43.00
44.00	04400	SKILLED NURSING FACILITY	0	952	24,780	1,942,451	411,611	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	361,871	45,131	275,068	19,452,093	4,121,957	50.00
51.00	05100	RECOVERY ROOM	0	457	14,069	2,269,184	480,847	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,903	28,124	2,781,977	589,509	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	186,540	3,478	62,379	11,388,526	2,413,263	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	401	8,966	2,981,413	631,770	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	1,793	70,398	1,564,273	331,474	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	6	15,835	1,220,544	258,637	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,435	134,104	2,993,203	634,269	59.00
60.00	06000	LABORATORY	915,886	72,019	79,654	8,530,767	1,807,695	60.00
60.01	06001	PATHOLOGY	0	10,370	9,031	1,597,330	338,479	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	57,108	28,732	2,056,933	435,870	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	132,900	6,528	51,219	2,972,522	629,886	65.00
66.00	06600	PHYSICAL THERAPY	113,685	263	24,587	2,486,529	526,903	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	23	9,686	719,246	152,410	67.00
68.00	06800	SPEECH PATHOLOGY	0	78	8,511	630,752	133,658	68.00
69.00	06900	ELECTROCARDIOLOGY	73,655	966	53,475	2,492,132	528,090	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,405	234	6,293	515,481	109,232	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	88,611	12,637,047	2,677,828	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	265,514	19,122,821	4,052,183	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	193,948	24,508,799	5,193,584	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	80	0	347,986	73,739	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	475,556	5,292	39,487	4,589,737	972,579	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	0	0	3	507,099	107,456	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 180104

Period:
From 09/01/2014
To 08/31/2015

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			DATA PROCESSING	PURCHASING, REC, STORES	ADMINISTRATIVE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
			5.02	5.03	5.04	5A.04	5.06	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,009,300	249,627	1,844,373	233,236,277	40,677,387	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1	0	331,767	70,302	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	888	0	1,222,716	259,097	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	1,263,002	267,634	194.02
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	-540,089	0	201.00
202.00		TOTAL (sum lines 118-201)	6,009,300	250,516	1,844,373	235,513,673	41,274,420	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 180104	Period: From 09/01/2014 To 08/31/2015	Worksheet B Part I Date/Time Prepared: 1/15/2016 9:39 am			
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00580	PURCHASING, REC, STORES					5.03
5.04	00570	ADMITTING					5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT	11,940,686				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	73,939	1,235,457			8.00
9.00	00900	HOUSEKEEPING	33,387	49,602	3,230,322		9.00
10.00	01000	DIETARY	117,973	24,328	0	1,069,258	10.00
11.00	01100	CAFETERIA	79,098	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	55,799	0	58,545	2,899,162	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	179,490	11,501	296,170	0	14.00
15.00	01500	PHARMACY	70,735	0	58,545	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	44,035	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	21,360	0	0	0	17.00
						77,033	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,766,644	634,637	1,074,479	876,977	30.00
31.00	03100	INTENSIVE CARE UNIT	241,369	70,361	168,748	40,442	31.00
32.00	03200	CORONARY CARE UNIT	152,807	71,938	134,310	40,673	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	45,842	16,413	68,877	0	43.00
44.00	04400	SKILLED NURSING FACILITY	185,488	116,906	137,754	108,621	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	997,122	150,188	406,373	852	50.00
51.00	05100	RECOVERY ROOM	105,470	0	68,877	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	159,149	10,010	99,871	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	337,309	13,519	192,855	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	188,527	0	99,871	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	17,088	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	250,406	0	0	0	59.00
60.00	06000	LABORATORY	104,747	0	65,433	0	60.00
60.01	06001	PATHOLOGY	38,777	0	17,219	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	14,180	0	6,888	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	65,937	0	24,107	0	65.00
66.00	06600	PHYSICAL THERAPY	48,800	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	231,396	0	86,096	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	100,672	0	13,775	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	51,264	0	0	0	76.97
						9,661	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	275,529	66,054	151,529	1,693	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 180104

Period:
From 09/01/2014
To 08/31/2015

Worksheet B
Part I
Date/Time Prepared:
1/15/2016 9:39 am

Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,054,339	1,235,457	3,230,322	1,069,258	2,761,670	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	12,816	0	0	0	3,125	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,873,531	0	0	0	52,990	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	81,377	194.02
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)	11,940,686	1,235,457	3,230,322	1,069,258	2,899,162	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 180104		Period: From 09/01/2014 To 08/31/2015		Worksheet B Part I Date/Time Prepared: 1/15/2016 9:39 am	
Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00580	PURCHASING, REC, STORES						5.03
5.04	00570	ADMINITTING						5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	3,666,894					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,446,905				14.00
15.00	01500	PHARMACY	0	0	6,704,735			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	1,150,927		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	3,339,260	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,309,363	1,379,785	2,337,456	303,898	2,340,421	30.00
31.00	03100	INTENSIVE CARE UNIT	456,000	430,063	130,338	55,722	209,847	31.00
32.00	03200	CORONARY CARE UNIT	413,584	392,945	1,022,578	52,420	182,894	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
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
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	237,785	78,077	690,503	50,053	299,255	43.00
44.00	04400	SKILLED NURSING FACILITY	250,162	456,942	10,542	22,977	306,843	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	46,078	195,986	205,249	0	50.00
51.00	05100	RECOVERY ROOM	0	20,479	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,280	99,670	4,981	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,400	1,066,662	98,098	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,560	351,721	7,127	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	8,960	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	37,119	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	86,706	0	60.00
60.01	06001	PATHOLOGY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	17,919	1,438	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	266,426	1,596	0	65.00
66.00	06600	PHYSICAL THERAPY	0	1,280	0	743	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	7,680	75,711	16,400	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,560	91,045	4,348	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	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
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	14,079	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	542,699	364,659	240,609	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 180104

Period:
From 09/01/2014
To 08/31/2015

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Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,666,894	3,446,905	6,704,735	1,150,927	3,339,260	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
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)	3,666,894	3,446,905	6,704,735	1,150,927	3,339,260	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 180104

Period:
From 09/01/2014
To 08/31/2015

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Part I
Date/Time Prepared:
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540 NONPATIENT TELEPHONES				5.01
5.02	00550 DATA PROCESSING				5.02
5.03	00580 PURCHASING, REC, STORES				5.03
5.04	00570 ADMITTING				5.04
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL				5.06
7.00	00700 OPERATION OF PLANT				7.00
8.00	00800 LAUNDRY & LINEN SERVICE				8.00
9.00	00900 HOUSEKEEPING				9.00
10.00	01000 DIETARY				10.00
11.00	01100 CAFETERIA				11.00
13.00	01300 NURSING ADMINISTRATION				13.00
14.00	01400 CENTRAL SERVICES & SUPPLY				14.00
15.00	01500 PHARMACY				15.00
16.00	01600 MEDICAL RECORDS & LIBRARY				16.00
17.00	01700 SOCIAL SERVICE				17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS	38,674,816	0	38,674,816	30.00
31.00	03100 INTENSIVE CARE UNIT	7,069,828	0	7,069,828	31.00
32.00	03200 CORONARY CARE UNIT	6,614,992	0	6,614,992	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	04000 SUBPROVIDER - I PF	0	0	0	40.00
41.00	04100 SUBPROVIDER - I RF	0	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	42.00
43.00	04300 NURSERY	4,916,624	0	4,916,624	43.00
44.00	04400 SKILLED NURSING FACILITY	4,023,401	0	4,023,401	44.00
45.00	04500 NURSING FACILITY	0	0	0	45.00
46.00	04600 OTHER LONG TERM CARE	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	25,894,255	0	25,894,255	50.00
51.00	05100 RECOVERY ROOM	3,012,693	0	3,012,693	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,821,618	0	3,821,618	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	15,723,529	0	15,723,529	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	4,304,201	0	4,304,201	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	1,940,069	0	1,940,069	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,487,830	0	1,487,830	58.00
59.00	05900 CARDIAC CATHETERIZATION	3,969,603	0	3,969,603	59.00
60.00	06000 LABORATORY	10,749,036	0	10,749,036	60.00
60.01	06001 PATHOLOGY	2,022,614	0	2,022,614	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	2,533,228	0	2,533,228	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	4,052,274	0	4,052,274	65.00
66.00	06600 PHYSICAL THERAPY	3,135,219	0	3,135,219	66.00
67.00	06700 OCCUPATIONAL THERAPY	892,664	0	892,664	67.00
68.00	06800 SPEECH PATHOLOGY	781,928	0	781,928	68.00
69.00	06900 ELECTROCARDIOLOGY	3,490,862	0	3,490,862	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	855,630	0	855,630	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	15,314,875	0	15,314,875	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	23,175,004	0	23,175,004	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	29,702,383	0	29,702,383	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03951 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	496,729	0	496,729	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	7,344,945	0	7,344,945	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00	04040 ONCOLOGY INFUSION	614,555	0	614,555	93.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	94.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 180104

Period:
From 09/01/2014
To 08/31/2015

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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
99.00	09900	CMHC	0	0	0	99.00
99.10	09910	CORF	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	226,615,405	0	226,615,405	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	418,010	0	418,010	190.00
191.00	19100	RESEARCH	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	7,408,334	0	7,408,334	192.00
193.00	19300	NONPAID WORKERS	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	1,612,013	0	1,612,013	194.02
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	-540,089	0	-540,089	201.00
202.00		TOTAL (sum lines 118-201)	235,513,673	0	235,513,673	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 180104

Period:
From 09/01/2014
To 08/31/2015

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
		NEW BLDG & FIXT	NEW MVBLE EQUIP		
		0	1.00		
GENERAL SERVICE COST CENTERS					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.01 00540 NONPATIENT TELEPHONES	0	0	32,524	32,524	5.01
5.02 00550 DATA PROCESSING	4,196,393	0	43,192	4,239,585	5.02
5.03 00580 PURCHASING, REC, STORES	0	0	2,973	2,973	5.03
5.04 00570 ADMITTING	0	0	2,237	2,237	5.04
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	396,039	0	605,226	1,001,265	5.06
7.00 00700 OPERATION OF PLANT	0	0	145,484	145,484	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	0	21,540	21,540	8.00
9.00 00900 HOUSEKEEPING	0	0	15,385	15,385	9.00
10.00 01000 DIETARY	0	0	49,915	49,915	10.00
11.00 01100 CAFETERIA	0	0	0	0	11.00
13.00 01300 NURSING ADMINISTRATION	0	0	395,369	395,369	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	0	864,665	864,665	14.00
15.00 01500 PHARMACY	0	0	291,471	291,471	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	38,595	38,595	16.00
17.00 01700 SOCIAL SERVICE	0	0	206	206	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	0	0	407,145	407,145	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	119,476	119,476	31.00
32.00 03200 CORONARY CARE UNIT	0	0	7,361	7,361	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I/PF	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I/RF	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	147,167	147,167	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	84,536	84,536	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	0	4,428,778	4,428,778	50.00
51.00 05100 RECOVERY ROOM	0	0	11,257	11,257	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	105,776	105,776	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	3,235,070	3,235,070	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	691,549	691,549	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	434,127	434,127	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	646,393	646,393	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	579,915	579,915	59.00
60.00 06000 LABORATORY	0	0	260,753	260,753	60.00
60.01 06001 PATHOLOGY	0	0	171,785	171,785	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	5,572	5,572	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65,425	65,425	65.00
66.00 06600 PHYSICAL THERAPY	0	0	41,484	41,484	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	2,647	2,647	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	17,559	17,559	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	598,179	598,179	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	55,284	55,284	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00 03951 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	16,234	16,234	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	133,665	133,665	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00 04040 ONCOLOGY INFUSION	0	0	0	0	93.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 180104

Period:
From 09/01/2014
To 08/31/2015

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2. 00			
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	4,592,432	0	14,775,919	19,368,351	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	8,352	8,352	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	8,313	8,313	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 NAUTILUS	0	0	0	0	0	194.00
194.01 07951 PR/MARKETING	0	0	0	0	0	194.01
194.02 07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
200.00 Cross Foot Adjustments				0	0	200.00
201.00 Negative Cost Centers		-540,089	0	-540,089	0	201.00
202.00 TOTAL (sum lines 118-201)	4,592,432	-540,089	14,792,584	18,844,927	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provi der CCN: 180104		Period: From 09/01/2014 To 08/31/2015		Worksheet B Part II Date/Time Prepared: 1/15/2016 9:39 am	
Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, REC, STORES	ADMINI TTING	OTHER ADMINI STRATIVE AND GENERAL	
		5.01	5.02	5.03	5.04	5.06	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES	32,524				5.01
5.02	00550	DATA PROCESSING	488	4,240,073			5.02
5.03	00580	PURCHASING, REC, STORES	488	57,619	61,080		5.03
5.04	00570	ADMINI TTING	713	490,890	3	493,843	5.04
5.06	00560	OTHER ADMINI STRATIVE AND GENERAL	2,176	148,566	100	0	5.06
7.00	00700	OPERATION OF PLANT	975	0	192	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	113	0	6	0	8.00
9.00	00900	HOUSEKEEPING	150	31,634	593	0	9.00
10.00	01000	DI ETARY	488	11,863	0	0	10.00
11.00	01100	CAFETERIA	38	0	0	0	11.00
13.00	01300	NURSI NG ADMINI STRATION	900	0	1	0	13.00
14.00	01400	CENTRAL SERVI CES & SUPPLY	188	52,535	2,493	0	14.00
15.00	01500	PHARMACY	788	105,635	0	0	15.00
16.00	01600	MEDI CAL RECORDS & LIBRARY	863	254,766	1	0	16.00
17.00	01700	SOCI AL SERVI CE	675	1,130	114	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDI ATRI CS	10,651	1,486,228	3,091	53,723	30.00
31.00	03100	INTENSIVE CARE UNIT	788	0	735	14,483	31.00
32.00	03200	CORONARY CARE UNIT	488	0	587	12,680	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGI CAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVI DER - I PF	0	0	0	0	40.00
41.00	04100	SUBPROVI DER - I RF	0	0	0	0	41.00
42.00	04200	SUBPROVI DER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	643	13,326	43.00
44.00	04400	SKI LLED NURSI NG FACI LITY	1,125	0	232	6,634	44.00
45.00	04500	NURSI NG FACI LITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCI LLARY SERVICE COST CENTERS							
50.00	05000	OPERATI NG ROOM	2,063	255,331	11,003	73,704	50.00
51.00	05100	RECOVERY ROOM	0	0	111	3,767	51.00
52.00	05200	DELI VERY ROOM & LABOR ROOM	0	0	952	7,530	52.00
53.00	05300	ANESTHESI OLOGY	0	0	0	0	53.00
54.00	05400	RADI OLOGY-DI AGNOSTI C	2,513	131,620	848	16,700	54.00
55.00	05500	RADI OLOGY-THERAPEUTI C	600	0	98	2,400	55.00
56.00	05600	RADI OI SOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	437	18,847	57.00
58.00	05800	MAGNETI C RESONANCE IMAGI NG (MRI)	0	0	2	4,239	58.00
59.00	05900	CARDI AC CATHETERI ZATION	638	0	1,325	35,903	59.00
60.00	06000	LABORATORY	675	646,235	17,563	21,325	60.00
60.01	06001	PATHOLOGY	488	0	2,528	2,418	60.01
61.00	06100	PBP CLI NI CAL LAB SERVI CES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORI NG, PROCESSI NG & TRANS.	38	0	13,923	7,692	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPI RATORY THERAPY	300	93,772	1,592	13,713	65.00
66.00	06600	PHYSI CAL THERAPY	375	80,215	64	6,582	66.00
67.00	06700	OCCUPATI ONAL THERAPY	0	0	5	2,593	67.00
68.00	06800	SPEECH PATHOLOGY	150	0	19	2,279	68.00
69.00	06900	ELECTROCARDI OLOGY	1,050	51,970	236	14,316	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	113	4,519	57	1,685	70.00
71.00	07100	MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0	0	0	23,723	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATI ENT	0	0	0	71,084	72.00
73.00	07300	DRUGS CHARGED TO PATI ENTS	0	0	0	51,924	73.00
74.00	07400	RENAL DI ALYSI S	0	0	0	0	74.00
75.00	07500	ASC (NON-DI STI NCT PART)	0	0	0	0	75.00
76.00	03951	OTHER ANCI LLARY SERVI CE COST CENTERS	0	0	0	0	76.00
76.97	07697	CARDI AC REHABI LI TATION	0	0	20	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLI NIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALI FIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLI NIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	1,426	335,545	1,290	10,572	91.00
92.00	09200	OBSERVATI ON BEDS (NON-DI STI NCT PART)	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSI ON	0	0	0	1	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DI ALYSI S	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVI CES	0	0	0	0	95.00
96.00	09600	DURABLE MEDI CAL EQUI P-RENTED	0	0	0	0	96.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 180104

Period:
From 09/01/2014
To 08/31/2015

Worksheet B
Part II
Date/Time Prepared:
1/15/2016 9:39 am

Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, REC, STORES	ADMINISTRATIVE	OTHER ADMINISTRATIVE AND GENERAL	
			5.01	5.02	5.03	5.04	5.06	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	32,524	4,240,073	60,864	493,843	1,135,442	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	1,962	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	216	0	7,232	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	7,471	194.02
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)	32,524	4,240,073	61,080	493,843	1,152,107	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 180104	Period: From 09/01/2014 To 08/31/2015	Worksheet B Part II Date/Time Prepared: 1/15/2016 9:39 am				
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00540	NONPATIENT TELEPHONES					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.03	00580	PURCHASING, REC, STORES					5.03	
5.04	00570	ADMITTING					5.04	
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06	
7.00	00700	OPERATION OF PLANT	204,931				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	1,269	28,597			8.00	
9.00	00900	HOUSEKEEPING	573	1,148	64,844		9.00	
10.00	01000	DIETARY	2,025	563	0	69,378	10.00	
11.00	01100	CAFETERIA	1,358	0	0	0	11.00	
13.00	01300	NURSING ADMINISTRATION	958	0	1,175	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	3,080	266	5,945	0	14.00	
15.00	01500	PHARMACY	1,214	0	1,175	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	756	0	0	0	16.00	
17.00	01700	SOCIAL SERVICE	367	0	0	0	17.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	30,320	14,690	21,569	56,902	3,527	30.00
31.00	03100	INTENSIVE CARE UNIT	4,142	1,629	3,387	2,624	697	31.00
32.00	03200	CORONARY CARE UNIT	2,623	1,665	2,696	2,639	632	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
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
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	787	380	1,383	0	363	43.00
44.00	04400	SKILLED NURSING FACILITY	3,183	2,706	2,765	7,048	382	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	17,113	3,476	8,157	55	1,665	50.00
51.00	05100	RECOVERY ROOM	1,810	0	1,383	0	355	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,731	232	2,005	0	393	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,789	313	3,871	0	1,082	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,236	0	2,005	0	215	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	293	0	0	0	96	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	45	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,298	0	0	0	286	59.00
60.00	06000	LABORATORY	1,798	0	1,313	0	804	60.00
60.01	06001	PATHOLOGY	666	0	346	0	161	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	243	0	138	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,132	0	484	0	480	65.00
66.00	06600	PHYSICAL THERAPY	838	0	0	0	371	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	110	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	92	68.00
69.00	06900	ELECTROCARDIOLOGY	3,971	0	1,728	0	279	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,728	0	277	0	97	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	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
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	880	0	0	0	51	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	4,729	1,529	3,042	110	731	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 180104

Period:
From 09/01/2014
To 08/31/2015

Worksheet B
Part II
Date/Time Prepared:
1/15/2016 9:39 am

Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	103,910	28,597	64,844	69,378	14,441	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	220	0	0	0	16	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	100,801	0	0	0	277	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	426	194.02
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)	204,931	28,597	64,844	69,378	15,160	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 180104		Period: From 09/01/2014 To 08/31/2015		Worksheet B Part II Date/Time Prepared: 1/15/2016 9:39 am	
Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00580	PURCHASING, REC, STORES						5.03
5.04	00570	ADMINITTING						5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	415,766					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	943,631				14.00
15.00	01500	PHARMACY	0	0	432,414			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	300,383		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	18,713	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	261,844	377,735	150,751	79,313	13,115	30.00
31.00	03100	INTENSIVE CARE UNIT	51,703	117,735	8,406	14,543	1,176	31.00
32.00	03200	CORONARY CARE UNIT	46,894	107,573	65,950	13,681	1,025	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
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
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	26,961	21,374	44,533	13,064	1,677	43.00
44.00	04400	SKILLED NURSING FACILITY	28,364	125,093	680	5,997	1,720	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	12,614	12,640	53,569	0	50.00
51.00	05100	RECOVERY ROOM	0	5,606	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	350	6,428	1,300	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,752	68,793	25,603	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	701	22,684	1,860	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	2,453	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	10,162	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	22,630	0	60.00
60.01	06001	PATHOLOGY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	4,906	93	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	17,183	417	0	65.00
66.00	06600	PHYSICAL THERAPY	0	350	0	194	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	2,102	4,883	4,280	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	701	5,872	1,135	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	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
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	3,854	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	148,570	23,518	62,797	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 180104

Period:
From 09/01/2014
To 08/31/2015

Worksheet B
Part II
Date/Time Prepared:
1/15/2016 9:39 am

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	415,766	943,631	432,414	300,383	18,713	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 NAUTILUS	0	0	0	0	0	194.00
194.01	07951 PR/MARKETING	0	0	0	0	0	194.01
194.02	07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	20200 TOTAL (sum lines 118-201)	415,766	943,631	432,414	300,383	18,713	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 180104	Period: From 09/01/2014 To 08/31/2015	Worksheet B Part II Date/Time Prepared: 1/15/2016 9:39 am
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.01	00540				5.01
5.02	00550				5.02
5.03	00580				5.03
5.04	00570				5.04
5.06	00560				5.06
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	3,092,507	0	3,092,507	30.00
31.00	03100	366,580	0	366,580	31.00
32.00	03200	286,163	0	286,163	32.00
33.00	03300	0	0	0	33.00
34.00	03400	0	0	0	34.00
40.00	04000	0	0	0	40.00
41.00	04100	0	0	0	41.00
42.00	04200	0	0	0	42.00
43.00	04300	288,059	0	288,059	43.00
44.00	04400	281,955	0	281,955	44.00
45.00	04500	0	0	0	45.00
46.00	04600	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	4,995,227	0	4,995,227	50.00
51.00	05100	37,711	0	37,711	51.00
52.00	05200	144,152	0	144,152	52.00
53.00	05300	0	0	0	53.00
54.00	05400	3,561,317	0	3,561,317	54.00
55.00	05500	742,983	0	742,983	55.00
56.00	05600	0	0	0	56.00
57.00	05700	465,506	0	465,506	57.00
58.00	05800	657,899	0	657,899	58.00
59.00	05900	650,232	0	650,232	59.00
60.00	06000	1,023,555	0	1,023,555	60.00
60.01	06001	187,840	0	187,840	60.01
61.00	06100	0	0	0	61.00
62.00	06200	0	0	0	62.00
63.00	06300	44,772	0	44,772	63.00
64.00	06400	0	0	0	64.00
65.00	06500	212,080	0	212,080	65.00
66.00	06600	145,181	0	145,181	66.00
67.00	06700	9,609	0	9,609	67.00
68.00	06800	23,830	0	23,830	68.00
69.00	06900	697,735	0	697,735	69.00
70.00	07000	74,517	0	74,517	70.00
71.00	07100	98,471	0	98,471	71.00
72.00	07200	184,195	0	184,195	72.00
73.00	07300	196,885	0	196,885	73.00
74.00	07400	0	0	0	74.00
75.00	07500	0	0	0	75.00
76.00	03951	0	0	0	76.00
76.97	07697	23,097	0	23,097	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	0	0	0	88.00
89.00	08900	0	0	0	89.00
90.00	09000	0	0	0	90.00
91.00	09100	754,672	0	754,672	91.00
92.00	09200	0	0	0	92.00
93.00	04040	3,000	0	3,000	93.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	0	0	0	94.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 180104

Period:
From 09/01/2014
To 08/31/2015

Worksheet B
Part II
Date/Time Prepared:
1/15/2016 9:39 am

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
99.00	09900	CMHC	0	0	0	99.00
99.10	09910	CORF	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	19,249,730	0	19,249,730	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	10,550	0	10,550	190.00
191.00	19100	RESEARCH	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	116,839	0	116,839	192.00
193.00	19300	NONPAID WORKERS	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	7,897	0	7,897	194.02
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	-540,089	0	-540,089	201.00
202.00		TOTAL (sum lines 118-201)	18,844,927	0	18,844,927	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180104

Period:
From 09/01/2014
To 08/31/2015

Worksheet B-1

Date/Time Prepared:
1/15/2016 9:39 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NUMBER OF PHONES)	DATA PROCESSING (% OF TRANSACTIONS)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	1,174,679					1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		7,260,346				2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	25,691	0	66,970,515			4.00
5.01 00540 NONPATIENT TELEPHONES	100	15,963	135,144	867		5.01
5.02 00550 DATA PROCESSING	0	21,199	456,428	13	7,506	5.02
5.03 00580 PURCHASING, REC, STORES	5,063	1,459	10,620	13	102	5.03
5.04 00570 ADMITTING	3,350	1,098	0	19	869	5.04
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	14,665	297,051	3,350,916	58	263	5.06
7.00 00700 OPERATION OF PLANT	399,086	71,405	1,683,597	26	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	4,500	10,572	145,069	3	0	8.00
9.00 00900 HOUSEKEEPING	2,032	7,551	1,592,087	4	56	9.00
10.00 01000 DIETARY	7,180	24,499	310,402	13	21	10.00
11.00 01100 CAFETERIA	4,814	0	1,459,227	1	0	11.00
13.00 01300 NURSING ADMINISTRATION	3,396	194,051	1,666,995	24	0	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	10,924	424,386	406,618	5	93	14.00
15.00 01500 PHARMACY	4,305	143,057	3,656,231	21	187	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	2,680	18,943	0	23	451	16.00
17.00 01700 SOCIAL SERVICE	1,300	101	1,619,766	18	2	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	107,520	199,831	12,429,166	284	2,631	30.00
31.00 03100 INTENSIVE CARE UNIT	14,690	58,640	2,513,711	21	0	31.00
32.00 03200 CORONARY CARE UNIT	9,300	3,613	2,337,973	13	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	2,790	72,231	1,519,592	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	11,289	41,491	1,296,876	30	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	60,686	2,173,688	6,209,228	55	452	50.00
51.00 05100 RECOVERY ROOM	6,419	5,525	1,631,825	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	9,686	51,916	1,734,747	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	20,529	1,587,804	4,245,230	67	233	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	11,474	339,419	1,182,561	16	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	1,040	213,074	538,891	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	317,256	253,805	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	15,240	284,628	1,210,898	17	0	59.00
60.00 06000 LABORATORY	6,375	127,980	2,705,033	18	1,144	60.00
60.01 06001 PATHOLOGY	2,360	84,314	503,866	13	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	863	2,735	0	1	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	4,013	32,111	1,895,575	8	166	65.00
66.00 06600 PHYSICAL THERAPY	2,970	20,361	1,644,343	10	142	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	1,299	504,942	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	8,618	429,932	4	0	68.00
69.00 06900 ELECTROCARDIOLOGY	14,083	293,592	1,151,049	28	92	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	6,127	27,134	318,267	3	8	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	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
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03951 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	3,120	7,968	232,267	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	16,769	65,604	2,662,175	38	594	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 04040 ONCOLOGY INFUSION	0	0	0	0	0	93.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180104

Period:
From 09/01/2014
To 08/31/2015

Worksheet B-1

Date/Time Prepared:
1/15/2016 9:39 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NUMBER OF PHONES)	DATA PROCESSING (% OF TRANSACTIONS)			
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)						
	1.00	2.00					4.00	5.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DI ALYSIS	0	0	0	0	94.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00	
99.00	09900	CMHC	0	0	0	0	99.00	
99.10	09910	CORF	0	0	0	0	99.10	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00	
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00	
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00	
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00	
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00	
113.00	11300	INTEREST EXPENSE					113.00	
114.00	11400	UTILIZATION REVIEW-SNF					114.00	
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00	
116.00	11600	HOSPICE	0	0	0	0	116.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	816,429	7,252,167	65,645,052	867	7,506	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	780	4,099	67,338	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	357,470	4,080	508,978	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	749,147	0	0	194.02
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)	-540,089	14,792,584	23,595,614	330,406	6,009,300	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	2.037449	0.352328	381.091119	800.599520	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			0	32,524	4,240,073	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000	37.513264	564.891154	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180104

Period:
From 09/01/2014
To 08/31/2015

Worksheet B-1

Date/Time Prepared:
1/15/2016 9:39 am

Cost Center Description			PURCHASING, REC. STORES (BILLED EXPENSES)	ADMITTING (INPATIENT REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			5.03	5.04	5A.06	5.06	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00580	PURCHASING, REC, STORES	7,873,853					5.03
5.04	00570	ADMITTING	363	551,741,029				5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	12,894	0	-41,274,420	194,779,342		5.06
7.00	00700	OPERATION OF PLANT	24,805	0	0	9,852,840	726,724	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	791	0	0	958,425	4,500	8.00
9.00	00900	HOUSEKEEPING	76,418	0	0	2,597,017	2,032	9.00
10.00	01000	DIETARY	38	0	0	764,877	7,180	10.00
11.00	01100	CAFETERIA	0	0	0	2,326,972	4,814	11.00
13.00	01300	NURSING ADMINISTRATION	112	0	0	2,875,359	3,396	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	321,442	0	0	2,410,183	10,924	14.00
15.00	01500	PHARMACY	0	0	0	5,336,473	4,305	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	141	0	0	913,350	2,680	16.00
17.00	01700	SOCIAL SERVICE	14,748	0	0	2,674,197	1,300	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	398,444	60,026,113	0	20,609,160	107,520	30.00
31.00	03100	INTENSIVE CARE UNIT	94,756	16,181,866	0	4,236,051	14,690	31.00
32.00	03200	CORONARY CARE UNIT	75,723	14,167,321	0	3,325,335	9,300	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
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
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	82,869	14,889,438	0	2,772,773	2,790	43.00
44.00	04400	SKILLED NURSING FACILITY	29,913	7,412,427	0	1,942,451	11,289	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,418,509	82,311,197	0	19,452,093	60,686	50.00
51.00	05100	RECOVERY ROOM	14,371	4,208,483	0	2,269,184	6,419	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	122,674	8,412,895	0	2,781,977	9,686	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	109,315	18,659,726	0	11,388,526	20,529	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	12,613	2,681,899	0	2,981,413	11,474	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	56,367	21,058,422	0	1,564,273	1,040	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	197	4,736,630	0	1,220,544	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	170,838	40,114,788	0	2,993,203	15,240	59.00
60.00	06000	LABORATORY	2,263,466	23,827,009	0	8,530,767	6,375	60.00
60.01	06001	PATHOLOGY	325,952	2,701,408	0	1,597,330	2,360	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,794,933	8,594,639	0	2,056,933	863	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	205,173	15,321,312	0	2,972,522	4,013	65.00
66.00	06600	PHYSICAL THERAPY	8,281	7,354,643	0	2,486,529	2,970	66.00
67.00	06700	OCCUPATIONAL THERAPY	709	2,897,546	0	719,246	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,460	2,545,856	0	630,752	0	68.00
69.00	06900	ELECTROCARDIOLOGY	30,375	15,996,076	0	2,492,132	14,083	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,367	1,882,504	0	515,481	6,127	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	26,506,401	0	12,637,047	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	79,423,734	0	19,122,821	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	58,016,125	0	24,508,799	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	2,524	0	0	347,986	3,120	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	166,344	11,811,760	0	4,589,737	16,769	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	0	811	0	507,099	0	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180104

Period:
From 09/01/2014
To 08/31/2015

Worksheet B-1

Date/Time Prepared:
1/15/2016 9:39 am

Cost Center Description			PURCHASING, REC. STORES (BILLED EXPENSES)	ADMINISTRATIVE (INPATIENT REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			5.03	5.04	5A.06	5.06	7.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	7,845,925	551,741,029	-41,274,420	191,961,857	368,474	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	28	0	0	331,767	780	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	27,900	0	0	1,222,716	357,470	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	1,263,002	0	194.02
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)	250,516	1,844,373		41,274,420	11,940,686	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.031816	0.003343		0.211903	16.430840	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	61,080	493,843		1,152,107	204,931	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.007757	0.000895		0.005915	0.281993	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180104

Period:
From 09/01/2014
To 08/31/2015

Worksheet B-1

Date/Time Prepared:
1/15/2016 9:39 am

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS WORKED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)		
		8.00	9.00	10.00	11.00	13.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00540	NONPATIENT TELEPHONES					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.03	00580	PURCHASING, REC, STORES					5.03	
5.04	00570	ADMITTING					5.04	
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	1,563,850				8.00	
9.00	00900	HOUSEKEEPING	62,787	938			9.00	
10.00	01000	DIETARY	30,795	0	185,735		10.00	
11.00	01100	CAFETERIA	0	0	0	2,219,472	11.00	
13.00	01300	NURSING ADMINISTRATION	0	17	0	51,977	820,339	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14,558	86	0	29,731	0	14.00
15.00	01500	PHARMACY	0	17	0	82,808	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	58,973	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	803,325	312	152,335	516,639	516,639	30.00
31.00	03100	INTENSIVE CARE UNIT	89,064	49	7,025	102,014	102,014	31.00
32.00	03200	CORONARY CARE UNIT	91,060	39	7,065	92,525	92,525	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
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
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	20,776	20	0	53,196	53,196	43.00
44.00	04400	SKILLED NURSING FACILITY	147,981	40	18,868	55,965	55,965	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	190,109	118	148	243,720	0	50.00
51.00	05100	RECOVERY ROOM	0	20	0	51,932	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,671	29	0	57,548	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,112	56	0	158,391	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	29	0	31,550	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	13,990	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	6,621	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	41,804	0	59.00
60.00	06000	LABORATORY	0	19	0	117,657	0	60.00
60.01	06001	PATHOLOGY	0	5	0	23,586	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	7	0	70,278	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	54,327	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	16,083	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	13,411	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	25	0	40,848	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4	0	14,176	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	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
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	7,396	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	83,612	44	294	107,068	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180104

Period:
From 09/01/2014
To 08/31/2015

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS WORKED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
			8.00	9.00	10.00	11.00	13.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,563,850	938	185,735	2,114,214	820,339	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	2,392	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	40,567	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	62,299	0	194.02
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)	1,235,457	3,230,322	1,069,258	2,899,162	3,666,894	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.790010	3,443.840085	5.756901	1.306240	4.469974	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	28,597	64,844	69,378	15,160	415,766	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.018286	69.130064	0.373532	0.006830	0.506822	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180104

Period:
From 09/01/2014
To 08/31/2015

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
		14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.01	00540					5.01
5.02	00550					5.02
5.03	00580					5.03
5.04	00570					5.04
5.06	00560					5.06
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100					11.00
13.00	01300					13.00
14.00	01400	2,693				14.00
15.00	01500	0	13,992			15.00
16.00	01600	0	0	41,826		16.00
17.00	01700	0	0	0	58,973	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	1,078	4,878	11,044	41,333	30.00
31.00	03100	336	272	2,025	3,706	31.00
32.00	03200	307	2,134	1,905	3,230	32.00
33.00	03300	0	0	0	0	33.00
34.00	03400	0	0	0	0	34.00
40.00	04000	0	0	0	0	40.00
41.00	04100	0	0	0	0	41.00
42.00	04200	0	0	0	0	42.00
43.00	04300	61	1,441	1,819	5,285	43.00
44.00	04400	357	22	835	5,419	44.00
45.00	04500	0	0	0	0	45.00
46.00	04600	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	36	409	7,459	0	50.00
51.00	05100	16	0	0	0	51.00
52.00	05200	1	208	181	0	52.00
53.00	05300	0	0	0	0	53.00
54.00	05400	5	2,226	3,565	0	54.00
55.00	05500	2	734	259	0	55.00
56.00	05600	0	0	0	0	56.00
57.00	05700	7	0	0	0	57.00
58.00	05800	0	0	0	0	58.00
59.00	05900	29	0	0	0	59.00
60.00	06000	0	0	3,151	0	60.00
60.01	06001	0	0	0	0	60.01
61.00	06100	0	0	0	0	61.00
62.00	06200	0	0	0	0	62.00
63.00	06300	14	3	0	0	63.00
64.00	06400	0	0	0	0	64.00
65.00	06500	0	556	58	0	65.00
66.00	06600	1	0	27	0	66.00
67.00	06700	0	0	0	0	67.00
68.00	06800	0	0	0	0	68.00
69.00	06900	6	158	596	0	69.00
70.00	07000	2	190	158	0	70.00
71.00	07100	0	0	0	0	71.00
72.00	07200	0	0	0	0	72.00
73.00	07300	0	0	0	0	73.00
74.00	07400	0	0	0	0	74.00
75.00	07500	0	0	0	0	75.00
76.00	03951	0	0	0	0	76.00
76.97	07697	11	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	0	0	0	0	88.00
89.00	08900	0	0	0	0	89.00
90.00	09000	0	0	0	0	90.00
91.00	09100	424	761	8,744	0	91.00
92.00	09200	0	0	0	0	92.00
93.00	04040	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	0	0	0	0	94.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180104

Period:
From 09/01/2014
To 08/31/2015

Worksheet B-1

Date/Time Prepared:
1/15/2016 9:39 am

Cost Center Description			CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)		
			14.00	15.00	16.00	17.00		
95.00	09500	AMBULANCE SERVICES	0	0	0	0		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0		97.00
99.00	09900	CMHC	0	0	0	0		99.00
99.10	09910	CORF	0	0	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0		111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		115.00
116.00	11600	HOSPICE	0	0	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,693	13,992	41,826	58,973		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
191.00	19100	RESEARCH	0	0	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
194.00	07950	NAUTILUS	0	0	0	0		194.00
194.01	07951	PR/MARKETING	0	0	0	0		194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.02
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)	3,446,905	6,704,735	1,150,927	3,339,260		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1,279.949870	479.183462	27.517023	56.623540		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	943,631	432,414	300,383	18,713		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	350.401411	30.904374	7.181729	0.317315		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 180104

Period:
From 09/01/2014
To 08/31/2015

Worksheet C
Part I
Date/Time Prepared:
1/15/2016 9:39 am

		Title XVIII		Hospital		PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE Disallowance	Total Costs			
	1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	38,674,816		38,674,816	0	38,674,816	30.00
31.00	03100	INTENSIVE CARE UNIT	7,069,828		7,069,828	0	7,069,828	31.00
32.00	03200	CORONARY CARE UNIT	6,614,992		6,614,992	0	6,614,992	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	4,916,624		4,916,624	12,525	4,929,149	43.00
44.00	04400	SKILLED NURSING FACILITY	4,023,401		4,023,401	0	4,023,401	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	25,894,255		25,894,255	8,846	25,903,101	50.00
51.00	05100	RECOVERY ROOM	3,012,693		3,012,693	0	3,012,693	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,821,618		3,821,618	3,951	3,825,569	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,723,529		15,723,529	11,615	15,735,144	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,304,201		4,304,201	0	4,304,201	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	1,940,069		1,940,069	0	1,940,069	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,487,830		1,487,830	0	1,487,830	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,969,603		3,969,603	0	3,969,603	59.00
60.00	06000	LABORATORY	10,749,036		10,749,036	20,000	10,769,036	60.00
60.01	06001	PATHOLOGY	2,022,614		2,022,614	0	2,022,614	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,533,228		2,533,228	0	2,533,228	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,052,274	0	4,052,274	5,781	4,058,055	65.00
66.00	06600	PHYSICAL THERAPY	3,135,219	0	3,135,219	0	3,135,219	66.00
67.00	06700	OCCUPATIONAL THERAPY	892,664	0	892,664	0	892,664	67.00
68.00	06800	SPEECH PATHOLOGY	781,928	0	781,928	0	781,928	68.00
69.00	06900	ELECTROCARDIOLOGY	3,490,862		3,490,862	0	3,490,862	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	855,630		855,630	0	855,630	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,314,875		15,314,875	0	15,314,875	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	23,175,004		23,175,004	0	23,175,004	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	29,702,383		29,702,383	0	29,702,383	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	496,729		496,729	0	496,729	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	90.00
91.00	09100	EMERGENCY	7,344,945		7,344,945	16,439	7,361,384	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,078,819		4,078,819	0	4,078,819	92.00
93.00	04040	ONCOLOGY INFUSION	614,555		614,555	0	614,555	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
99.00	09900	CMHC	0		0	0	0	99.00
99.10	09910	CORF	0		0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0		0	0	0	105.00
106.00	10600	HEART ACQUISITION	0		0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0		0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0		0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0		0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0	0	0	115.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 180104

Period:
From 09/01/2014
To 08/31/2015

Worksheet C
Part I
Date/Time Prepared:
1/15/2016 9:39 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			
116.00	11600	HOSPICE	0	0	0	0	116.00
200.00		Subtotal (see instructions)	230,694,224	0	230,694,224	79,157	200.00
201.00		Less Observation Beds	4,078,819		4,078,819		201.00
202.00		Total (see instructions)	226,615,405	0	226,615,405	79,157	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 180104		Period: From 09/01/2014 To 08/31/2015		Worksheet C Part I Date/Time Prepared: 1/15/2016 9:39 am		
			Title XVIII			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	60,026,113		60,026,113				30.00
31.00	03100	INTENSIVE CARE UNIT	16,181,866		16,181,866				31.00
32.00	03200	CORONARY CARE UNIT	14,167,321		14,167,321				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0				34.00
40.00	04000	SUBPROVIDER - IPF	0		0				40.00
41.00	04100	SUBPROVIDER - IRF	0		0				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	14,889,438		14,889,438				43.00
44.00	04400	SKILLED NURSING FACILITY	7,412,427		7,412,427				44.00
45.00	04500	NURSING FACILITY	0		0				45.00
46.00	04600	OTHER LONG TERM CARE	0		0				46.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	82,311,197	98,377,692	180,688,889	0.143309	0.000000		50.00
51.00	05100	RECOVERY ROOM	4,208,483	5,885,410	10,093,893	0.298467	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,404,867	8,028	8,412,895	0.454257	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,659,726	92,629,925	111,289,651	0.141285	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,681,899	59,879,472	62,561,371	0.068800	0.000000		55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000		56.00
57.00	05700	CT SCAN	21,058,422	39,664,392	60,722,814	0.031950	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,736,630	7,870,710	12,607,340	0.118013	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	40,114,788	31,480,758	71,595,546	0.055445	0.000000		59.00
60.00	06000	LABORATORY	23,827,009	25,859,126	49,686,135	0.216339	0.000000		60.00
60.01	06001	PATHOLOGY	2,701,408	6,604,345	9,305,753	0.217351	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,594,639	2,150,145	10,744,784	0.235764	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	15,321,312	1,859,305	17,180,617	0.235863	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	7,354,643	4,757,937	12,112,580	0.258840	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	2,897,546	863,674	3,761,220	0.237334	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	2,545,856	1,562,922	4,108,778	0.190307	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	15,996,076	33,276,794	49,272,870	0.070848	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,882,504	5,036,512	6,919,016	0.123664	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	26,506,401	24,966,937	51,473,338	0.297530	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	79,423,734	33,771,360	113,195,094	0.204735	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	58,016,125	177,659,622	235,675,747	0.126031	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0	759,449	759,449	0.654065	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0				89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
91.00	09100	EMERGENCY	11,811,760	38,123,281	49,935,041	0.147090	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,988,507	15,596,190	17,584,697	0.231953	0.000000		92.00
93.00	04040	ONCOLOGY INFUSION	811	18,613,320	18,614,131	0.033016	0.000000		93.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000		97.00
99.00	09900	CMHC	0	0	0				99.00
99.10	09910	CORF	0	0	0				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0				100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0				101.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0	0	0				105.00
106.00	10600	HEART ACQUISITION	0	0	0				106.00
107.00	10700	LIVER ACQUISITION	0	0	0				107.00
108.00	10800	LUNG ACQUISITION	0	0	0				108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0	0				111.00
113.00	11300	INTEREST EXPENSE	0	0	0				113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0				115.00
116.00	11600	HOSPICE	0	0	0				116.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Title XVIII			Hospital		PPS	
		Inpatient	Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio		
200.00	Subtotal (see instructions)	553,721,508	727,257,306	1,280,978,814			200.00	
201.00	Less Observation Beds						201.00	
202.00	Total (see instructions)	553,721,508	727,257,306	1,280,978,814			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 180104	Period: From 09/01/2014 To 08/31/2015	Worksheet C Part I Date/Time Prepared: 1/15/2016 9:39 am
Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital PPS
	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
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
46.00	04600 OTHER LONG TERM CARE			46.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.143357		50.00
51.00	05100 RECOVERY ROOM	0.298467		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.454727		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.141389		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.068800		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.031950		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.118013		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.055445		59.00
60.00	06000 LABORATORY	0.216741		60.00
60.01	06001 PATHOLOGY	0.217351		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.235764		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.236200		65.00
66.00	06600 PHYSICAL THERAPY	0.258840		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.237334		67.00
68.00	06800 SPEECH PATHOLOGY	0.190307		68.00
69.00	06900 ELECTROCARDIOLOGY	0.070848		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.123664		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.297530		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.204735		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.126031		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03951 OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.654065		76.97
	OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.147419		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.231953		92.00
93.00	04040 ONCOLOGY INFUSION	0.033016		93.00
	OTHER REIMBURSABLE COST CENTERS			
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
99.00	09900 CMHC			99.00
99.10	09910 CORF			99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
107.00	10700 LIVER ACQUISITION			107.00
108.00	10800 LUNG ACQUISITION			108.00
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 180104	Period: From 09/01/2014 To 08/31/2015	Worksheet C Part I Date/Time Prepared: 1/15/2016 9:39 am
		Title XVIII	Hospital	PPS
Cost Center Description		PPS Inpatient Ratio		
		11.00		
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 180104

Period:
From 09/01/2014
To 08/31/2015

Worksheet C
Part I
Date/Time Prepared:
1/15/2016 9:39 am

		Title XIX		Hospital		Tefra		
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	38,674,816		38,674,816	0	38,674,816	30.00
31.00	03100	INTENSIVE CARE UNIT	7,069,828		7,069,828	0	7,069,828	31.00
32.00	03200	CORONARY CARE UNIT	6,614,992		6,614,992	0	6,614,992	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	4,916,624		4,916,624	12,525	4,929,149	43.00
44.00	04400	SKILLED NURSING FACILITY	4,023,401		4,023,401	0	4,023,401	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	25,894,255		25,894,255	8,846	25,903,101	50.00
51.00	05100	RECOVERY ROOM	3,012,693		3,012,693	0	3,012,693	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,821,618		3,821,618	3,951	3,825,569	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,723,529		15,723,529	11,615	15,735,144	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,304,201		4,304,201	0	4,304,201	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	1,940,069		1,940,069	0	1,940,069	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,487,830		1,487,830	0	1,487,830	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,969,603		3,969,603	0	3,969,603	59.00
60.00	06000	LABORATORY	10,749,036		10,749,036	20,000	10,769,036	60.00
60.01	06001	PATHOLOGY	2,022,614		2,022,614	0	2,022,614	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,533,228		2,533,228	0	2,533,228	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,052,274	0	4,052,274	5,781	4,058,055	65.00
66.00	06600	PHYSICAL THERAPY	3,135,219	0	3,135,219	0	3,135,219	66.00
67.00	06700	OCCUPATIONAL THERAPY	892,664	0	892,664	0	892,664	67.00
68.00	06800	SPEECH PATHOLOGY	781,928	0	781,928	0	781,928	68.00
69.00	06900	ELECTROCARDIOLOGY	3,490,862		3,490,862	0	3,490,862	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	855,630		855,630	0	855,630	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,314,875		15,314,875	0	15,314,875	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	23,175,004		23,175,004	0	23,175,004	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	29,702,383		29,702,383	0	29,702,383	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	496,729		496,729	0	496,729	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	90.00
91.00	09100	EMERGENCY	7,344,945		7,344,945	16,439	7,361,384	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,078,819		4,078,819	0	4,078,819	92.00
93.00	04040	ONCOLOGY INFUSION	614,555		614,555	0	614,555	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
99.00	09900	CMHC	0		0	0	0	99.00
99.10	09910	CORF	0		0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0		0	0	0	105.00
106.00	10600	HEART ACQUISITION	0		0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0		0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0		0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0		0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0	0	0	115.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 180104

Period:
From 09/01/2014
To 08/31/2015

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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				
116.00	11600	HOSPICE	0	0	0	0	0	116.00
200.00		Subtotal (see instructions)	230,694,224	0	230,694,224	79,157	230,773,381	200.00
201.00		Less Observation Beds	4,078,819		4,078,819		4,078,819	201.00
202.00		Total (see instructions)	226,615,405	0	226,615,405	79,157	226,694,562	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 180104

Period:
From 09/01/2014
To 08/31/2015

Worksheet C
Part I
Date/Time Prepared:
1/15/2016 9:39 am

			Title XIX			Hospital		Tefra	
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	60,026,113		60,026,113				30.00
31.00	03100	INTENSIVE CARE UNIT	16,181,866		16,181,866				31.00
32.00	03200	CORONARY CARE UNIT	14,167,321		14,167,321				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0				34.00
40.00	04000	SUBPROVIDER - IPF	0		0				40.00
41.00	04100	SUBPROVIDER - IRF	0		0				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	14,889,438		14,889,438				43.00
44.00	04400	SKILLED NURSING FACILITY	7,412,427		7,412,427				44.00
45.00	04500	NURSING FACILITY	0		0				45.00
46.00	04600	OTHER LONG TERM CARE	0		0				46.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	82,311,197	98,377,692	180,688,889	0.143309	0.143309		50.00
51.00	05100	RECOVERY ROOM	4,208,483	5,885,410	10,093,893	0.298467	0.298467		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,404,867	8,028	8,412,895	0.454257	0.454257		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,659,726	92,629,925	111,289,651	0.141285	0.141285		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,681,899	59,879,472	62,561,371	0.068800	0.068800		55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000		56.00
57.00	05700	CT SCAN	21,058,422	39,664,392	60,722,814	0.031950	0.031950		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,736,630	7,870,710	12,607,340	0.118013	0.118013		58.00
59.00	05900	CARDIAC CATHETERIZATION	40,114,788	31,480,758	71,595,546	0.055445	0.055445		59.00
60.00	06000	LABORATORY	23,827,009	25,859,126	49,686,135	0.216339	0.216339		60.00
60.01	06001	PATHOLOGY	2,701,408	6,604,345	9,305,753	0.217351	0.217351		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,594,639	2,150,145	10,744,784	0.235764	0.235764		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	15,321,312	1,859,305	17,180,617	0.235863	0.235863		65.00
66.00	06600	PHYSICAL THERAPY	7,354,643	4,757,937	12,112,580	0.258840	0.258840		66.00
67.00	06700	OCCUPATIONAL THERAPY	2,897,546	863,674	3,761,220	0.237334	0.237334		67.00
68.00	06800	SPEECH PATHOLOGY	2,545,856	1,562,922	4,108,778	0.190307	0.190307		68.00
69.00	06900	ELECTROCARDIOLOGY	15,996,076	33,276,794	49,272,870	0.070848	0.070848		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,882,504	5,036,512	6,919,016	0.123664	0.123664		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	26,506,401	24,966,937	51,473,338	0.297530	0.297530		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	79,423,734	33,771,360	113,195,094	0.204735	0.204735		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	58,016,125	177,659,622	235,675,747	0.126031	0.126031		73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0	759,449	759,449	0.654065	0.654065		76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000		89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
91.00	09100	EMERGENCY	11,811,760	38,123,281	49,935,041	0.147090	0.147090		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,988,507	15,596,190	17,584,697	0.231953	0.231953		92.00
93.00	04040	ONCOLOGY INFUSION	811	18,613,320	18,614,131	0.033016	0.033016		93.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000		97.00
99.00	09900	CMHC	0	0	0	0.000000	0.000000		99.00
99.10	09910	CORF	0	0	0	0.000000	0.000000		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0.000000	0.000000		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0.000000	0.000000		101.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0	0	0				105.00
106.00	10600	HEART ACQUISITION	0	0	0				106.00
107.00	10700	LIVER ACQUISITION	0	0	0				107.00
108.00	10800	LUNG ACQUISITION	0	0	0				108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0	0				111.00
113.00	11300	INTEREST EXPENSE	0	0	0				113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0				115.00
116.00	11600	HOSPICE	0	0	0				116.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Title XIX			Hospital		Tefra	
		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
Cost Center Description		Inpatient	Outpatient	Total (col. 6 + col. 7)				
		6.00	7.00	8.00	9.00	10.00		
200.00	Subtotal (see instructions)	553,721,508	727,257,306	1,280,978,814			200.00	
201.00	Less Observation Beds						201.00	
202.00	Total (see instructions)	553,721,508	727,257,306	1,280,978,814			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 180104	Period: From 09/01/2014 To 08/31/2015	Worksheet C Part I Date/Time Prepared: 1/15/2016 9:39 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		Tefra
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
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
46.00	04600 OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
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
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 PATHOLOGY	0.000000		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03951 OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
93.00	04040 ONCOLOGY INFUSION	0.000000		93.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
99.00	09900 CMHC			99.00
99.10	09910 CORF			99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
107.00	10700 LIVER ACQUISITION			107.00
108.00	10800 LUNG ACQUISITION			108.00
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 180104	Period: From 09/01/2014 To 08/31/2015	Worksheet C Part I Date/Time Prepared: 1/15/2016 9:39 am
		Title XIX	Hospital	Tefra
Cost Center Description		PPS Inpatient Ratio		
		11.00		
202.00	Total (see instructions)			202.00

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

Provider CCN: 180104

Period: From 09/01/2014 To 08/31/2015

Worksheet C Part II Date/Time Prepared: 1/15/2016 9:39 am

Cost Center Description			Title XIX			Hospital	Tefra	
			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	25,894,255	4,995,227	20,899,028	0	0	50.00
51.00	05100	RECOVERY ROOM	3,012,693	37,711	2,974,982	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,821,618	144,152	3,677,466	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,723,529	3,561,317	12,162,212	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,304,201	742,983	3,561,218	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	1,940,069	465,506	1,474,563	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,487,830	657,899	829,931	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,969,603	650,232	3,319,371	0	0	59.00
60.00	06000	LABORATORY	10,749,036	1,023,555	9,725,481	0	0	60.00
60.01	06001	PATHOLOGY	2,022,614	187,840	1,834,774	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,533,228	44,772	2,488,456	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,052,274	212,080	3,840,194	0	0	65.00
66.00	06600	PHYSICAL THERAPY	3,135,219	145,181	2,990,038	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	892,664	9,609	883,055	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	781,928	23,830	758,098	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,490,862	697,735	2,793,127	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	855,630	74,517	781,113	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,314,875	98,471	15,216,404	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	23,175,004	184,195	22,990,809	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	29,702,383	196,885	29,505,498	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	496,729	23,097	473,632	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	7,344,945	754,672	6,590,273	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,078,819	326,151	3,752,668	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	614,555	3,000	611,555	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
200.00		Subtotal (sum of lines 50 thru 199)	169,394,563	15,260,617	154,133,946	0	0	200.00
201.00		Less Observation Beds	4,078,819	326,151	3,752,668	0	0	201.00
202.00		Total (line 200 minus line 201)	165,315,744	14,934,466	150,381,278	0	0	202.00

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

Provider CCN: 180104

Period: From 09/01/2014 To 08/31/2015

Worksheet C Part II Date/Time Prepared: 1/15/2016 9:39 am

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Title XIX	
					Hospital	Tefra
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	25,894,255	180,688,889	0.143309		50.00
51.00	05100 RECOVERY ROOM	3,012,693	10,093,893	0.298467		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,821,618	8,412,895	0.454257		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	15,723,529	111,289,651	0.141285		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	4,304,201	62,561,371	0.068800		55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000		56.00
57.00	05700 CT SCAN	1,940,069	60,722,814	0.031950		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,487,830	12,607,340	0.118013		58.00
59.00	05900 CARDIAC CATHETERIZATION	3,969,603	71,595,546	0.055445		59.00
60.00	06000 LABORATORY	10,749,036	49,686,135	0.216339		60.00
60.01	06001 PATHOLOGY	2,022,614	9,305,753	0.217351		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	2,533,228	10,744,784	0.235764		63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	4,052,274	17,180,617	0.235863		65.00
66.00	06600 PHYSICAL THERAPY	3,135,219	12,112,580	0.258840		66.00
67.00	06700 OCCUPATIONAL THERAPY	892,664	3,761,220	0.237334		67.00
68.00	06800 SPEECH PATHOLOGY	781,928	4,108,778	0.190307		68.00
69.00	06900 ELECTROCARDIOLOGY	3,490,862	49,272,870	0.070848		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	855,630	6,919,016	0.123664		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	15,314,875	51,473,338	0.297530		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	23,175,004	113,195,094	0.204735		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	29,702,383	235,675,747	0.126031		73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000		75.00
76.00	03951 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	496,729	759,449	0.654065		76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000		89.00
90.00	09000 CLINIC	0	0	0.000000		90.00
91.00	09100 EMERGENCY	7,344,945	49,935,041	0.147090		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	4,078,819	17,584,697	0.231953		92.00
93.00	04040 ONCOLOGY INFUSION	614,555	18,614,131	0.033016		93.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000		97.00
99.00	09900 CMHC	0	0	0.000000		99.00
99.10	09910 CORF	0	0	0.000000		99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0.000000		100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0.000000		101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION	0	0	0.000000		105.00
106.00	10600 HEART ACQUISITION	0	0	0.000000		106.00
107.00	10700 LIVER ACQUISITION	0	0	0.000000		107.00
108.00	10800 LUNG ACQUISITION	0	0	0.000000		108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0.000000		109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0.000000		110.00
111.00	11100 ISLET ACQUISITION	0	0	0.000000		111.00
113.00	11300 INTEREST EXPENSE	0	0	0.000000		113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0.000000		114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0.000000		115.00
116.00	11600 HOSPICE	0	0	0.000000		116.00
200.00	Subtotal (sum of lines 50 thru 199)	169,394,563	1,168,301,649			200.00
201.00	Less Observation Beds	4,078,819	0			201.00
202.00	Total (line 200 minus line 201)	165,315,744	1,168,301,649			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 180104	Period: From 09/01/2014 To 08/31/2015	Worksheet D Part I Date/Time Prepared: 1/15/2016 9:39 am
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Cost Center Description		Title XVIII			Hospital		PPS
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,092,507	0	3,092,507	47,779	64.73	30.00
31.00	INTENSIVE CARE UNIT	366,580		366,580	3,881	94.46	31.00
32.00	CORONARY CARE UNIT	286,163		286,163	3,382	84.61	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	288,059		288,059	5,534	52.05	43.00
44.00	SKILLED NURSING FACILITY	281,955		281,955	5,674	49.69	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (Lines 30-199)	4,315,264		4,315,264	66,250		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	20,818	1,347,549				
31.00	INTENSIVE CARE UNIT	1,995	188,448				
32.00	CORONARY CARE UNIT	2,061	174,381				
33.00	BURN INTENSIVE CARE UNIT	0	0				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	4,020	199,754				
45.00	NURSING FACILITY	0	0				
200.00	Total (Lines 30-199)	28,894	1,910,132				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 180104	Period: From 09/01/2014 To 08/31/2015	Worksheet D Part II Date/Time Prepared: 1/15/2016 9:39 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital 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	4,995,227	180,688,889	0.027645	35,337,822	976,914	50.00
51.00	05100 RECOVERY ROOM	37,711	10,093,893	0.003736	1,879,108	7,020	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	144,152	8,412,895	0.017135	30,342	520	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,561,317	111,289,651	0.032000	9,865,762	315,704	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	742,983	62,561,371	0.011876	1,572,347	18,673	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700 CT SCAN	465,506	60,722,814	0.007666	10,777,406	82,620	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	657,899	12,607,340	0.052184	2,340,785	122,152	58.00
59.00	05900 CARDIAC CATHETERIZATION	650,232	71,595,546	0.009082	19,094,743	173,418	59.00
60.00	06000 LABORATORY	1,023,555	49,686,135	0.020600	11,250,821	231,767	60.00
60.01	06001 PATHOLOGY	187,840	9,305,753	0.020185	1,285,247	25,943	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	44,772	10,744,784	0.004167	4,078,153	16,994	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	212,080	17,180,617	0.012344	7,970,314	98,386	65.00
66.00	06600 PHYSICAL THERAPY	145,181	12,112,580	0.011986	2,759,934	33,081	66.00
67.00	06700 OCCUPATIONAL THERAPY	9,609	3,761,220	0.002555	753,102	1,924	67.00
68.00	06800 SPEECH PATHOLOGY	23,830	4,108,778	0.005800	1,419,539	8,233	68.00
69.00	06900 ELECTROCARDIOLOGY	697,735	49,272,870	0.014161	8,677,161	122,877	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	74,517	6,919,016	0.010770	969,681	10,443	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	98,471	51,473,338	0.001913	11,706,095	22,394	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	184,195	113,195,094	0.001627	33,376,635	54,304	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	196,885	235,675,747	0.000835	24,001,401	20,041	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03951 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	23,097	759,449	0.030413	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
91.00	09100 EMERGENCY	754,672	49,935,041	0.015113	7,523,275	113,699	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	326,151	17,584,697	0.018547	1,988,507	36,881	92.00
93.00	04040 ONCOLOGY INFUSION	3,000	18,614,131	0.000161	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00	Total (lines 50-199)	15,260,617	1,168,301,649		198,658,180	2,493,988	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 180104	Period: From 09/01/2014 To 08/31/2015	Worksheet D Part III Date/Time Prepared: 1/15/2016 9:39 am
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Cost Center Description	Title XVIII					Hospital	
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	PPS		
	1.00	2.00	3.00	4.00	Total Costs (sum of cols. 1 through 3, minus col. 4)		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
200.00		Total (lines 30-199)	0	0	0	0	200.00

Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)			
	6.00	7.00	8.00	9.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	47,779	0.00	20,818	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,881	0.00	1,995	0	31.00
32.00	03200	CORONARY CARE UNIT	3,382	0.00	2,061	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	42.00
43.00	04300	NURSERY	5,534	0.00	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	5,674	0.00	4,020	0	44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0	45.00
200.00		Total (lines 30-199)	66,250		28,894	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 180104	Period: From 09/01/2014 To 08/31/2015	Worksheet D Part IV Date/Time Prepared: 1/15/2016 9:39 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	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00	
57.00	05700	CT SCAN	0	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	0	0	60.00	
60.01	06001	PATHOLOGY	0	0	0	0	60.01	
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00	
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97	
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00	
90.00	09000	CLINIC	0	0	0	0	90.00	
91.00	09100	EMERGENCY	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00	
93.00	04040	ONCOLOGY INFUSION	0	0	0	0	93.00	
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00	
200.00		Total (lines 50-199)	0	0	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 180104	Period: From 09/01/2014 To 08/31/2015	Worksheet D Part IV Date/Time Prepared: 1/15/2016 9:39 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	180,688,889	0.000000	0.000000	35,337,822	50.00
51.00	05100 RECOVERY ROOM	0	10,093,893	0.000000	0.000000	1,879,108	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	8,412,895	0.000000	0.000000	30,342	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	111,289,651	0.000000	0.000000	9,865,762	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	62,561,371	0.000000	0.000000	1,572,347	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700 CT SCAN	0	60,722,814	0.000000	0.000000	10,777,406	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	12,607,340	0.000000	0.000000	2,340,785	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	71,595,546	0.000000	0.000000	19,094,743	59.00
60.00	06000 LABORATORY	0	49,686,135	0.000000	0.000000	11,250,821	60.00
60.01	06001 PATHOLOGY	0	9,305,753	0.000000	0.000000	1,285,247	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	10,744,784	0.000000	0.000000	4,078,153	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	17,180,617	0.000000	0.000000	7,970,314	65.00
66.00	06600 PHYSICAL THERAPY	0	12,112,580	0.000000	0.000000	2,759,934	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	3,761,220	0.000000	0.000000	753,102	67.00
68.00	06800 SPEECH PATHOLOGY	0	4,108,778	0.000000	0.000000	1,419,539	68.00
69.00	06900 ELECTROCARDIOLOGY	0	49,272,870	0.000000	0.000000	8,677,161	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	6,919,016	0.000000	0.000000	969,681	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	51,473,338	0.000000	0.000000	11,706,095	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	113,195,094	0.000000	0.000000	33,376,635	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	235,675,747	0.000000	0.000000	24,001,401	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03951 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	759,449	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
91.00	09100 EMERGENCY	0	49,935,041	0.000000	0.000000	7,523,275	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	17,584,697	0.000000	0.000000	1,988,507	92.00
93.00	04040 ONCOLOGY INFUSION	0	18,614,131	0.000000	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00	Total (lines 50-199)	0	1,168,301,649			198,658,180	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 180104	Period: From 09/01/2014 To 08/31/2015	Worksheet D Part IV Date/Time Prepared: 1/15/2016 9:39 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)	Hospital	PPS
ANCILLARY SERVICE COST CENTERS		11.00	12.00	13.00		
50.00	05000 OPERATING ROOM	0	28,136,643	0		50.00
51.00	05100 RECOVERY ROOM	0	4,460,043	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	8,028	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	22,316,760	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	26,426,530	0		55.00
56.00	05600 RADIOISOTOPE	0	0	0		56.00
57.00	05700 CT SCAN	0	20,064,983	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	5,103,794	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	13,611,076	0		59.00
60.00	06000 LABORATORY	0	3,975,493	0		60.00
60.01	06001 PATHOLOGY	0	2,155,922	0		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	952,275	0		63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	637,653	0		65.00
66.00	06600 PHYSICAL THERAPY	0	5,010	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	248	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	13,852,475	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,014,302	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,707,618	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	13,676,346	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	80,552,476	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00	03951 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0		76.00
76.97	07697 CARDIAC REHABILITATION	0	294,452	0		76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000 CLINIC	0	0	0		90.00
91.00	09100 EMERGENCY	0	10,178,191	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,759,600	0		92.00
93.00	04040 ONCOLOGY INFUSION	0	0	0		93.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00	09500 AMBULANCE SERVICES	0	0	0		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
200.00	Total (lines 50-199)	0	256,889,918	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 180104	Period: From 09/01/2014 To 08/31/2015	Worksheet D Part V Date/Time Prepared: 1/15/2016 9:39 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	0.143309	28,136,643	0	0	4,032,234
51.00 05100 RECOVERY ROOM	0.298467	4,460,043	0	0	1,331,176
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.454257	8,028	0	0	3,647
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.141285	22,316,760	9,463	0	3,153,023
55.00 05500 RADIOLOGY-THERAPEUTIC	0.068800	26,426,530	0	0	1,818,145
56.00 05600 RADIOISOTOPE	0.000000	0	0	0	0
57.00 05700 CT SCAN	0.031950	20,064,983	0	0	641,076
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.118013	5,103,794	0	0	602,314
59.00 05900 CARDIAC CATHETERIZATION	0.055445	13,611,076	0	0	754,666
60.00 06000 LABORATORY	0.216339	3,975,493	948	0	860,054
60.01 06001 PATHOLOGY	0.217351	2,155,922	440	0	468,592
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.235764	952,275	0	0	224,512
64.00 06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	0.235863	637,653	0	0	150,399
66.00 06600 PHYSICAL THERAPY	0.258840	5,010	0	0	1,297
67.00 06700 OCCUPATIONAL THERAPY	0.237334	248	0	0	59
68.00 06800 SPEECH PATHOLOGY	0.190307	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.070848	13,852,475	0	0	981,420
70.00 07000 ELECTROENCEPHALOGRAPHY	0.123664	1,014,302	0	0	125,433
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.297530	5,707,618	16,390	0	1,698,188
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.204735	13,676,346	16,340	0	2,800,027
73.00 07300 DRUGS CHARGED TO PATIENTS	0.126031	80,552,476	0	187,260	10,152,109
74.00 07400 RENAL DIALYSIS	0.000000	0	0	0	0
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0
76.00 03951 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0
76.97 07697 CARDIAC REHABILITATION	0.654065	294,452	0	0	192,591
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0
90.00 09000 CLINIC	0.000000	0	0	0	0
91.00 09100 EMERGENCY	0.147090	10,178,191	0	0	1,497,110
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.231953	3,759,600	0	0	872,050
93.00 04040 ONCOLOGY INFUSION	0.033016	0	0	0	0
OTHER REIMBURSABLE COST CENTERS					
94.00 09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0
95.00 09500 AMBULANCE SERVICES	0.000000	0	0	0	0
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0
200.00 Subtotal (see instructions)		256,889,918	43,581	187,260	32,360,122
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	0
202.00 Net Charges (line 200 +/- line 201)		256,889,918	43,581	187,260	32,360,122

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 180104	Period: From 09/01/2014 To 08/31/2015	Worksheet D Part V Date/Time Prepared: 1/15/2016 9:39 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	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
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	1,337	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	205	0		60.00
60.01 06001 PATHOLOGY	96	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	4,877	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	3,345	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	23,601		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03951 OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00 04040 ONCOLOGY INFUSION	0	0		93.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00 Subtotal (see instructions)	9,860	23,601		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	9,860	23,601		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 180104 Component CCN: 185416	Period: From 09/01/2014 To 08/31/2015	Worksheet D Part IV Date/Time Prepared: 1/15/2016 9:39 am
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
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
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 PATHOLOGY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	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
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03951 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040 ONCOLOGY INFUSION	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
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: 180104 Component CCN: 185416	Period: From 09/01/2014 To 08/31/2015	Worksheet D Part IV Date/Time Prepared: 1/15/2016 9:39 am
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	180,688,889	0.000000	0.000000	57,665	50.00
51.00	05100 RECOVERY ROOM	0	10,093,893	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	8,412,895	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	111,289,651	0.000000	0.000000	224,672	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	62,561,371	0.000000	0.000000	15,571	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700 CT SCAN	0	60,722,814	0.000000	0.000000	8,920	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	12,607,340	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	71,595,546	0.000000	0.000000	14,299	59.00
60.00	06000 LABORATORY	0	49,686,135	0.000000	0.000000	384,535	60.00
60.01	06001 PATHOLOGY	0	9,305,753	0.000000	0.000000	957	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	10,744,784	0.000000	0.000000	61,374	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	17,180,617	0.000000	0.000000	504,796	65.00
66.00	06600 PHYSICAL THERAPY	0	12,112,580	0.000000	0.000000	1,671,861	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	3,761,220	0.000000	0.000000	1,063,914	67.00
68.00	06800 SPEECH PATHOLOGY	0	4,108,778	0.000000	0.000000	180,189	68.00
69.00	06900 ELECTROCARDIOLOGY	0	49,272,870	0.000000	0.000000	71,741	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	6,919,016	0.000000	0.000000	19,600	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	51,473,338	0.000000	0.000000	90,202	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	113,195,094	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	235,675,747	0.000000	0.000000	1,193,674	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03951 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	759,449	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
91.00	09100 EMERGENCY	0	49,935,041	0.000000	0.000000	2,492	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	17,584,697	0.000000	0.000000	0	92.00
93.00	04040 ONCOLOGY INFUSION	0	18,614,131	0.000000	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00	Total (lines 50-199)	0	1,168,301,649			5,566,462	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 180104 Component CCN: 185416	Period: From 09/01/2014 To 08/31/2015	Worksheet D Part IV Date/Time Prepared: 1/15/2016 9:39 am
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 PATHOLOGY	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03951 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00	04040 ONCOLOGY INFUSION	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
200.00	Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 180104	Period: From 09/01/2014 To 08/31/2015	Worksheet D Part I Date/Time Prepared: 1/15/2016 9:39 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,092,507	0	3,092,507	47,779	64.73	30.00
31.00	INTENSIVE CARE UNIT	366,580		366,580	3,881	94.46	31.00
32.00	CORONARY CARE UNIT	286,163		286,163	3,382	84.61	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	288,059		288,059	5,534	52.05	43.00
44.00	SKILLED NURSING FACILITY	281,955		281,955	5,674	49.69	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30-199)	4,315,264		4,315,264	66,250		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	202	13,075				
31.00	INTENSIVE CARE UNIT	102	9,635				
32.00	CORONARY CARE UNIT	0	0				
33.00	BURN INTENSIVE CARE UNIT	0	0				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	0	0				
45.00	NURSING FACILITY	0	0				
200.00	Total (lines 30-199)	304	22,710				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 180104	Period: From 09/01/2014 To 08/31/2015	Worksheet D Part II Date/Time Prepared: 1/15/2016 9:39 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	4,995,227	180,688,889	0.027645	0	0	50.00
51.00	05100 RECOVERY ROOM	37,711	10,093,893	0.003736	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	144,152	8,412,895	0.017135	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,561,317	111,289,651	0.032000	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	742,983	62,561,371	0.011876	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700 CT SCAN	465,506	60,722,814	0.007666	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	657,899	12,607,340	0.052184	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	650,232	71,595,546	0.009082	0	0	59.00
60.00	06000 LABORATORY	1,023,555	49,686,135	0.020600	0	0	60.00
60.01	06001 PATHOLOGY	187,840	9,305,753	0.020185	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	44,772	10,744,784	0.004167	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	212,080	17,180,617	0.012344	0	0	65.00
66.00	06600 PHYSICAL THERAPY	145,181	12,112,580	0.011986	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	9,609	3,761,220	0.002555	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	23,830	4,108,778	0.005800	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	697,735	49,272,870	0.014161	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	74,517	6,919,016	0.010770	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	98,471	51,473,338	0.001913	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	184,195	113,195,094	0.001627	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	196,885	235,675,747	0.000835	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03951 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	23,097	759,449	0.030413	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
91.00	09100 EMERGENCY	754,672	49,935,041	0.015113	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	326,151	17,584,697	0.018547	0	0	92.00
93.00	04040 ONCOLOGY INFUSION	3,000	18,614,131	0.000161	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00	Total (lines 50-199)	15,260,617	1,168,301,649		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 180104	Period: From 09/01/2014 To 08/31/2015	Worksheet D Part III Date/Time Prepared: 1/15/2016 9:39 am
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Cost Center Description	Title XIX				Hospital	Tefra	
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
200.00		Total (lines 30-199)	0	0	0	0	200.00

Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)			
	6.00	7.00	8.00	9.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	47,779	0.00	202	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,881	0.00	102	0	31.00
32.00	03200	CORONARY CARE UNIT	3,382	0.00	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	42.00
43.00	04300	NURSERY	5,534	0.00	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	5,674	0.00	0	0	44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0	45.00
200.00		Total (lines 30-199)	66,250		304	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 180104	Period: From 09/01/2014 To 08/31/2015	Worksheet D Part IV Date/Time Prepared: 1/15/2016 9:39 am
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Cost Center Description	Title XIX				Hospital	Tefra	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	PATHOLOGY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 180104

Period:
From 09/01/2014
To 08/31/2015

Worksheet D
Part IV
Date/Time Prepared:
1/15/2016 9:39 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	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Tefra		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	180,688,889	0.000000	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	0	10,093,893	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	8,412,895	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	111,289,651	0.000000	0.000000	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	62,561,371	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	60,722,814	0.000000	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	12,607,340	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	71,595,546	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	49,686,135	0.000000	0.000000	0	60.00
60.01	06001	PATHOLOGY	0	9,305,753	0.000000	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	10,744,784	0.000000	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	17,180,617	0.000000	0.000000	0	65.00
66.00	06600	PHYSICAL THERAPY	0	12,112,580	0.000000	0.000000	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,761,220	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,108,778	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	49,272,870	0.000000	0.000000	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6,919,016	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	51,473,338	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	113,195,094	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	235,675,747	0.000000	0.000000	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	759,449	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	49,935,041	0.000000	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	17,584,697	0.000000	0.000000	0	92.00
93.00	04040	ONCOLOGY INFUSION	0	18,614,131	0.000000	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00		Total (lines 50-199)	0	1,168,301,649			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 180104	Period: From 09/01/2014 To 08/31/2015	Worksheet D Part IV Date/Time Prepared: 1/15/2016 9:39 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)	Hospital	Tefra
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	0		50.00
51.00	05100 RECOVERY ROOM	0	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600 RADIOISOTOPE	0	0	0		56.00
57.00	05700 CT SCAN	0	0	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	0	0	0		60.00
60.01	06001 PATHOLOGY	0	0	0		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00	03951 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0		76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000 CLINIC	0	0	0		90.00
91.00	09100 EMERGENCY	0	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
93.00	04040 ONCOLOGY INFUSION	0	0	0		93.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00	09500 AMBULANCE SERVICES	0	0	0		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
200.00	Total (lines 50-199)	0	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 180104	Period: From 09/01/2014 To 08/31/2015	Worksheet D-1 Date/Time Prepared: 1/15/2016 9:39 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		47,779	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		47,779	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)		42,740	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)		20,818	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)		38,674,816	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)		38,674,816	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)		38,674,816	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)		809.45	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		16,851,130	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)		16,851,130	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 180104		Period: From 09/01/2014 To 08/31/2015		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 1/15/2016 9:39 am	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	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	7,069,828	3,881	1,821.65	1,995	3,634,192		43.00
44.00 CORONARY CARE UNIT	6,614,992	3,382	1,955.94	2,061	4,031,192		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		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)					31,194,338		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					55,710,852		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,710,378		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,493,988		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					4,204,366		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					51,506,486		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					5,039		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					809.45		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					4,078,819		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 180104		Period: From 09/01/2014 To 08/31/2015		Worksheet D-1 Date/Time Prepared: 1/15/2016 9:39 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	3,092,507	38,674,816	0.079962	4,078,819	326,151	90.00
91.00	Nursing School cost	0	38,674,816	0.000000	4,078,819	0	91.00
92.00	Allied health cost	0	38,674,816	0.000000	4,078,819	0	92.00
93.00	All other Medical Education	0	38,674,816	0.000000	4,078,819	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 180104 Component CCN: 185416	Period: From 09/01/2014 To 08/31/2015	Worksheet D-1 Date/Time Prepared: 1/15/2016 9:39 am
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,674	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,674	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)		5,674	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)		4,020	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)		4,023,401	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)		4,023,401	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)		4,023,401	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 180104 Component CCN: 185416		Period: From 09/01/2014 To 08/31/2015		Worksheet D-1 Date/Time Prepared: 1/15/2016 9:39 am	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
56.00	Target amount (line 54 x line 55)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					4,023,401	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					709.09	71.00
72.00	Program routine service cost (line 9 x line 71)					2,850,542	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					2,850,542	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					0.00	76.00
77.00	Program capital-related costs (line 9 x line 76)					0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	80.00
81.00	Inpatient routine service cost per diem limitation					0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)					2,850,542	83.00
84.00	Program inpatient ancillary services (see instructions)					1,163,778	84.00
85.00	Utilization review - physician compensation (see instructions)					0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					4,014,320	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: 180104 Component CCN: 185416		Period: From 09/01/2014 To 08/31/2015		Worksheet D-1 Date/Time Prepared: 1/15/2016 9:39 am	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital -related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 180104	Period: From 09/01/2014 To 08/31/2015	Worksheet D-1 Date/Time Prepared: 1/15/2016 9:39 am
Cost Center Description		Title XIX	Hospital	Tefra
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		47,779	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		47,779	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)		42,740	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)		202	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)		5,534	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)		38,674,816	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)		38,674,816	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)		38,674,816	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)		809.45	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		163,509	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)		163,509	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 180104		Period: From 09/01/2014 To 08/31/2015		Worksheet D-1	
Date/Time Prepared: 1/15/2016 9:39 am		Title XIX		Hospital		Tefra	
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)		
42.00 NURSERY (title V & XIX only)	4,916,624	5,534	888.44	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	7,069,828	3,881	1,821.65	102	185,808	0	43.00
44.00 CORONARY CARE UNIT	6,614,992	3,382	1,955.94	0	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	0	45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						0	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						349,317	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)						22,710	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)						22,710	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						326,607	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges						356	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)						-326,607	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)						22,710	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)						5,039	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						809.45	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						4,078,819	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 180104		Period: From 09/01/2014 To 08/31/2015		Worksheet D-1 Date/Time Prepared: 1/15/2016 9:39 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	3,092,507	38,674,816	0.079962	4,078,819	326,151	90.00
91.00	Nursing School cost	0	38,674,816	0.000000	4,078,819	0	91.00
92.00	Allied health cost	0	38,674,816	0.000000	4,078,819	0	92.00
93.00	All other Medical Education	0	38,674,816	0.000000	4,078,819	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 180104	Period: From 09/01/2014 To 08/31/2015	Worksheet D-3 Date/Time Prepared: 1/15/2016 9:39 am	
Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		27,645,460	30.00
31.00	03100	INTENSIVE CARE UNIT		8,136,257	31.00
32.00	03200	CORONARY CARE UNIT		8,398,056	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.143357	35,337,822	50.00
51.00	05100	RECOVERY ROOM	0.298467	1,879,108	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.454727	30,342	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.141389	9,865,762	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.068800	1,572,347	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.031950	10,777,406	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.118013	2,340,785	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.055445	19,094,743	59.00
60.00	06000	LABORATORY	0.216741	11,250,821	60.00
60.01	06001	PATHOLOGY	0.217351	1,285,247	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.235764	4,078,153	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.236200	7,970,314	65.00
66.00	06600	PHYSICAL THERAPY	0.258840	2,759,934	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.237334	753,102	67.00
68.00	06800	SPEECH PATHOLOGY	0.190307	1,419,539	68.00
69.00	06900	ELECTROCARDIOLOGY	0.070848	8,677,161	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.123664	969,681	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.297530	11,706,095	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.204735	33,376,635	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.126031	24,001,401	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.654065	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000	0	90.00
91.00	09100	EMERGENCY	0.147419	7,523,275	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.231953	1,988,507	92.00
93.00	04040	ONCOLOGY INFUSION	0.033016	0	93.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		198,658,180	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)		198,658,180	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 180104 Component CCN: 185416	Period: From 09/01/2014 To 08/31/2015	Worksheet D-3 Date/Time Prepared: 1/15/2016 9:39 am
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
32.00	03200 CORONARY CARE UNIT		0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000 SUBPROVIDER - IPF		0	40.00
41.00	04100 SUBPROVIDER - IRF		0	41.00
42.00	04200 SUBPROVIDER		0	42.00
43.00	04300 NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.143309	57,665	50.00
51.00	05100 RECOVERY ROOM	0.298467	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.454257	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.141285	224,672	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.068800	15,571	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	56.00
57.00	05700 CT SCAN	0.031950	8,920	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.118013	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.055445	14,299	59.00
60.00	06000 LABORATORY	0.216339	384,535	60.00
60.01	06001 PATHOLOGY	0.217351	957	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.235764	61,374	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.235863	504,796	65.00
66.00	06600 PHYSICAL THERAPY	0.258840	1,671,861	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.237334	1,063,914	67.00
68.00	06800 SPEECH PATHOLOGY	0.190307	180,189	68.00
69.00	06900 ELECTROCARDIOLOGY	0.070848	71,741	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.123664	19,600	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.297530	90,202	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.204735	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.126031	1,193,674	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03951 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.654065	0	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000 CLINIC	0.000000	0	90.00
91.00	09100 EMERGENCY	0.147090	2,492	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.231953	0	92.00
93.00	04040 ONCOLOGY INFUSION	0.033016	0	93.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES		0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
200.00	Total (sum of lines 50-94 and 96-98)		5,566,462	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)		5,566,462	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 180104	Period: From 09/01/2014 To 08/31/2015	Worksheet E Part A Date/Time Prepared: 1/15/2016 9:39 am	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments		0		1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		3,326,530		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		36,591,832		1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0		1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0		1.04
2.00	Outlier payments for discharges. (see instructions)		2,592,915		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		0		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		257.19		4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00		10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00		11.00
12.00	Current year allowable FTE (see instructions)		0.00		12.00
13.00	Total allowable FTE count for the prior year.		0.00		13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00		14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00		15.00
16.00	Adjustment for residents in initial years of the program		0.00		16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00		17.00
18.00	Adjusted rolling average FTE count		0.00		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000		21.00
22.00	IME payment adjustment (see instructions)		0		22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0		22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000		26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000		27.00
28.00	IME add-on adjustment amount (see instructions)		0		28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0		28.01
29.00	Total IME payment (sum of lines 22 and 28)		0		29.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 180104	Period: From 09/01/2014 To 08/31/2015	Worksheet E Part A Date/Time Prepared: 1/15/2016 9:39 am	
		Title XVIII	Hospital	PPS	
		0	before 1/1	on/after 1/1	2.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	1.01	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		6.20		30.00
31.00	Percentage of Medicaid patient days (see instructions)		22.57		31.00
32.00	Sum of lines 30 and 31		28.77		32.00
33.00	Allowable disproportionate share percentage (see instructions)		12.95		33.00
34.00	Disproportionate share adjustment (see instructions)		1,292,358		34.00
			Prior to October 1	On/After October 1	
		0	1.00	1.01	2.00
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		9,046,380,143	7,647,644,885	35.00
35.01	Factor 3 (see instructions)		0.000358498	0.000340061	35.01
35.02	Hospital uncompensated care payment (if line 34 is zero, enter zero on this line) (see instructions)		3,243,111	2,600,666	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		266,558	2,386,912	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,653,470		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		46,457,105		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)		46,457,105		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,463,014		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		31,223		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)		49,951,342		59.00
60.00	Primary payer payments		75,135		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		49,876,207		61.00
62.00	Deductibles billed to program beneficiaries		4,354,356		62.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 180104	Period: From 09/01/2014 To 08/31/2015	Worksheet E Part A Date/Time Prepared: 1/15/2016 9:39 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	1.01	On/After October 1 2.00
63.00	Coinsurance billed to program beneficiaries		148,594		63.00
64.00	Allowable bad debts (see instructions)		1,097,105		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		713,118		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		67,150		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		46,086,375		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		21,327		70.93
70.94	HRR adjustment amount (see instructions)		-125,164		70.94
70.95	Recovery of accelerated depreciation		0		70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		45,982,538		71.00
71.01	Sequestration adjustment (see instructions)		919,651		71.01
72.00	Interim payments		44,283,982		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)		778,905		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		940,381		75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 180104	Period: From 09/01/2014 To 08/31/2015	Worksheet E Part A Date/Time Prepared: 1/15/2016 9:39 am
		Title XVIII	Hospital	PPS
		Prior to 10/1		On/After 10/1
		1.00	1.01	2.00
	HSP Bonus Payment Amount			
100.00	HSP bonus amount (see instructions)	0		0 100.00
	HVBP Adjustment for HSP Bonus Payment			
101.00	HVBP adjustment factor (see instructions)	0		0 101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0		0 102.00
	HRR Adjustment for HSP Bonus Payment			
103.00	HRR adjustment factor (see instructions)	0.0000		0.0000 103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0		0 104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 180104	Period: From 09/01/2014 To 08/31/2015	Worksheet E Part B Date/Time Prepared: 1/15/2016 9:39 am
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		33,461	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		32,360,122	2.00
3.00	PPS payments		28,189,335	3.00
4.00	Outlier payment (see instructions)		213,307	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.833	5.00
6.00	Line 2 times line 5		26,955,982	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)		33,461	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		230,841	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)		230,841	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)		230,841	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		197,380	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)		33,461	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)		28,402,642	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		8,220	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		5,705,156	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)		22,722,727	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)		22,722,727	30.00
31.00	Primary payer payments		10,867	31.00
32.00	Subtotal (line 30 minus line 31)		22,711,860	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)		984,523	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		639,940	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		72,121	36.00
37.00	Subtotal (see instructions)		23,351,800	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-63	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)		23,351,863	40.00
40.01	Sequestration adjustment (see instructions)		467,037	40.01
41.00	Interim payments		22,675,573	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		209,253	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 180104

Period:
From 09/01/2014
To 08/31/2015

Worksheet E-1
Part I
Date/Time Prepared:
1/15/2016 9:39 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		43,930,714		22,578,804	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	03/25/2015	80,540	03/25/2015	96,769	3.01
3.02		03/25/2015	172,049		0	3.02
3.03		08/18/2015	100,679		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)		353,268		96,769	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)		44,283,982		22,675,573	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		778,905		209,253	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		45,062,887		22,884,826	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 180104
Component CCN: 185416

Period:
From 09/01/2014
To 08/31/2015

Worksheet E-1
Part I
Date/Time Prepared:
1/15/2016 9:39 am
PPS

Title XVIII

Skilled Nursing Facility

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,415,667		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,415,667		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		1		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,415,668		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 180104

Period:
From 09/01/2014
To 08/31/2015

Worksheet E-1
Part II
Date/Time Prepared:
1/15/2016 9:39 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	13,435	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	24,874	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	5,614	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	50,003	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	1,280,978,814	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	0	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)	679,389	8.00
9.00	Sequestration adjustment amount (see instructions)	13,588	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	665,801	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH			
30.00	Initial/interim HIT payment adjustment (see instructions)	1,315,208	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)	-649,407	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 180104 Component CCN: 185416	Period: From 09/01/2014 To 08/31/2015	Worksheet E-3 Part VI Date/Time Prepared: 1/15/2016 9:39 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		1,484,864	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		1,484,864	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		40,305	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		1,444,559	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (see instructions)		1,444,559	15.00
15.01	Sequestration adjustment (see instructions)		28,891	15.01
16.00	Interim payments		1,415,667	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 16, and 17)		1	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 180104	Period: From 09/01/2014 To 08/31/2015	Worksheet E-3 Part VII Date/Time Prepared: 1/15/2016 9:39 am	
		Title XIX	Hospital	Tefra	
			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		22,710		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)		22,710	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)		22,710	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)		22,710	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		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		22,710	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		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

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

Provider CCN: 180104

Period:
From 09/01/2014
To 08/31/2015

Worksheet G

Date/Time Prepared:
1/15/2016 9:39 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	33,457,024	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	0	0	0	0	4.00
5.00	Other receivable	191,418,137	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-148,986,216	0	0	0	6.00
7.00	Inventory	6,448,452	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	2,215,600	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)	84,552,997	0	0	0	11.00
FIXED ASSETS						
12.00	Land	8,301,977	0	0	0	12.00
13.00	Land improvements	6,785,950	0	0	0	13.00
14.00	Accumulated depreciation	-6,129,293	0	0	0	14.00
15.00	Buildings	167,083,424	0	0	0	15.00
16.00	Accumulated depreciation	-85,021,725	0	0	0	16.00
17.00	Leasehold improvements	42,775,043	0	0	0	17.00
18.00	Accumulated depreciation	-29,066,099	0	0	0	18.00
19.00	Fixed equipment	13,928,272	0	0	0	19.00
20.00	Accumulated depreciation	-12,960,144	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	119,127,663	0	0	0	23.00
24.00	Accumulated depreciation	-96,500,494	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	1,181,772	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	129,506,346	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	6,048	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	-5,454,782	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	-5,448,734	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	208,610,609	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	12,175,063	0	0	0	37.00
38.00	Salaries, wages, and fees payable	7,997,197	0	0	0	38.00
39.00	Payroll taxes payable	3,035	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	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	6,199,553	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	26,374,848	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	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	13,973,020	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	13,973,020	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	40,347,868	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	168,262,741				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	168,262,741	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	208,610,609	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 180104

Period:
From 09/01/2014
To 08/31/2015

Worksheet G-1

Date/Time Prepared:
1/15/2016 9:39 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		152,437,998		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		26,992,201			2.00
3.00	Total (sum of line 1 and line 2)		179,430,199		0	3.00
4.00	RESTRICTED FUND	69,925		0		4.00
5.00	TO BALANCE	24		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)		69,949		0	10.00
11.00	Subtotal (line 3 plus line 10)		179,500,148		0	11.00
12.00	TRANSFER TO PARENT	11,237,407		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)		11,237,407		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		168,262,741		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	RESTRICTED FUND		0			4.00
5.00	TO BALANCE		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	TRANSFER TO PARENT		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: 180104

Period:
From 09/01/2014
To 08/31/2015

Worksheet G-2
Parts I & II
Date/Time Prepared:
1/15/2016 9:39 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	58,795,664		58,795,664	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	7,412,427		7,412,427	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	66,208,091		66,208,091	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	16,181,866		16,181,866	11.00
12.00	CORONARY CARE UNIT	14,167,321		14,167,321	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	30,349,187		30,349,187	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	96,557,278		96,557,278	17.00
18.00	Ancillary services	440,294,314	654,916,488	1,095,210,802	18.00
19.00	Outpatient services	0	74,321,298	74,321,298	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC	0	0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	NURSERY	14,889,438	0	14,889,438	27.00
27.01	FOOD SERVICE	0	31,849	31,849	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	551,741,030	729,269,635	1,281,010,665	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		244,515,748		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)		244,515,748		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 180104

Period:
From 09/01/2014
To 08/31/2015

Worksheet G-3

Date/Time Prepared:
1/15/2016 9:39 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,281,010,665	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,015,691,017	2.00
3.00	Net patient revenues (line 1 minus line 2)	265,319,648	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	244,515,748	4.00
5.00	Net income from service to patients (line 3 minus line 4)	20,803,900	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	316,206	6.00
7.00	Income from investments	310,243	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	1,081,900	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	2,373	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	340,998	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	1,953,683	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER	2,182,898	24.00
25.00	Total other income (sum of lines 6-24)	6,188,301	25.00
26.00	Total (line 5 plus line 25)	26,992,201	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)	26,992,201	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 180104	Period: From 09/01/2014 To 08/31/2015	Worksheet L Parts I-III Date/Time Prepared: 1/15/2016 9:39 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,143,882	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		319,132	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)		138.47	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)		3,463,014	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