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: 260179	Period: From 07/01/2014 To 06/30/2015	Worksheet S Parts I-III Date/Time Prepared: 11/24/2015 9:37 am

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 11/24/2015 Time: 9:37 am
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. [1] 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. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] 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 ST. LUKE'S HOSPITAL (260179) for the cost reporting period beginning 07/01/2014 and ending 06/30/2015 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

_____
Title

_____
Date

	Cost Center Description	Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-149,773	141,211	-7,526	1,369,461	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	-10,778	-538		1,675	7.00
9.00	HOME HEALTH AGENCY I	0	0	1,902		0	9.00
200.00	Total	0	-160,551	142,575	-7,526	1,371,136	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 260179

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

Worksheet S-2 Part I Date/Time Prepared: 11/24/2015 9:36 am

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 232 S. WOODS MILL RD.	PO Box:			1.00
2.00	City: CHESTERFIELD	State: MO	Zip Code: 63017	County: SAINT LOUIS	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		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	ST. LUKE'S HOSPITAL	260179	41180	1	05/02/1975	N	P	O	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	SURREY PLACE	265414	41180		01/30/1990	N	P	O	9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	ST. LUKE'S HOME HEALTH SERVICES	267561	41180		06/01/2009	N	P	O	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	ST. LUKE'S HOSPICE SERVICES	261627	41180		09/01/2010				14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From: 1.00	To: 2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	07/01/2014	06/30/2015	20.00
21.00	Type of Control (see instructions)	2		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	N	N	22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	N	N	22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.	N	N	22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.	N	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	1	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	977	0	21	0	1,256	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 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: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet S-2 Part I Date/Time Prepared: 11/24/2015 9:36 am

		Urban/Rural S	Date of Geogr	
		1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00
		Beginning:	Ending:	
		1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0		37.00
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.			38.00
		Y/N	Y/N	
		1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 “Y” for yes or “N” for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N	40.00

		V	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y for yes or "N" for no.	N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00
	Teaching Hospitals				
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 260179	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part I Date/Time Prepared: 11/24/2015 9:36 am

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.20
					1.00	

	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)		
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00	62.01
	Teaching Hospitals that Claim Residents in Nonprovider Settings		
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	Y	63.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	64.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
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)	INTERNAL MEDICINE	1400	1.87	38.26	0.046599	65.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet S-2 Part I Date/Time Prepared: 11/24/2015 9:36 am

		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)	INTERNAL MEDICINE	1400	1.87	38.26	0.046599	67.00

		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	
	Long Term Care Hospital PPS		
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N	81.00
	TEFRA Providers		
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.	N	87.00

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		Y	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 260179	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part I Date/Time Prepared: 11/24/2015 9:36 am

		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)			106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00

		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00

			1.00
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo)for the current cost reporting period? Enter "Y" for yes or "N" for no.		N	110.00

		1.00	2.00	3.00	
	Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2			118.00

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	505,703	0	0	118.01

		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 260179	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part I Date/Time Prepared: 11/24/2015 9:36 am

		1.00	2.00	
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		140.00

	1.00	2.00	3.00	
	If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.			
141.00	Name:	Contractor's Name:	Contractor's Number:	141.00
142.00	Street:	PO Box:		142.00
143.00	City:	State:	Zip Code:	143.00

		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

		1.00	
	Multicampus		
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N	165.00

		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00

		1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act		
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	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)	0.50	169.00

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	07/01/2014	06/30/2015	170.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 260179	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part I Date/Time Prepared: 11/24/2015 9:36 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: 260179	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part II Date/Time Prepared: 11/24/2015 9:36 am

		Y/N	Date	
		1.00	2.00	
	General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.			
	COMPLETED BY ALL HOSPITALS			
	Provider Organization and Operation			
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00

		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00

		Y/N	Type	Date	
		1.00	2.00	3.00	
	Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00

		Y/N	Legal Oper.	
		1.00	2.00	
	Approved Educational Activities			
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00

		Y/N	
		1.00	
	Bad Debts		
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14.00
	Bed Complement		
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y	15.00

			Part A		Part B	
		Description	Y/N	Date	Y/N	
		0	1.00	2.00	3.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)		N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		Y	10/08/2015	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: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet S-2 Part II Date/Time Prepared: 11/24/2015 9:36 am

		Description	Part A Y/N	Part A Date	Part B Y/N	
		0	1.00	2.00	3.00	
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 relifed for Medicare purposes? If yes, see instructions		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		27.00
	Interest Expense		
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		31.00
	Purchased Services		
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.	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.	ANTHONY	GANOUSIS	41.00
42.00	Enter the employer/company name of the cost report preparer.	ST. LUKE'S HOSPITAL		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-576-2411	ANTHONY.GANOUSIS@STLUKES-STL.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet S-2 Part II Date/Time Prepared: 11/24/2015 9:36 am

		Part B Date 4.00			
	PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)				16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	10/08/2015			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.				18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.				19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:				20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.				21.00
			3.00		
	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

HFS Supplemental Information	Provider CCN: 260179	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part IX Date/Time Prepared: 11/24/2015 9:36 am

		Title V	Title XIX	
		1.00	2.00	
	TITLES V AND/OR XIX FOLLOWING MEDICARE			
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	3.00
		Inpatient	Outpatient	
		1.00	2.00	
	CRITICAL ACCESS HOSPITALS			
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	5.00
		Title V	Title XIX	
		1.00	2.00	
	RCE DISALLOWANCE			
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	6.00
	PASS THROUGH COST			
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "O") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	7.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet S-3 Part I Date/Time Prepared: 11/24/2015 9:36 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	368	129,686	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)		368	129,686	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	18	6,570	0.00	0	8.00
9.00	CORONARY CARE UNIT	32.00	16	5,840	0.00	0	9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		402	142,096	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	44.00	60	21,900		0	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE	46.00	80	29,200			21.00
22.00	HOME HEALTH AGENCY	101.00				0	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	116.00	0	20,412			24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)		542				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: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet S-3 Part I Date/Time Prepared: 11/24/2015 9:36 am

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	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)	29,200	664	56,467			1.00
2.00	HMO and other (see instructions)	9,864	1,256				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)	29,200	664	56,467			7.00
8.00	INTENSIVE CARE UNIT	1,907	70	3,342			8.00
9.00	CORONARY CARE UNIT	2,157	48	3,675			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		217	5,654			13.00
14.00	Total (see instructions)	33,264	999	69,138	38.25	2,461.92	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	8,724	0	14,355	0.01	46.95	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE			26,529	0.00	45.52	21.00
22.00	HOME HEALTH AGENCY	23,595	509	38,447	0.00	55.63	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	18,462	398	20,412	0.00	21.93	24.00
24.10	HOSPICE (non-distinct part)	0	0	0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)				38.26	2,631.95	27.00
28.00	Observation Bed Days		49	5,117			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	14	1,106			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: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet S-3 Part I Date/Time Prepared: 11/24/2015 9:36 am

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
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	6,460	411	14,587	1.00
2.00	HMO and other (see instructions)			1,881	0		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	6,460	411	14,587	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE	0.00				787	21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet S-3 Part II Date/Time Prepared: 11/24/2015 9:36 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	168,763,962	552,107	169,316,069	5,474,465.82	30.93	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		3,255,154	0	3,255,154	25,811.88	126.11	4.00
4.01	Physicians - Part A - Teaching		1,720,550	0	1,720,550	15,000.71	114.70	4.01
5.00	Physician-Part B		16,252,635	0	16,252,635	139,338.81	116.64	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	2,324,100	0	2,324,100	84,870.16	27.38	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	2,055,439	2,335	2,057,774	97,664.91	21.07	9.00
10.00	Excluded area salaries (see instructions)		12,528,404	423,318	12,951,722	487,321.56	26.58	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,294,132	0	1,294,132	18,769.24	68.95	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		539,262	0	539,262	6,861.26	78.60	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)		36,059,527	0	36,059,527			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		4,125,023	0	4,125,023			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		589,475	0	589,475			22.00
22.01	Physician Part A - Teaching		269,662	0	269,662			22.01
23.00	Physician Part B		2,003,134	0	2,003,134			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		626,569	0	626,569			25.00
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	1,139,441	426,695	1,566,136	39,215.75	39.94	26.00
27.00	Administrative & General	5.00	20,521,496	-334,112	20,187,384	557,759.15	36.19	27.00
28.00	Administrative & General under contract (see inst.)		5,772,300	0	5,772,300	84,777.99	68.09	28.00
29.00	Maintenance & Repairs	6.00	2,579,995	2,377	2,582,372	99,440.22	25.97	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	93,999	198	94,197	8,288.74	11.36	31.00
32.00	Housekeeping	9.00	2,813,615	121,557	2,935,172	218,977.89	13.40	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	2,985,842	-416,440	2,569,402	174,250.96	14.75	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	465,605	801	466,406	33,507.61	13.92	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,650,850	1,051	1,651,901	43,996.08	37.55	38.00
39.00	Central Services and Supply	14.00	1,310,733	1,790	1,312,523	74,872.32	17.53	39.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 260179

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

Worksheet S-3
Part II
Date/Time Prepared:
11/24/2015 9:36 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	
41.00	Medical Records & Medical Records Library	16.00	3,011,696	3,105	3,014,801	129,890.24	23.21	41.00
42.00	Social Service	17.00	545,045	447	545,492	18,669.97	29.22	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 260179

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

Worksheet S-3 Part III Date/Time Prepared: 11/24/2015 9:36 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 III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		154,238,977	552,107	154,791,084	5,320,034.13	29.10	1.00
2.00	Excluded area salaries (see instructions)		14,583,843	425,653	15,009,496	584,986.47	25.66	2.00
3.00	Subtotal salaries (line 1 minus line 2)		139,655,134	126,454	139,781,588	4,735,047.66	29.52	3.00
4.00	Subtotal other wages & related costs (see inst.)		1,833,394	0	1,833,394	25,630.50	71.53	4.00
5.00	Subtotal wage-related costs (see inst.)		36,649,002	0	36,649,002	0.00	26.22	5.00
6.00	Total (sum of lines 3 thru 5)		178,137,530	126,454	178,263,984	4,760,678.16	37.45	6.00
7.00	Total overhead cost (see instructions)		42,890,617	-192,531	42,698,086	1,483,646.92	28.78	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 260179	Period: From 07/01/2014 To 06/30/2015	Worksheet S-3 Part IV Date/Time Prepared: 11/24/2015 9:36 am

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	1,353,984	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	5,160,725	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)	14,226,178	8.00
9.00	Prescription Drug Plan	7,748,563	9.00
10.00	Dental, Hearing and Vision Plan	1,094,563	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	97,209	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)	612,950	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,061,925	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	11,443,903	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	141,476	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	39,176	22.00
23.00	Tuition Reimbursement	887,230	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	43,867,882	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER WAGE RELATED COSTS	34,157	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet S-3 Part V Date/Time Prepared: 11/24/2015 9:36 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	7,605,694	0	1.00
2.00	Hospital	7,605,694	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA

Provider CCN: 260179
Component CCN: 267561

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

Worksheet S-4
Date/Time Prepared: 11/24/2015 9:36 am

		Home Health Agency I	PPS
		1.00	
0.00	County	SAINT LOUIS COUNTY	0.00

		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
	HOME HEALTH AGENCY STATISTICAL DATA						
1.00	Home Health Aide Hours	0	958	0	353	1,311	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	1,242.00	22.00	966.00	2,230.00	2.00

		Enter the number of hours in your normal work week	Number of Employees (Full Time Equivalent) Staff	Contract	Total	
		0	1.00	2.00	3.00	
	HOME HEALTH AGENCY - NUMBER OF EMPLOYEES					
3.00	Administrator and Assistant Administrator(s)	40.00	1.55	0.00	1.55	3.00
4.00	Director(s) and Assistant Director(s)		0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel		9.51	0.00	9.51	5.00
6.00	Direct Nursing Service		21.18	0.00	21.18	6.00
7.00	Nursing Supervisor		3.30	0.00	3.30	7.00
8.00	Physical Therapy Service		12.79	0.08	12.87	8.00
9.00	Physical Therapy Supervisor		0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service		4.11	0.03	4.14	10.00
11.00	Occupational Therapy Supervisor		0.00	0.00	0.00	11.00
12.00	Speech Pathology Service		0.39	0.01	0.40	12.00
13.00	Speech Pathology Supervisor		0.00	0.00	0.00	13.00
14.00	Medical Social Service		1.99	0.00	1.99	14.00
15.00	Medical Social Service Supervisor		0.00	0.00	0.00	15.00
16.00	Home Health Aide		1.37	0.00	1.37	16.00
17.00	Home Health Aide Supervisor		0.00	0.00	0.00	17.00
18.00	Other (specify)		0.00	0.00	0.00	18.00
	HOME HEALTH AGENCY CBSA CODES					
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.		1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).		41180			20.00

		Full Episodes Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
	PPS ACTIVITY DATA						
21.00	Skilled Nursing Visits	10,465	511	390	382	11,748	21.00
22.00	Skilled Nursing Visit Charges	1,638,536	87,325	46,551	58,625	1,831,037	22.00
23.00	Physical Therapy Visits	7,393	35	213	290	7,931	23.00
24.00	Physical Therapy Visit Charges	1,253,177	5,950	28,525	48,125	1,335,777	24.00
25.00	Occupational Therapy Visits	2,431	18	31	85	2,565	25.00
26.00	Occupational Therapy Visit Charges	418,425	3,150	5,250	14,700	441,525	26.00
27.00	Speech Pathology Visits	283	0	4	8	295	27.00
28.00	Speech Pathology Visit Charges	49,350	0	700	1,400	51,450	28.00
29.00	Medical Social Service Visits	127	1	3	6	137	29.00
30.00	Medical Social Service Visit Charges	22,050	175	525	1,050	23,800	30.00
31.00	Home Health Aide Visits	872	16	3	28	919	31.00
32.00	Home Health Aide Visit Charges	67,230	1,360	150	2,065	70,805	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	21,571	581	644	799	23,595	33.00
34.00	Other Charges	123,129	12,451	5,373	1,111	142,064	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	3,571,897	110,411	87,074	127,076	3,896,458	35.00
36.00	Total Number of Episodes (standard/non outlier)	1,282		175	58	1,515	36.00
37.00	Total Number of Outlier Episodes		12		3	15	37.00
38.00	Total Non-Routine Medical Supply Charges	123,129	12,451	5,373	1,111	142,064	38.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA	Provider CCN: 260179	Period: From 07/01/2014 To 06/30/2015	Worksheet S-7 Date/Time Prepared: 11/24/2015 9:36 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.			1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.			2.00

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
3.00		RUX	0	0	0	3.00
4.00		RUL	0	0	0	4.00
5.00		RVX	0	0	0	5.00
6.00		RVL	0	0	0	6.00
7.00		RHX	0	0	0	7.00
8.00		RHL	0	0	0	8.00
9.00		RMX	0	0	0	9.00
10.00		RML	0	0	0	10.00
11.00		RLX	0	0	0	11.00
12.00		RUC	482	0	482	12.00
13.00		RUB	1,598	0	1,598	13.00
14.00		RUA	1,202	0	1,202	14.00
15.00		RVC	476	0	476	15.00
16.00		RVB	1,427	0	1,427	16.00
17.00		RVA	1,187	0	1,187	17.00
18.00		RHC	353	0	353	18.00
19.00		RHB	800	0	800	19.00
20.00		RHA	271	0	271	20.00
21.00		RMC	104	0	104	21.00
22.00		RMB	147	0	147	22.00
23.00		RMA	150	0	150	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	7	0	7	29.00
30.00		HE1	43	0	43	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	26	0	26	34.00
35.00		HB2	0	0	0	35.00
36.00		HB1	101	0	101	36.00
37.00		LE2	47	0	47	37.00
38.00		LE1	92	0	92	38.00
39.00		LD2	0	0	0	39.00
40.00		LD1	14	0	14	40.00
41.00		LC2	0	0	0	41.00
42.00		LC1	0	0	0	42.00
43.00		LB2	0	0	0	43.00
44.00		LB1	48	0	48	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	36	0	36	50.00
51.00		CB2	0	0	0	51.00
52.00		CB1	41	0	41	52.00
53.00		CA2	0	0	0	53.00
54.00		CA1	31	0	31	54.00
55.00		SE3	0	0	0	55.00
56.00		SE2	0	0	0	56.00
57.00		SE1	0	0	0	57.00
58.00		SSC	0	0	0	58.00
59.00		SSB	0	0	0	59.00
60.00		SSA	0	0	0	60.00
61.00		IB2	0	0	0	61.00
62.00		IB1	0	0	0	62.00
63.00		IA2	0	0	0	63.00
64.00		IA1	0	0	0	64.00
65.00		BB2	0	0	0	65.00
66.00		BB1	0	0	0	66.00
67.00		BA2	0	0	0	67.00
68.00		BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet S-7 Date/Time Prepared: 11/24/2015 9:36 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	14	0	14	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	24	0	24	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	2	0	2	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	1	0	1	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		8,724	0	8,724	200.00

		CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
		1.00	2.00	
	SNF SERVICES			
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).	41180	41180	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	2,055,439	55.36	Y	202.00
203.00	Recruitment	0	0.00		203.00
204.00	Retention of employees	0	0.00		204.00
205.00	Training	0	0.00		205.00
206.00	OTHER (SPECIFY)	0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	3,712,877			207.00

HOSPITAL IDENTIFICATION DATA	Provider CCN: 260179 Component CCN: 261627	Period: From 07/01/2014 To 06/30/2015	Worksheet S-9 Parts I & II Date/Time Prepared: 11/24/2015 9:36 am
		Hospice I	

		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART I - ENROLLMENT DAYS							
1.00	Continuous Home Care	0	0	0	0	0	0	1.00
2.00	Routine Home Care	18,288	398	0	0	1,552	20,238	2.00
3.00	Inpatient Respite Care	103	0	0	0	0	103	3.00
4.00	General Inpatient Care	71	0	0	0	0	71	4.00
5.00	Total Hospice Days	18,462	398	0	0	1,552	20,412	5.00
	Part II - CENSUS DATA							
6.00	Number of Patients Receiving Hospice Care	0	0	0	0	0	0	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00				7.00
8.00	Average Length of Stay (line 5/line 6)	0.00	0.00	0.00	0.00	0.00	0.00	8.00
9.00	Unduplicated Census Count	0	0	0	0	0	0	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 260179	Period: From 07/01/2014 To 06/30/2015	Worksheet S-10 Date/Time Prepared: 11/24/2015 9:36 am

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.265738	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	4,786,806	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?	N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	287,359	5.00
6.00	Medicaid charges	21,568,713	6.00
7.00	Medicaid cost (line 1 times line 6)	5,731,627	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	657,462	8.00
	State Children's Health Insurance Program (SCHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone SCHIP	0	9.00
10.00	Stand-alone SCHIP charges	0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
	Other state or local government indigent care program (see instructions for each line)		
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00
	Uncompensated care (see instructions for each line)		
17.00	Private grants, donations, or endowment income restricted to funding charity care	229,081	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0	18.00
19.00	Total unreimbursed cost for Medicaid , SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	657,462	19.00

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	7,918,015	3,183,166	11,101,181	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,104,117	845,888	2,950,005	21.00
22.00	Partial payment by patients approved for charity care	580,589	192,488	773,077	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,523,528	653,400	2,176,928	23.00

		1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	6,603,371	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	785,686	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	5,817,685	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	1,545,980	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	3,722,908	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	4,380,370	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A | Date/Time Prepared: 11/24/2015 9:36 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	8,960,500	8,960,500	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		31,542,137	31,542,137	-16,312,578	15,229,559	2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP		547,390	547,390	29,701	577,091	2.01
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,139,441	40,382,198	41,521,639	2,169,661	43,691,300	4.00
5.01	00591	NONPATIENT TELEPHONES	397,252	49,034	446,286	423,976	870,262	5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	5.02
5.03	00592	NONPATIENT TELEPHONES	0	0	0	19,999	19,999	5.03
5.04	00540	ADMITTING	900,696	17,388	918,084	1,336	919,420	5.04
5.05	00593	ADMIN & GENERAL - SURREY	511,092	226,980	738,072	-48,911	689,161	5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	18,712,456	12,642,152	31,354,608	967,492	32,322,100	5.06
6.00	00600	MAINTENANCE & REPAIRS	1,750,014	9,169,303	10,919,317	51,562	10,970,879	6.00
6.01	00601	PURCHASING	612,334	303,822	916,156	575	916,731	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	217,647	397,720	615,367	-3,100	612,267	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	71,548	27,269	98,817	1,222,272	1,321,089	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	22,451	87,971	110,422	49	110,471	8.01
9.00	00900	HOUSEKEEPING	2,583,575	611,952	3,195,527	153,305	3,348,832	9.00
9.01	00901	HOUSEKEEPING - SURREY	230,040	49,684	279,724	427	280,151	9.01
10.00	01000	DIETARY	2,326,156	378,401	2,704,557	948,361	3,652,918	10.00
10.01	01001	DIETARY - SURREY	659,686	693,665	1,353,351	1,205	1,354,556	10.01
11.00	01100	CAFETERIA	465,605	1,393,966	1,859,571	-1,308,661	550,910	11.00
11.01	01101	CAFETERIA - SURREY	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	1,462,366	85,493	1,547,859	951	1,548,810	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	188,484	1,786	190,270	100	190,370	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	1,310,733	1,927,166	3,237,899	-866,340	2,371,559	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,765,916	1,858,769	4,624,685	2,702	4,627,387	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	245,780	1,008	246,788	403	247,191	16.01
17.00	01700	SOCIAL SERVICE	352,485	118,718	471,203	281	471,484	17.00
17.01	01701	SOCIAL SERVICE - SURREY	192,560	1,168	193,728	166	193,894	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	427	427	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,324,100	0	2,324,100	0	2,324,100	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,735,949	490,922	2,226,871	123,023	2,349,894	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	0	153,051	153,051	23.01
23.02	02302	PHARMACY EDUCATION	0	0	0	165,885	165,885	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	31,469,103	5,784,889	37,253,992	-5,747,179	31,506,813	30.00
31.00	03100	INTENSIVE CARE UNIT	3,997,497	487,277	4,484,774	-391,694	4,093,080	31.00
32.00	03200	CORONARY CARE UNIT	3,899,185	493,311	4,392,496	-224,283	4,168,213	32.00
43.00	04300	NURSERY	1,646,021	116,260	1,762,281	2,637,515	4,399,796	43.00
44.00	04400	SKILLED NURSING FACILITY	2,055,439	169,227	2,224,666	-54,671	2,169,995	44.00
46.00	04600	OTHER LONG TERM CARE	1,763,948	82,823	1,846,771	-13,342	1,833,429	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	13,066,494	32,553,246	45,619,740	-28,732,321	16,887,419	50.00
50.01	03650	VASCULAR ACCESS CENTER	344,125	1,132,393	1,476,518	-474,003	1,002,515	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	261,897	99,051	360,948	-38,268	322,680	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	1,223,461	1,380,872	2,604,333	-514,707	2,089,626	50.04
51.00	05100	RECOVERY ROOM	1,107,420	97,016	1,204,436	-32,221	1,172,215	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	48,921	48,921	1,255,939	1,304,860	52.00
53.00	05300	ANESTHESIOLOGY	301,552	1,510,800	1,812,352	-717,831	1,094,521	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,531,489	3,532,424	10,063,913	-1,691,126	8,372,787	54.00
54.01	05401	TDOC RADIOLOGY	355,378	172,468	527,846	-102,996	424,850	54.01
54.02	05402	CDI RADIOLOGY	1,559,443	10,965,053	12,524,496	-333,398	12,191,098	54.02
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	600,474	675,660	1,276,134	-621,895	654,239	57.00
57.01	05701	TDOC CT SCAN	146,180	87,670	233,850	-39,471	194,379	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	322,267	103,418	425,685	-53,466	372,219	58.00
58.01	05801	TDOC - MRI	212,262	83,053	295,315	-39,331	255,984	58.01
59.00	05900	CARDIAC CATHETERIZATION	1,253,248	8,642,774	9,896,022	-8,357,468	1,538,554	59.00
60.00	06000	LABORATORY	4,399,872	6,638,436	11,038,308	-43,951	10,994,357	60.00
64.00	06400	INTRAVENOUS THERAPY	2,903,017	17,548,085	20,451,102	-340,846	20,110,256	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	322,055	47,285	369,340	-3,427	365,913	64.01
65.00	06500	RESPIRATORY THERAPY	1,848,939	184,897	2,033,836	-43,998	1,989,838	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	8,035	8,035	0	8,035	65.01
66.00	06600	PHYSICAL THERAPY	3,529,688	561,585	4,091,273	-52,777	4,038,496	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	1,216,839	13,941	1,230,780	162	1,230,942	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	64,135	739,616	803,751	-5,444	798,307	66.02
67.00	06700	OCCUPATIONAL THERAPY	596,732	4,238	600,970	-227	600,743	67.00
68.00	06800	SPEECH PATHOLOGY	220,398	2,508	222,906	8	222,914	68.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A | Date/Time Prepared: 11/24/2015 9:36 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
69.00	06900	ELECTROCARDIOLOGY	1,324,650	447,751	1,772,401	-52,712	1,719,689	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	555,637	177,976	733,613	32,261	765,874	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	176,359	82,767	259,126	-3,531	255,595	70.00
70.01	07001	SLEEP MEDICINE CLINIC	2,763,060	638,366	3,401,426	21,348	3,422,774	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	13,896,757	13,896,757	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	30,002,066	30,002,066	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,798,175	11,697,622	15,495,797	-407,882	15,087,915	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	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	120,659	2,827	123,486	421,095	544,581	76.01
76.02	03952	CARDIAC REHAB	3,127,127	442,707	3,569,834	-132,702	3,437,132	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	250,891	37,975	288,866	-21,564	267,302	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	11,375	451	11,826	0	11,826	90.00
91.00	09100	EMERGENCY	8,896,714	835,052	9,731,766	-320,947	9,410,819	91.00
91.01	09101	URGENT CARE CENTERS	8,484,084	2,126,203	10,610,287	307,280	10,917,567	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	93,851	47,862	141,713	57	141,770	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	3,755,611	1,509,659	5,265,270	-980,443	4,284,827	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE		0	0	0	0	113.00
116.00	11600	HOSPICE	1,224,672	1,121,832	2,346,504	-167,388	2,179,116	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	162,979,789	216,142,344	379,122,133	-5,325,202	373,796,931	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	189	189	-83	106	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,304,829	3,658,760	5,963,589	5,221,571	11,185,160	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	266,931	266,981	533,912	-428	533,484	194.01
194.02	07952	COMMUNITY OUTREACH	460,239	232,283	692,522	38,698	731,220	194.02
194.03	07953	FOUNTAIN CAFE	24,229	100,874	125,103	-86,901	38,202	194.03
194.04	07954	SLEEP RESEARCH	152,050	-152,050	0	84	84	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	328,920	14,576	343,496	230	343,726	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	677,919	1,367,534	2,045,453	493	2,045,946	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	63,604	28,867	92,471	53	92,524	194.12
194.13	07963	VOLUNTEERS	228,172	29,637	257,809	240	258,049	194.13
194.14	07964	RETAIL PHARMACY	846,834	5,160,447	6,007,281	32,934	6,040,215	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	279,570	-28,446	251,124	159	251,283	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	117,471	4,877	122,348	61	122,409	194.16
194.17	07967	VALET SERVICES	33,405	44	33,449	118,091	151,540	194.17
200.00		TOTAL (SUM OF LINES 118-199)	168,763,962	226,826,917	395,590,879	0	395,590,879	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A | Date/Time Prepared: 11/24/2015 9:36 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT	830,969	9,791,469		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-2,488,456	12,741,103		2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP	-12,615	564,476		2.01
3.00	00300	OTHER CAP REL COSTS	0	0		3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-208,344	43,482,956		4.00
5.01	00591	NONPATIENT TELEPHONES	-211,454	658,808		5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0		5.02
5.03	00592	NONPATIENT TELEPHONES	0	19,999		5.03
5.04	00540	ADMITTING	-71	919,349		5.04
5.05	00593	ADMIN & GENERAL - SURREY	-47,772	641,389		5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	4,124,437	36,446,537		5.06
6.00	00600	MAINTENANCE & REPAIRS	-1,935	10,968,944		6.00
6.01	00601	PURCHASING	-3,920	912,811		6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	-1,770	610,497		6.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,321,089		8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	-198	110,273		8.01
9.00	00900	HOUSEKEEPING	0	3,348,832		9.00
9.01	00901	HOUSEKEEPING - SURREY	-30	280,121		9.01
10.00	01000	DIETARY	-1,976,989	1,675,929		10.00
10.01	01001	DIETARY - SURREY	-9,809	1,344,747		10.01
11.00	01100	CAFETERIA	-1,896	549,014		11.00
11.01	01101	CAFETERIA - SURREY	0	0		11.01
13.00	01300	NURSING ADMINISTRATION	-4,809	1,544,001		13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	-294	190,076		13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	-70	2,371,489		14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-393	4,626,994		16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	-240	246,951		16.01
17.00	01700	SOCIAL SERVICE	-300	471,184		17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	193,894		17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	-427	0		19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	2,324,100		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-868,625	1,481,269		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0		23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	-2,683	150,368		23.01
23.02	02302	PHARMACY EDUCATION	0	165,885		23.02
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-7,133,744	24,373,069		30.00
31.00	03100	INTENSIVE CARE UNIT	-1,582,118	2,510,962		31.00
32.00	03200	CORONARY CARE UNIT	-1,096,824	3,071,389		32.00
43.00	04300	NURSERY	-50,020	4,349,776		43.00
44.00	04400	SKILLED NURSING FACILITY	-13,207	2,156,788		44.00
46.00	04600	OTHER LONG TERM CARE	-185	1,833,244		46.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-857,356	16,030,063		50.00
50.01	03650	VASCULAR ACCESS CENTER	-302,648	699,867		50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	-31,561	291,119		50.02
50.03	05002	PAIN MGMT CENTER	0	0		50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	-218,434	1,871,192		50.04
51.00	05100	RECOVERY ROOM	0	1,172,215		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,304,860		52.00
53.00	05300	ANESTHESIOLOGY	-551,420	543,101		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-522,415	7,850,372		54.00
54.01	05401	TDOC RADIOLOGY	-1,123	423,727		54.01
54.02	05402	CDI RADIOLOGY	-4,510,302	7,680,796		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	-27,318	626,921		57.00
57.01	05701	TDOC CT SCAN	-7,455	186,924		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	372,219		58.00
58.01	05801	TDOC - MRI	0	255,984		58.01
59.00	05900	CARDIAC CATHETERIZATION	-1,336	1,537,218		59.00
60.00	06000	LABORATORY	-160,028	10,834,329		60.00
64.00	06400	INTRAVENOUS THERAPY	-404,092	19,706,164		64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	-257,124	108,789		64.01
65.00	06500	RESPIRATORY THERAPY	0	1,989,838		65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	8,035		65.01
66.00	06600	PHYSICAL THERAPY	-191,238	3,847,258		66.00
66.01	06601	PHYSICAL THERAPY - SURREY	-1,791	1,229,151		66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	-102,019	696,288		66.02
67.00	06700	OCCUPATIONAL THERAPY	-117	600,626		67.00
68.00	06800	SPEECH PATHOLOGY	0	222,914		68.00
69.00	06900	ELECTROCARDIOLOGY	-86,847	1,632,842		69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	-107	765,767		69.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A | Date/Time Prepared: 11/24/2015 9:36 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
70.00	07000	ELECTROENCEPHALOGRAPHY	-50,397	205,198		70.00
70.01	07001	SLEEP MEDICINE CLINIC	-1,422,883	1,999,891		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	13,896,757		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	30,002,066		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-40,604	15,047,311		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0		76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	-57	544,524		76.01
76.02	03952	CARDIAC REHAB	-201,339	3,235,793		76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	267,302		76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	135	11,961		90.00
91.00	09100	EMERGENCY	-5,817,619	3,593,200		91.00
91.01	09101	URGENT CARE CENTERS	-2,903,426	8,014,141		91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	-47,448	94,322		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
		OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY	-33,282	4,251,545		101.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE	0	0		113.00
116.00	11600	HOSPICE	-24,600	2,154,516		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-29,540,043	344,256,888		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	106		190.00
191.00	19100	RESEARCH	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,829,050	13,014,210		192.00
193.00	19300	NONPAID WORKERS	0	0		193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0		194.00
194.01	07951	DEVELOPMENT	0	533,484		194.01
194.02	07952	COMMUNITY OUTREACH	97,165	828,385		194.02
194.03	07953	FOUNTAIN CAFE	-5,088	33,114		194.03
194.04	07954	SLEEP RESEARCH	157,099	157,183		194.04
194.05	07955	MEALS ON WHEELS	0	0		194.05
194.06	07956	GUEST MEALS	0	0		194.06
194.07	07957	PHYSICIAN REFERRAL	-7,344	336,382		194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0		194.08
194.09	07959	VACANT SPACE	0	0		194.09
194.10	07960	TV STORAGE	0	0		194.10
194.11	07961	MARKETING	0	2,045,946		194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	92,524		194.12
194.13	07963	VOLUNTEERS	0	258,049		194.13
194.14	07964	RETAIL PHARMACY	-24,168	6,016,047		194.14
194.15	07965	REHAB HOSPITAL COVERAGE	65,940	317,223		194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	122,409		194.16
194.17	07967	VALET SERVICES	0	151,540		194.17
200.00		TOTAL (SUM OF LINES 118-199)	-27,427,389	368,163,490		200.00

COST CENTERS USED IN COST REPORT | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet Non-CMS W | Date/Time Prepared: 11/24/2015 9:36 am

	Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
	GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
2.01	CAP REL COSTS-MVBLE EQUIP	00201		2.01
3.00	OTHER CAP REL COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.01	NONPATIENT TELEPHONES	00591		5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL	00590		5.02
5.03	NONPATIENT TELEPHONES	00592		5.03
5.04	ADMITTING	00540	NONPATIENT TELEPHONES	5.04
5.05	ADMIN & GENERAL - SURREY	00593		5.05
5.06	ADMIN & GENERAL - HOSPITAL	00594		5.06
6.00	MAINTENANCE & REPAIRS	00600		6.00
6.01	PURCHASING	00601		6.01
6.02	MAINTENANCE & REPAIRS - SURREY	00602		6.02
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
8.01	LAUNDRY & LINEN SERVICE - SURREY	00801		8.01
9.00	HOUSEKEEPING	00900		9.00
9.01	HOUSEKEEPING - SURREY	00901		9.01
10.00	DIETARY	01000		10.00
10.01	DIETARY - SURREY	01001		10.01
11.00	CAFETERIA	01100		11.00
11.01	CAFETERIA - SURREY	01101		11.01
13.00	NURSING ADMINISTRATION	01300		13.00
13.01	NURSING ADMINISTRATION - SURREY	01301		13.01
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
16.01	MEDICAL RECORDS & LIBRARY - SURREY	01601		16.01
17.00	SOCIAL SERVICE	01700		17.00
17.01	SOCIAL SERVICE - SURREY	01701		17.01
19.00	NONPHYSICIAN ANESTHETISTS	01900		19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	02100		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	02200		22.00
23.00	PARAMED ED PRGM-(SPECIFY)	02300		23.00
23.01	CLINICAL PASTORAL EDUCATION	02301		23.01
23.02	PHARMACY EDUCATION	02302		23.02
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
32.00	CORONARY CARE UNIT	03200		32.00
43.00	NURSERY	04300		43.00
44.00	SKILLED NURSING FACILITY	04400		44.00
46.00	OTHER LONG TERM CARE	04600		46.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	05000		50.00
50.01	VASCULAR ACCESS CENTER	03650	VASCULAR LAB	50.01
50.02	PAIN MGMT - BRAIN & SPINE	05001		50.02
50.03	PAIN MGMT CENTER	05002		50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	03340	GASTRO INTESTINAL SERVICES	50.04
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
54.01	TDOC RADIOLOGY	05401		54.01
54.02	CDI RADIOLOGY	05402		54.02
55.00	RADIOLOGY-THERAPEUTIC	05500		55.00
56.00	RADIOISOTOPE	05600		56.00
57.00	CT SCAN	05700		57.00
57.01	TDOC CT SCAN	05701		57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
58.01	TDOC - MRI	05801		58.01
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
64.00	INTRAVENOUS THERAPY	06400		64.00
64.01	BRAIN & SPINE INFUSION CENTER	06401		64.01
65.00	RESPIRATORY THERAPY	06500		65.00
65.01	RESPIRATORY THERAPY - SURREY	06501		65.01
66.00	PHYSICAL THERAPY	06600		66.00
66.01	PHYSICAL THERAPY - SURREY	06601		66.01
66.02	THERAPY SVCS - BRAIN & SPINE	06602		66.02
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00

COST CENTERS USED IN COST REPORT | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet Non-CMS W | Date/Time Prepared: 11/24/2015 9:36 am

	Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
69.00	ELECTROCARDIOLOGY	06900		69.00
69.01	TDOC - ELECTROCARDIOLOGY	06901		69.01
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
70.01	SLEEP MEDICINE CLINIC	07001		70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
75.00	ASC (NON-DISTINCT PART)	07500		75.00
76.00	NUTRITION/DIABETES EDUCATION	03020	ACUPUNCTURE	76.00
76.01	NUTRITION/DIABETES EDUCATION	03951		76.01
76.02	CARDIAC REHAB	03952		76.02
76.03	HYPERBARIC OXYGEN THERAPY	03950		76.03
	OUTPATIENT SERVICE COST CENTERS			
90.00	CLINIC	09000		90.00
91.00	EMERGENCY	09100		91.00
91.01	URGENT CARE CENTERS	09101		91.01
91.02	ADULT DOWN SYNDROME CENTER	04950		91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
	OTHER REIMBURSABLE COST CENTERS			
101.00	HOME HEALTH AGENCY	10100		101.00
	SPECIAL PURPOSE COST CENTERS			
113.00	INTEREST EXPENSE	11300		113.00
116.00	HOSPICE	11600		116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
	NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
191.00	RESEARCH	19100		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
193.00	NONPAID WORKERS	19300		193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	07950		194.00
194.01	DEVELOPMENT	07951		194.01
194.02	COMMUNITY OUTREACH	07952		194.02
194.03	FOUNTAIN CAFE	07953		194.03
194.04	SLEEP RESEARCH	07954		194.04
194.05	MEALS ON WHEELS	07955		194.05
194.06	GUEST MEALS	07956		194.06
194.07	PHYSICIAN REFERRAL	07957		194.07
194.08	OTHER NONREIMBURSABLE COST CENTERS	07958		194.08
194.09	VACANT SPACE	07959		194.09
194.10	TV STORAGE	07960		194.10
194.11	MARKETING	07961		194.11
194.12	CHILDBIRTH INSTRUCTION	07962		194.12
194.13	VOLUNTEERS	07963		194.13
194.14	RETAIL PHARMACY	07964		194.14
194.15	REHAB HOSPITAL COVERAGE	07965		194.15
194.16	EXECUTIVE HEALTH PROGRAM	07966		194.16
194.17	VALET SERVICES	07967		194.17
200.00	TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-6 | Date/Time Prepared: 11/24/2015 9:36 am

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - MED SUPPLIES CHGD TO PAT				
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	456,774	1.00
	0		0	456,774	
	B - NUTRITION/DIABETES EDUCATION				
1.00	NUTRITION/DIABETES EDUCATION	76.01	420,605	0	1.00
	0		420,605	0	
	C - EMPLOYEE BENEFITS				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,234,693	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	83	2.00
	0		0	1,234,776	
	D - LAUNDRY/LINEN RECLASSIFICATION				
1.00	LAUNDRY & LINEN SERVICE	8.00	0	1,222,123	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
	0		0	1,222,123	
	E - RENTAL/LEASES				
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,367,492	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.01	0	17,998	2.00
3.00	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	0	200	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
	0		0	1,385,690	
	F - INSURANCE AND FEES				
1.00	ADMIN & GENERAL - HOSPITAL	5.06	0	4,572,178	1.00
	0		0	4,572,178	
	G - TELEPHONE EXPENSE				
1.00	NONPATIENT TELEPHONES	5.01	0	423,391	1.00
2.00	NONPATIENT TELEPHONES	5.03	0	19,999	2.00
	0		0	443,390	

RECLASSIFICATIONS | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-6 | Date/Time Prepared: 11/24/2015 9:36 am

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	H - MOB DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	7,547,056		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.01	0	1,036		2.00
3.00	VASCULAR ACCESS CENTER	50.01	0	70,464		3.00
4.00	LABORATORY	60.00	0	28,031		4.00
5.00	SLEEP MEDICINE CLINIC	70.01	0	35,796		5.00
6.00	URGENT CARE CENTERS	91.01	0	394,930		6.00
7.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	3,782,798		7.00
	0		0	11,860,111		
	I - INTEREST ON BONDS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,100,027		1.00
2.00	ADMIN & GENERAL - HOSPITAL	5.06	0	18,300		2.00
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	129,454		3.00
	0		0	1,247,781		
	J - CRNA					
1.00	NONPHYSICIAN ANESTHETISTS	19.00	0	427		1.00
	0		0	427		
	K - CLINICAL PASTORAL EDUCATION					
1.00	CLINICAL PASTORAL EDUCATION	23.01	87,554	65,411		1.00
	0		87,554	65,411		
	L - ALLOCATION OF SECURITY					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	111,647	0		1.00
	0		111,647	0		
	M - MAINT AND HOUSEKEEPING RECLASS					
1.00	MAINTENANCE & REPAIRS	6.00	0	80,441		1.00
2.00	HOUSEKEEPING	9.00	116,323	33,726		2.00
	0		116,323	114,167		
	N - MOB PROPERTY TAX					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,270,044		1.00
	0		0	1,270,044		
	O - PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	313,417		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.01	0	10,667		2.00
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	110,802		3.00
	0		0	434,886		
	P - WORKMENS COMPENSATION EXPENSE					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,061,925		1.00
	0		0	1,061,925		
	R - CAFETERIA RECLASS					
1.00	DIETARY	10.00	0	1,372,165		1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	12		2.00
	0		0	1,372,177		
	S - EPOETIN COST					
1.00	ADULTS & PEDIATRICS	30.00	0	757		1.00
	0		0	757		
	T - LOAN FORGIVENESS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	425,758	0		1.00
	0		425,758	0		
	U - AUDIO/VISUAL					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	23,526	3,294		1.00
2.00	COMMUNITY OUTREACH	194.02	32,953	4,614		2.00
	0		56,479	7,908		
	V - PHARMACY EDUCATION					
1.00	PHARMACY EDUCATION	23.02	165,759	0		1.00
	0		165,759	0		
	W - LDRP ROUTINE EXPENSE					
1.00	NURSERY	43.00	2,298,513	351,625		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,106,695	169,302		2.00
	0		3,405,208	520,927		
	X - PHYSICIAN RECLASSIFICATION					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	64,709	56,229		1.00
2.00	ADULTS & PEDIATRICS	30.00	214,311	0		2.00
3.00	ELECTROCARDIOLOGY	69.00	17,081	3,741		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
	0		296,101	59,970		

RECLASSIFICATIONS | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-6 | Date/Time Prepared: 11/24/2015 9:36 am

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	Y - SUPERVISOR RECLASSIFICATION				
1.00	TDOC RADIOLOGY	54.01	44,994	0	1.00
2.00	CT SCAN	57.00	42,783	0	2.00
3.00	TDOC CT SCAN	57.01	15,052	0	3.00
4.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	27,400	0	4.00
5.00	TDOC - MRI	58.01	19,008	0	5.00
6.00	CARDIAC CATHETERIZATION	59.00	103,885	0	6.00
7.00	ELECTROCARDIOLOGY	69.00	18,569	0	7.00
8.00	TDOC - ELECTROCARDIOLOGY	69.01	52,235	0	8.00
9.00	RETAIL PHARMACY	194.14	50,421	0	9.00
	0		374,347	0	
	Z - VALET RECLASSIFICATION				
1.00	VALET SERVICES	194.17	117,806	0	1.00
	0		117,806	0	
	AA - PATIENT BILLING RECLASSIFICATION				
1.00	ADMIN & GENERAL - HOSPITAL	5.06	61,539	38,260	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	0		61,539	38,260	
	AB - MERCY CLINICAL ENGINEERING RECLASS				
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	29,637	1.00
2.00	COMMUNITY OUTREACH	194.02	0	822	2.00
3.00	VOLUNTEERS	194.13	0	26	3.00
	0		0	30,485	
	AC - IMPLANT RECLASSIFICATION				
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	13,439,983	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	30,002,066	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
	0		0	43,442,049	
	AD - EMPLOYEE HOLIDAY GIFT CARDS				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	937	0	1.00
2.00	NONPATIENT TELEPHONES	5.01	585	0	2.00
3.00	ADMITTING	5.04	1,336	0	3.00

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	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
4.00	ADMIN & GENERAL - SURREY	5.05	355	0	4.00
5.00	ADMIN & GENERAL - HOSPITAL	5.06	10,984	0	5.00
6.00	MAINTENANCE & REPAIRS	6.00	1,606	0	6.00
7.00	PURCHASING	6.01	575	0	7.00
8.00	MAINTENANCE & REPAIRS - SURREY	6.02	196	0	8.00
9.00	LAUNDRY & LINEN SERVICE	8.00	149	0	9.00
10.00	LAUNDRY & LINEN SERVICE - SURREY	8.01	49	0	10.00
11.00	HOUSEKEEPING	9.00	4,807	0	11.00
12.00	HOUSEKEEPING - SURREY	9.01	427	0	12.00
13.00	DIETARY	10.00	2,960	0	13.00
14.00	DIETARY - SURREY	10.01	1,205	0	14.00
15.00	CAFETERIA	11.00	801	0	15.00
16.00	NURSING ADMINISTRATION	13.00	951	0	16.00
17.00	NURSING ADMINISTRATION - SURREY	13.01	100	0	17.00
18.00	CENTRAL SERVICES & SUPPLY	14.00	1,790	0	18.00
19.00	MEDICAL RECORDS & LIBRARY	16.00	2,702	0	19.00
20.00	MEDICAL RECORDS & LIBRARY - SURREY	16.01	403	0	20.00
21.00	SOCIAL SERVICE	17.00	281	0	21.00
22.00	SOCIAL SERVICE - SURREY	17.01	166	0	22.00
23.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	2,085	0	23.00
24.00	CLINICAL PASTORAL EDUCATION	23.01	86	0	24.00
25.00	PHARMACY EDUCATION	23.02	126	0	25.00
26.00	ADULTS & PEDIATRICS	30.00	20,667	0	26.00
27.00	INTENSIVE CARE UNIT	31.00	1,920	0	27.00
28.00	CORONARY CARE UNIT	32.00	2,248	0	28.00
29.00	NURSERY	43.00	2,765	0	29.00
30.00	SKILLED NURSING FACILITY	44.00	2,335	0	30.00
31.00	OTHER LONG TERM CARE	46.00	2,263	0	31.00
32.00	OPERATING ROOM	50.00	8,546	0	32.00
33.00	VASCULAR ACCESS CENTER	50.01	230	0	33.00
34.00	PAIN MGMT - BRAIN & SPINE	50.02	266	0	34.00
35.00	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	990	0	35.00
36.00	RECOVERY ROOM	51.00	853	0	36.00
37.00	DELIVERY ROOM & LABOR ROOM	52.00	880	0	37.00
38.00	ANESTHESIOLOGY	53.00	355	0	38.00
39.00	RADIOLOGY-DIAGNOSTIC	54.00	5,802	0	39.00
40.00	TDOC RADIOLOGY	54.01	296	0	40.00
41.00	CDI RADIOLOGY	54.02	853	0	41.00
42.00	CT SCAN	57.00	438	0	42.00
43.00	TDOC CT SCAN	57.01	111	0	43.00
44.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	259	0	44.00
45.00	TDOC - MRI	58.01	163	0	45.00
46.00	CARDIAC CATHETERIZATION	59.00	859	0	46.00
47.00	LABORATORY	60.00	4,336	0	47.00
48.00	INTRAVENOUS THERAPY	64.00	1,587	0	48.00
49.00	BRAIN & SPINE INFUSION CENTER	64.01	71	0	49.00
50.00	RESPIRATORY THERAPY	65.00	1,694	0	50.00
51.00	PHYSICAL THERAPY	66.00	2,992	0	51.00
52.00	PHYSICAL THERAPY - SURREY	66.01	963	0	52.00
53.00	THERAPY SVCS - BRAIN & SPINE	66.02	97	0	53.00
54.00	OCCUPATIONAL THERAPY	67.00	512	0	54.00
55.00	SPEECH PATHOLOGY	68.00	142	0	55.00
56.00	ELECTROCARDIOLOGY	69.00	1,107	0	56.00
57.00	TDOC - ELECTROCARDIOLOGY	69.01	522	0	57.00
58.00	ELECTROENCEPHALOGRAPHY	70.00	164	0	58.00
59.00	SLEEP MEDICINE CLINIC	70.01	1,669	0	59.00
60.00	DRUGS CHARGED TO PATIENTS	73.00	2,049	0	60.00
61.00	NUTRITION/DIABETES EDUCATION	76.01	493	0	61.00
62.00	CARDIAC REHAB	76.02	2,270	0	62.00
63.00	HYPERBARIC OXYGEN THERAPY	76.03	219	0	63.00
64.00	EMERGENCY	91.00	3,204	0	64.00
65.00	URGENT CARE CENTERS	91.01	4,356	0	65.00
66.00	ADULT DOWN SYNDROME CENTER	91.02	102	0	66.00
67.00	HOME HEALTH AGENCY	101.00	2,730	0	67.00
68.00	HOSPICE	116.00	1,061	0	68.00
69.00	PHYSICIANS' PRIVATE OFFICES	192.00	2,425	0	69.00

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	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
70.00	DEVELOPMENT	194.01	257	0	70.00
71.00	COMMUNITY OUTREACH	194.02	309	0	71.00
72.00	FOUNTAIN CAFE	194.03	52	0	72.00
73.00	SLEEP RESEARCH	194.04	84	0	73.00
74.00	PHYSICIAN REFERRAL	194.07	230	0	74.00
75.00	MARKETING	194.11	493	0	75.00
76.00	CHILDBIRTH INSTRUCTION	194.12	53	0	76.00
77.00	VOLUNTEERS	194.13	214	0	77.00
78.00	RETAIL PHARMACY	194.14	626	0	78.00
79.00	REHAB HOSPITAL COVERAGE	194.15	159	0	79.00
80.00	EXECUTIVE HEALTH PROGRAM	194.16	61	0	80.00
81.00	VALET SERVICES	194.17	285	0	81.00
	0		126,349	0	
500.00	Grand Total: Increases		5,765,475	70,842,216	500.00

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	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - MED SUPPLIES CHGD TO PAT						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	456,774	0		1.00
	0		0	456,774			
	B - NUTRITION/DIABETES EDUCATION						
1.00	DIETARY	10.00	420,605	0	0		1.00
	0		420,605	0			
	C - EMPLOYEE BENEFITS						
1.00	CDI RADIOLOGY	54.02	0	295,873	0		1.00
2.00	HOME HEALTH AGENCY	101.00	0	938,903	0		2.00
	0		0	1,234,776			
	D - LAUNDRY/LINEN RECLASSIFICATION						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,545	0		1.00
2.00	DIETARY	10.00	0	6,159	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	16,447	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	588,731	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	27,114	0		5.00
6.00	CORONARY CARE UNIT	32.00	0	37,895	0		6.00
7.00	NURSERY	43.00	0	339	0		7.00
8.00	OPERATING ROOM	50.00	0	148,498	0		8.00
9.00	VASCULAR ACCESS CENTER	50.01	0	19,251	0		9.00
10.00	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	0	33,583	0		10.00
11.00	RECOVERY ROOM	51.00	0	9,383	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	74,683	0		12.00
13.00	TDOC RADIOLOGY	54.01	0	11,539	0		13.00
14.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	16,335	0		14.00
15.00	TDOC - MRI	58.01	0	7,042	0		15.00
16.00	CARDIAC CATHETERIZATION	59.00	0	12,667	0		16.00
17.00	LABORATORY	60.00	0	1,774	0		17.00
18.00	INTRAVENOUS THERAPY	64.00	0	4,818	0		18.00
19.00	PHYSICAL THERAPY	66.00	0	40,309	0		19.00
20.00	THERAPY SVCS - BRAIN & SPINE	66.02	0	4,074	0		20.00
21.00	ELECTROCARDIOLOGY	69.00	0	12,882	0		21.00
22.00	TDOC - ELECTROCARDIOLOGY	69.01	0	16,587	0		22.00
23.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,788	0		23.00
24.00	HYPERBARIC OXYGEN THERAPY	76.03	0	9,331	0		24.00
25.00	EMERGENCY	91.00	0	82,685	0		25.00
26.00	URGENT CARE CENTERS	91.01	0	27,239	0		26.00
27.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	8,425	0		27.00
	0		0	1,222,123			
	E - RENTAL/LEASES						
1.00	ADMIN & GENERAL - HOSPITAL	5.06	0	85,615	10		1.00
2.00	MAINTENANCE & REPAIRS - SURREY	6.02	0	3,296	10		2.00
3.00	HOUSEKEEPING	9.00	0	1,551	0		3.00
4.00	CAFETERIA	11.00	0	21,118	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	394,909	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	26,709	0		6.00
7.00	SKILLED NURSING FACILITY	44.00	0	12,895	0		7.00
8.00	OTHER LONG TERM CARE	46.00	0	1,807	0		8.00
9.00	OPERATING ROOM	50.00	0	76,305	0		9.00
10.00	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	0	2,475	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	72,885	0		11.00
12.00	CT SCAN	57.00	0	439,935	0		12.00
13.00	INTRAVENOUS THERAPY	64.00	0	380	0		13.00
14.00	RESPIRATORY THERAPY	65.00	0	1,806	0		14.00
15.00	PHYSICAL THERAPY	66.00	0	150	0		15.00
16.00	ELECTROCARDIOLOGY	69.00	0	4,950	0		16.00
17.00	SLEEP MEDICINE CLINIC	70.01	0	6,299	0		17.00
18.00	EMERGENCY	91.00	0	56,271	0		18.00
19.00	HOSPICE	116.00	0	151,180	0		19.00
20.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	95	0		20.00
21.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	3,141	0		21.00
22.00	DEVELOPMENT	194.01	0	685	0		22.00
23.00	FOUNTAIN CAFE	194.03	0	3,120	0		23.00
24.00	RETAIL PHARMACY	194.14	0	18,113	0		24.00
	0		0	1,385,690			
	F - INSURANCE AND FEES						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,572,178	12		1.00
	0		0	4,572,178			

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	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	G - TELEPHONE EXPENSE					
1.00	ADMIN & GENERAL - HOSPITAL	5.06	0	423,391	0	1.00
2.00	ADMIN & GENERAL - SURREY	5.05	0	19,999	0	2.00
	0		0	443,390		
	H - MOB DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	11,860,111	9	1.00
2.00		0.00	0	0	9	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
	0		0	11,860,111		
	I - INTEREST ON BONDS					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,247,781	11	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	0		0	1,247,781		
	J - CRNA					
1.00	ANESTHESIOLOGY	53.00	0	427	0	1.00
	0		0	427		
	K - CLINICAL PASTORAL EDUCATION					
1.00	ADMIN & GENERAL - HOSPITAL	5.06	87,554	65,411	0	1.00
	0		87,554	65,411		
	L - ALLOCATION OF SECURITY					
1.00	ADMIN & GENERAL - HOSPITAL	5.06	111,647	0	0	1.00
	0		111,647	0		
	M - MAINT AND HOUSEKEEPING RECLASS					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	116,323	114,167	0	1.00
2.00		0.00	0	0	0	2.00
	0		116,323	114,167		
	N - MOB PROPERTY TAX					
1.00	ADMIN & GENERAL - HOSPITAL	5.06	0	1,270,044	0	1.00
	0		0	1,270,044		
	O - PROPERTY INSURANCE					
1.00	ADMIN & GENERAL - SURREY	5.05	0	10,667	12	1.00
2.00	ADMIN & GENERAL - HOSPITAL	5.06	0	424,219	12	2.00
3.00		0.00	0	0	0	3.00
	0		0	434,886		
	P - WORKMENS COMPENSATION EXPENSE					
1.00	ADMIN & GENERAL - HOSPITAL	5.06	0	1,061,925	0	1.00
	0		0	1,061,925		
	R - CAFETERIA RECLASS					
1.00	CAFETERIA	11.00	0	1,288,344	0	1.00
2.00	FOUNTAIN CAFE	194.03	0	83,833	0	2.00
	0		0	1,372,177		
	S - EPOETIN COST					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	757	0	1.00
	0		0	757		
	T - LOAN FORGIVENESS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	425,758	0	1.00
	0		0	425,758		
	U - AUDIO/VISUAL					
1.00	ADMIN & GENERAL - HOSPITAL	5.06	56,479	7,908	0	1.00
2.00		0.00	0	0	0	2.00
	0		56,479	7,908		
	V - PHARMACY EDUCATION					
1.00	DRUGS CHARGED TO PATIENTS	73.00	165,759	0	0	1.00
	0		165,759	0		
	W - LDRP ROUTINE EXPENSE					
1.00	ADULTS & PEDIATRICS	30.00	3,405,208	520,927	0	1.00
2.00		0.00	0	0	0	2.00
	0		3,405,208	520,927		
	X - PHYSICIAN RECLASSIFICATION					
1.00	ADMIN & GENERAL - SURREY	5.05	16,470	2,130	0	1.00
2.00	ADMIN & GENERAL - HOSPITAL	5.06	18,953	2,815	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	2,121	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	164,712	24,691	0	4.00
5.00	CORONARY CARE UNIT	32.00	34,904	5,027	0	5.00
6.00	LABORATORY	60.00	0	3,626	0	6.00
7.00	CARDIAC CATHETERIZATION	59.00	25,466	13,276	0	7.00
8.00	EMERGENCY	91.00	35,596	6,284	0	8.00
	0		296,101	59,970		

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	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	Y - SUPERVISOR RECLASSIFICATION					
1.00	ADMIN & GENERAL - HOSPITAL	5.06	2	0	0	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	97,021	0	0	2.00
3.00	CT SCAN	57.00	52,215	0	0	3.00
4.00	ELECTROCARDIOLOGY	69.00	44,533	0	0	4.00
5.00	DRUGS CHARGED TO PATIENTS	73.00	50,421	0	0	5.00
6.00	CARDIAC REHAB	76.02	130,155	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
	0		374,347	0		
	Z - VALET RECLASSIFICATION					
1.00	ADMIN & GENERAL - HOSPITAL	5.06	117,806	0	0	1.00
	0		117,806	0		
	AA - PATIENT BILLING RECLASSIFICATION					
1.00	CDI RADIOLOGY	54.02	0	38,260	0	1.00
2.00	HOME HEALTH AGENCY	101.00	44,270	0	0	2.00
3.00	HOSPICE	116.00	17,269	0	0	3.00
	0		61,539	38,260		
	AB - MERCY CLINICAL ENGINEERING RECLASS					
1.00	MAINTENANCE & REPAIRS	6.00	0	30,485	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	0		0	30,485		
	AC - IMPLANT RECLASSIFICATION					
1.00	ADULTS & PEDIATRICS	30.00	0	1,439,301	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	177,097	0	2.00
3.00	CORONARY CARE UNIT	32.00	0	148,705	0	3.00
4.00	NURSERY	43.00	0	15,049	0	4.00
5.00	SKILLED NURSING FACILITY	44.00	0	44,111	0	5.00
6.00	OTHER LONG TERM CARE	46.00	0	13,798	0	6.00
7.00	OPERATING ROOM	50.00	0	28,516,064	0	7.00
8.00	VASCULAR ACCESS CENTER	50.01	0	525,446	0	8.00
9.00	PAIN MGMT - BRAIN & SPINE	50.02	0	38,534	0	9.00
10.00	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	0	479,839	0	10.00
11.00	RECOVERY ROOM	51.00	0	23,691	0	11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	20,938	0	12.00
13.00	ANESTHESIOLOGY	53.00	0	717,759	0	13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,452,339	0	14.00
15.00	TDOC RADIOLOGY	54.01	0	136,747	0	15.00
16.00	CDI RADIOLOGY	54.02	0	118	0	16.00
17.00	CT SCAN	57.00	0	172,966	0	17.00
18.00	TDOC CT SCAN	57.01	0	54,634	0	18.00
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	64,790	0	19.00
20.00	TDOC - MRI	58.01	0	51,460	0	20.00
21.00	CARDIAC CATHETERIZATION	59.00	0	8,410,803	0	21.00
22.00	LABORATORY	60.00	0	70,918	0	22.00
23.00	INTRAVENOUS THERAPY	64.00	0	337,235	0	23.00
24.00	BRAIN & SPINE INFUSION CENTER	64.01	0	3,498	0	24.00
25.00	RESPIRATORY THERAPY	65.00	0	43,886	0	25.00
26.00	PHYSICAL THERAPY	66.00	0	15,310	0	26.00
27.00	PHYSICAL THERAPY - SURREY	66.01	0	801	0	27.00
28.00	THERAPY SVCS - BRAIN & SPINE	66.02	0	1,467	0	28.00
29.00	OCCUPATIONAL THERAPY	67.00	0	739	0	29.00
30.00	SPEECH PATHOLOGY	68.00	0	134	0	30.00
31.00	ELECTROCARDIOLOGY	69.00	0	30,845	0	31.00
32.00	TDOC - ELECTROCARDIOLOGY	69.01	0	3,909	0	32.00
33.00	ELECTROENCEPHALOGRAPHY	70.00	0	907	0	33.00
34.00	SLEEP MEDICINE CLINIC	70.01	0	9,818	0	34.00
35.00	DRUGS CHARGED TO PATIENTS	73.00	0	192,994	0	35.00
36.00	NUTRITION/DIABETES EDUCATION	76.01	0	3	0	36.00
37.00	CARDIAC REHAB	76.02	0	4,817	0	37.00
38.00	HYPERBARIC OXYGEN THERAPY	76.03	0	12,452	0	38.00
39.00	EMERGENCY	91.00	0	143,315	0	39.00
40.00	URGENT CARE CENTERS	91.01	0	64,767	0	40.00
41.00	ADULT DOWN SYNDROME CENTER	91.02	0	45	0	41.00
	0		0	43,442,049		
	AD - EMPLOYEE HOLIDAY GIFT CARDS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	126,349	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00

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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
37.00		0.00	0	0	0		37.00
38.00		0.00	0	0	0		38.00
39.00		0.00	0	0	0		39.00
40.00		0.00	0	0	0		40.00
41.00		0.00	0	0	0		41.00
42.00		0.00	0	0	0		42.00
43.00		0.00	0	0	0		43.00
44.00		0.00	0	0	0		44.00
45.00		0.00	0	0	0		45.00
46.00		0.00	0	0	0		46.00
47.00		0.00	0	0	0		47.00
48.00		0.00	0	0	0		48.00
49.00		0.00	0	0	0		49.00
50.00		0.00	0	0	0		50.00
51.00		0.00	0	0	0		51.00
52.00		0.00	0	0	0		52.00
53.00		0.00	0	0	0		53.00
54.00		0.00	0	0	0		54.00
55.00		0.00	0	0	0		55.00
56.00		0.00	0	0	0		56.00
57.00		0.00	0	0	0		57.00
58.00		0.00	0	0	0		58.00
59.00		0.00	0	0	0		59.00
60.00		0.00	0	0	0		60.00
61.00		0.00	0	0	0		61.00
62.00		0.00	0	0	0		62.00
63.00		0.00	0	0	0		63.00
64.00		0.00	0	0	0		64.00
65.00		0.00	0	0	0		65.00
66.00		0.00	0	0	0		66.00
67.00		0.00	0	0	0		67.00
68.00		0.00	0	0	0		68.00
69.00		0.00	0	0	0		69.00
70.00		0.00	0	0	0		70.00
71.00		0.00	0	0	0		71.00
72.00		0.00	0	0	0		72.00
73.00		0.00	0	0	0		73.00
74.00		0.00	0	0	0		74.00
75.00		0.00	0	0	0		75.00
76.00		0.00	0	0	0		76.00
77.00		0.00	0	0	0		77.00

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	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
78.00		0.00	0	0	0	78.00
79.00		0.00	0	0	0	79.00
80.00		0.00	0	0	0	80.00
81.00		0.00	0	0	0	81.00
	0		0	126,349		
500.00	Grand Total: Decreases		5,213,368	71,394,323		500.00

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	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
	A - MED SUPPLIES CHGD TO PAT								
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	456,774	CENTRAL SERVICES & SUPPLY	14.00	0	456,774	1.00
	0		0	456,774	0		0	456,774	
	B - NUTRITION/DIABETES EDUCATION								
1.00	NUTRITION/DIABETES EDUCATION	76.01	420,605	0	DIETARY	10.00	420,605	0	1.00
	0		420,605	0	0		420,605	0	
	C - EMPLOYEE BENEFITS								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,234,693	CDI RADIOLOGY	54.02	0	295,873	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	83	HOME HEALTH AGENCY	101.00	0	938,903	2.00
	0		0	1,234,776	0		0	1,234,776	
	D - LAUNDRY/LINEN RECLASSIFICATION								
1.00	LAUNDRY & LINEN SERVICE	8.00	0	1,222,123	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,545	1.00
2.00		0.00	0	0	DIETARY	10.00	0	6,159	2.00
3.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	16,447	3.00
4.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	588,731	4.00
5.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	27,114	5.00
6.00		0.00	0	0	CORONARY CARE UNIT	32.00	0	37,895	6.00
7.00		0.00	0	0	NURSERY	43.00	0	339	7.00
8.00		0.00	0	0	OPERATING ROOM	50.00	0	148,498	8.00
9.00		0.00	0	0	VASCULAR ACCESS CENTER	50.01	0	19,251	9.00
10.00		0.00	0	0	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	0	33,583	10.00
11.00		0.00	0	0	RECOVERY ROOM	51.00	0	9,383	11.00
12.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	74,683	12.00
13.00		0.00	0	0	TDOC RADIOLOGY	54.01	0	11,539	13.00
14.00		0.00	0	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	16,335	14.00
15.00		0.00	0	0	TDOC - MRI	58.01	0	7,042	15.00
16.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	12,667	16.00
17.00		0.00	0	0	LABORATORY	60.00	0	1,774	17.00
18.00		0.00	0	0	INTRAVENOUS THERAPY	64.00	0	4,818	18.00
19.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	40,309	19.00
20.00		0.00	0	0	THERAPY SVCS - BRAIN & SPINE	66.02	0	4,074	20.00
21.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	12,882	21.00
22.00		0.00	0	0	TDOC - ELECTROCARDIOLOGY	69.01	0	16,587	22.00
23.00		0.00	0	0	ELECTROENCEPHALOGRAPHY	70.00	0	2,788	23.00
24.00		0.00	0	0	HYPERBARIC OXYGEN THERAPY	76.03	0	9,331	24.00
25.00		0.00	0	0	EMERGENCY	91.00	0	82,685	25.00
26.00		0.00	0	0	URGENT CARE CENTERS	91.01	0	27,239	26.00
27.00		0.00	0	0	PHYSICIANS' PRIVATE OFFICES	192.00	0	8,425	27.00
	0		0	1,222,123	0		0	1,222,123	
	E - RENTAL/LEASES								
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,367,492	ADMIN & GENERAL - HOSPITAL	5.06	0	85,615	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.01	0	17,998	MAINTENANCE & REPAIRS - SURREY	6.02	0	3,296	2.00
3.00	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	0	200	HOUSEKEEPING	9.00	0	1,551	3.00
4.00		0.00	0	0	CAFETERIA	11.00	0	21,118	4.00
5.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	394,909	5.00
6.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	26,709	6.00
7.00		0.00	0	0	SKILLED NURSING FACILITY	44.00	0	12,895	7.00
8.00		0.00	0	0	OTHER LONG TERM CARE	46.00	0	1,807	8.00
9.00		0.00	0	0	OPERATING ROOM	50.00	0	76,305	9.00
10.00		0.00	0	0	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	0	2,475	10.00
11.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	72,885	11.00
12.00		0.00	0	0	CT SCAN	57.00	0	439,935	12.00
13.00		0.00	0	0	INTRAVENOUS THERAPY	64.00	0	380	13.00
14.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	1,806	14.00
15.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	150	15.00

RECLASSIFICATIONS

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	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
16.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	4,950	16.00
17.00		0.00	0	0	SLEEP MEDICINE CLINIC	70.01	0	6,299	17.00
18.00		0.00	0	0	EMERGENCY	91.00	0	56,271	18.00
19.00		0.00	0	0	HOSPICE	116.00	0	151,180	19.00
20.00		0.00	0	0	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	95	20.00
21.00		0.00	0	0	PHYSICIANS' PRIVATE OFFICES	192.00	0	3,141	21.00
22.00		0.00	0	0	DEVELOPMENT	194.01	0	685	22.00
23.00		0.00	0	0	FOUNTAIN CAFE	194.03	0	3,120	23.00
24.00		0.00	0	0	RETAIL PHARMACY	194.14	0	18,113	24.00
	0		0	1,385,690	0		0	1,385,690	
	F - INSURANCE AND FEES								
1.00	ADMIN & GENERAL - HOSPITAL	5.06	0	4,572,178	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,572,178	1.00
	0		0	4,572,178	0		0	4,572,178	
	G - TELEPHONE EXPENSE								
1.00	NONPATIENT TELEPHONES	5.01	0	423,391	ADMIN & GENERAL - HOSPITAL	5.06	0	423,391	1.00
2.00	NONPATIENT TELEPHONES	5.03	0	19,999	ADMIN & GENERAL - SURREY	5.05	0	19,999	2.00
	0		0	443,390	0		0	443,390	
	H - MOB DEPRECIATION								
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	7,547,056	CAP REL COSTS-MVBLE EQUIP	2.00	0	11,860,111	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.01	0	1,036		0.00	0	0	2.00
3.00	VASCULAR ACCESS CENTER	50.01	0	70,464		0.00	0	0	3.00
4.00	LABORATORY	60.00	0	28,031		0.00	0	0	4.00
5.00	SLEEP MEDICINE CLINIC	70.01	0	35,796		0.00	0	0	5.00
6.00	URGENT CARE CENTERS	91.01	0	394,930		0.00	0	0	6.00
7.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	3,782,798		0.00	0	0	7.00
	0		0	11,860,111	0		0	11,860,111	
	I - INTEREST ON BONDS								
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,100,027	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,247,781	1.00
2.00	ADMIN & GENERAL - HOSPITAL	5.06	0	18,300		0.00	0	0	2.00
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	129,454		0.00	0	0	3.00
	0		0	1,247,781	0		0	1,247,781	
	J - CRNA								
1.00	NONPHYSICIAN ANESTHETISTS	19.00	0	427	ANESTHESIOLOGY	53.00	0	427	1.00
	0		0	427	0		0	427	
	K - CLINICAL PASTORAL EDUCATION								
1.00	CLINICAL PASTORAL EDUCATION	23.01	87,554	65,411	ADMIN & GENERAL - HOSPITAL	5.06	87,554	65,411	1.00
	0		87,554	65,411	0		87,554	65,411	
	L - ALLOCATION OF SECURITY								
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	111,647	0	ADMIN & GENERAL - HOSPITAL	5.06	111,647	0	1.00
	0		111,647	0	0		111,647	0	
	M - MAINT AND HOUSEKEEPING RECLASS								
1.00	MAINTENANCE & REPAIRS	6.00	0	80,441	PHYSICIANS' PRIVATE OFFICES	192.00	116,323	114,167	1.00
2.00	HOUSEKEEPING	9.00	116,323	33,726		0.00	0	0	2.00
	0		116,323	114,167	0		116,323	114,167	
	N - MOB PROPERTY TAX								
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,270,044	ADMIN & GENERAL - HOSPITAL	5.06	0	1,270,044	1.00
	0		0	1,270,044	0		0	1,270,044	
	O - PROPERTY INSURANCE								
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	313,417	ADMIN & GENERAL - SURREY	5.05	0	10,667	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.01	0	10,667	ADMIN & GENERAL - HOSPITAL	5.06	0	424,219	2.00
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	110,802		0.00	0	0	3.00
	0		0	434,886	0		0	434,886	

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	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
	P - WORKMENS COMPENSATION EXPENSE								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,061,925	ADMIN & GENERAL - HOSPITAL	5.06	0	1,061,925	1.00
	0		0	1,061,925	0		0	1,061,925	
	R - CAFETERIA RECLASS								
1.00	DIETARY	10.00	0	1,372,165	CAFETERIA	11.00	0	1,288,344	1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	12	FOUNTAIN CAFE	194.03	0	83,833	2.00
	0		0	1,372,177	0		0	1,372,177	
	S - EPOETIN COST								
1.00	ADULTS & PEDIATRICS	30.00	0	757	DRUGS CHARGED TO PATIENTS	73.00	0	757	1.00
	0		0	757	0		0	757	
	T - LOAN FORGIVENESS								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	425,758	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	425,758	1.00
	0		425,758	0	0		0	425,758	
	U - AUDIO/VISUAL								
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	23,526	3,294	ADMIN & GENERAL - HOSPITAL	5.06	56,479	7,908	1.00
2.00	COMMUNITY OUTREACH	194.02	32,953	4,614		0.00	0	0	2.00
	0		56,479	7,908	0		56,479	7,908	
	V - PHARMACY EDUCATION								
1.00	PHARMACY EDUCATION	23.02	165,759	0	DRUGS CHARGED TO PATIENTS	73.00	165,759	0	1.00
	0		165,759	0	0		165,759	0	
	W - LDRP ROUTINE EXPENSE								
1.00	NURSERY	43.00	2,298,513	351,625	ADULTS & PEDIATRICS	30.00	3,405,208	520,927	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,106,695	169,302		0.00	0	0	2.00
	0		3,405,208	520,927	0		3,405,208	520,927	
	X - PHYSICIAN RECLASSIFICATION								
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	64,709	56,229	ADMIN & GENERAL - SURREY	5.05	16,470	2,130	1.00
2.00	ADULTS & PEDIATRICS	30.00	214,311	0	ADMIN & GENERAL - HOSPITAL	5.06	18,953	2,815	2.00
3.00	ELECTROCARDIOLOGY	69.00	17,081	3,741	ADULTS & PEDIATRICS	30.00	0	2,121	3.00
4.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	164,712	24,691	4.00
5.00		0.00	0	0	CORONARY CARE UNIT	32.00	34,904	5,027	5.00
6.00		0.00	0	0	LABORATORY	60.00	0	3,626	6.00
7.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	25,466	13,276	7.00
8.00		0.00	0	0	EMERGENCY	91.00	35,596	6,284	8.00
	0		296,101	59,970	0		296,101	59,970	
	Y - SUPERVISOR RECLASSIFICATION								
1.00	TDOC RADIOLOGY	54.01	44,994	0	ADMIN & GENERAL - HOSPITAL	5.06	2	0	1.00
2.00	CT SCAN	57.00	42,783	0	RADIOLOGY-DIAGNOSTIC	54.00	97,021	0	2.00
3.00	TDOC CT SCAN	57.01	15,052	0	CT SCAN	57.00	52,215	0	3.00
4.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	27,400	0	ELECTROCARDIOLOGY	69.00	44,533	0	4.00
5.00	TDOC - MRI	58.01	19,008	0	DRUGS CHARGED TO PATIENTS	73.00	50,421	0	5.00
6.00	CARDIAC CATHETERIZATION	59.00	103,885	0	CARDIAC REHAB	76.02	130,155	0	6.00
7.00	ELECTROCARDIOLOGY	69.00	18,569	0		0.00	0	0	7.00
8.00	TDOC - ELECTROCARDIOLOGY	69.01	52,235	0		0.00	0	0	8.00
9.00	RETAIL PHARMACY	194.14	50,421	0		0.00	0	0	9.00
	0		374,347	0	0		374,347	0	
	Z - VALET RECLASSIFICATION								
1.00	VALET SERVICES	194.17	117,806	0	ADMIN & GENERAL - HOSPITAL	5.06	117,806	0	1.00
	0		117,806	0	0		117,806	0	
	AA - PATIENT BILLING RECLASSIFICATION								
1.00	ADMIN & GENERAL - HOSPITAL	5.06	61,539	38,260	CDI RADIOLOGY	54.02	0	38,260	1.00
2.00		0.00	0	0	HOME HEALTH AGENCY	101.00	44,270	0	2.00
3.00		0.00	0	0	HOSPICE	116.00	17,269	0	3.00
	0		61,539	38,260	0		61,539	38,260	
	AB - MERCY CLINICAL ENGINEERING RECLASS								
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	29,637	MAINTENANCE & REPAIRS	6.00	0	30,485	1.00
2.00	COMMUNITY OUTREACH	194.02	0	822		0.00	0	0	2.00
3.00	VOLUNTEERS	194.13	0	26		0.00	0	0	3.00

RECLASSIFICATIONS

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	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
	0		0	30,485	0		0	30,485	
	AC - IMPLANT RECLASSIFICATION								
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	13,439,983	ADULTS & PEDIATRICS	30.00	0	1,439,301	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	30,002,066	INTENSIVE CARE UNIT	31.00	0	177,097	2.00
3.00		0.00	0	0	CORONARY CARE UNIT	32.00	0	148,705	3.00
4.00		0.00	0	0	NURSERY	43.00	0	15,049	4.00
5.00		0.00	0	0	SKILLED NURSING FACILITY	44.00	0	44,111	5.00
6.00		0.00	0	0	OTHER LONG TERM CARE	46.00	0	13,798	6.00
7.00		0.00	0	0	OPERATING ROOM	50.00	0	28,516,064	7.00
8.00		0.00	0	0	VASCULAR ACCESS CENTER	50.01	0	525,446	8.00
9.00		0.00	0	0	PAIN MGMT - BRAIN & SPINE	50.02	0	38,534	9.00
10.00		0.00	0	0	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	0	479,839	10.00
11.00		0.00	0	0	RECOVERY ROOM	51.00	0	23,691	11.00
12.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	20,938	12.00
13.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	717,759	13.00
14.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	1,452,339	14.00
15.00		0.00	0	0	TDOC RADIOLOGY	54.01	0	136,747	15.00
16.00		0.00	0	0	CDI RADIOLOGY	54.02	0	118	16.00
17.00		0.00	0	0	CT SCAN	57.00	0	172,966	17.00
18.00		0.00	0	0	TDOC CT SCAN	57.01	0	54,634	18.00
19.00		0.00	0	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	64,790	19.00
20.00		0.00	0	0	TDOC - MRI	58.01	0	51,460	20.00
21.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	8,410,803	21.00
22.00		0.00	0	0	LABORATORY	60.00	0	70,918	22.00
23.00		0.00	0	0	INTRAVENOUS THERAPY	64.00	0	337,235	23.00
24.00		0.00	0	0	BRAIN & SPINE INFUSION CENTER	64.01	0	3,498	24.00
25.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	43,886	25.00
26.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	15,310	26.00
27.00		0.00	0	0	PHYSICAL THERAPY - SURREY	66.01	0	801	27.00
28.00		0.00	0	0	THERAPY SVCS - BRAIN & SPINE	66.02	0	1,467	28.00
29.00		0.00	0	0	OCCUPATIONAL THERAPY	67.00	0	739	29.00
30.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	134	30.00
31.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	30,845	31.00
32.00		0.00	0	0	TDOC - ELECTROCARDIOLOGY	69.01	0	3,909	32.00
33.00		0.00	0	0	ELECTROENCEPHALOGRAPHY	70.00	0	907	33.00
34.00		0.00	0	0	SLEEP MEDICINE CLINIC	70.01	0	9,818	34.00
35.00		0.00	0	0	DRUGS CHARGED TO PATIENTS	73.00	0	192,994	35.00
36.00		0.00	0	0	NUTRITION/DIABETES EDUCATION	76.01	0	3	36.00
37.00		0.00	0	0	CARDIAC REHAB	76.02	0	4,817	37.00
38.00		0.00	0	0	HYPERBARIC OXYGEN THERAPY	76.03	0	12,452	38.00
39.00		0.00	0	0	EMERGENCY	91.00	0	143,315	39.00
40.00		0.00	0	0	URGENT CARE CENTERS	91.01	0	64,767	40.00
41.00		0.00	0	0	ADULT DOWN SYNDROME CENTER	91.02	0	45	41.00
	0		0	43,442,049	0		0	43,442,049	
	AD - EMPLOYEE HOLIDAY GIFT CARDS								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	937	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	126,349	1.00
2.00	NONPATIENT TELEPHONES	5.01	585	0		0.00	0	0	2.00
3.00	ADMITTING	5.04	1,336	0		0.00	0	0	3.00
4.00	ADMIN & GENERAL - SURREY	5.05	355	0		0.00	0	0	4.00
5.00	ADMIN & GENERAL - HOSPITAL	5.06	10,984	0		0.00	0	0	5.00
6.00	MAINTENANCE & REPAIRS	6.00	1,606	0		0.00	0	0	6.00
7.00	PURCHASING	6.01	575	0		0.00	0	0	7.00
8.00	MAINTENANCE & REPAIRS - SURREY	6.02	196	0		0.00	0	0	8.00

RECLASSIFICATIONS

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	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
9.00	LAUNDRY & LINEN SERVICE	8.00	149	0		0.00	0	0	9.00
10.00	LAUNDRY & LINEN SERVICE - SURREY	8.01	49	0		0.00	0	0	10.00
11.00	HOUSEKEEPING	9.00	4,807	0		0.00	0	0	11.00
12.00	HOUSEKEEPING - SURREY	9.01	427	0		0.00	0	0	12.00
13.00	DIETARY	10.00	2,960	0		0.00	0	0	13.00
14.00	DIETARY - SURREY	10.01	1,205	0		0.00	0	0	14.00
15.00	CAFETERIA	11.00	801	0		0.00	0	0	15.00
16.00	NURSING ADMINISTRATION	13.00	951	0		0.00	0	0	16.00
17.00	NURSING ADMINISTRATION - SURREY	13.01	100	0		0.00	0	0	17.00
18.00	CENTRAL SERVICES & SUPPLY	14.00	1,790	0		0.00	0	0	18.00
19.00	MEDICAL RECORDS & LIBRARY	16.00	2,702	0		0.00	0	0	19.00
20.00	MEDICAL RECORDS & LIBRARY - SURREY	16.01	403	0		0.00	0	0	20.00
21.00	SOCIAL SERVICE	17.00	281	0		0.00	0	0	21.00
22.00	SOCIAL SERVICE - SURREY	17.01	166	0		0.00	0	0	22.00
23.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	2,085	0		0.00	0	0	23.00
24.00	CLINICAL PASTORAL EDUCATION	23.01	86	0		0.00	0	0	24.00
25.00	PHARMACY EDUCATION	23.02	126	0		0.00	0	0	25.00
26.00	ADULTS & PEDIATRICS	30.00	20,667	0		0.00	0	0	26.00
27.00	INTENSIVE CARE UNIT	31.00	1,920	0		0.00	0	0	27.00
28.00	CORONARY CARE UNIT	32.00	2,248	0		0.00	0	0	28.00
29.00	NURSERY	43.00	2,765	0		0.00	0	0	29.00
30.00	SKILLED NURSING FACILITY	44.00	2,335	0		0.00	0	0	30.00
31.00	OTHER LONG TERM CARE	46.00	2,263	0		0.00	0	0	31.00
32.00	OPERATING ROOM	50.00	8,546	0		0.00	0	0	32.00
33.00	VASCULAR ACCESS CENTER	50.01	230	0		0.00	0	0	33.00
34.00	PAIN MGMT - BRAIN & SPINE	50.02	266	0		0.00	0	0	34.00
35.00	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	990	0		0.00	0	0	35.00
36.00	RECOVERY ROOM	51.00	853	0		0.00	0	0	36.00
37.00	DELIVERY ROOM & LABOR ROOM	52.00	880	0		0.00	0	0	37.00
38.00	ANESTHESIOLOGY	53.00	355	0		0.00	0	0	38.00
39.00	RADIOLOGY-DIAGNOSTIC	54.00	5,802	0		0.00	0	0	39.00
40.00	TDOC RADIOLOGY	54.01	296	0		0.00	0	0	40.00
41.00	CDI RADIOLOGY	54.02	853	0		0.00	0	0	41.00
42.00	CT SCAN	57.00	438	0		0.00	0	0	42.00
43.00	TDOC CT SCAN	57.01	111	0		0.00	0	0	43.00
44.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	259	0		0.00	0	0	44.00
45.00	TDOC - MRI	58.01	163	0		0.00	0	0	45.00
46.00	CARDIAC CATHETERIZATION	59.00	859	0		0.00	0	0	46.00
47.00	LABORATORY	60.00	4,336	0		0.00	0	0	47.00
48.00	INTRAVENOUS THERAPY	64.00	1,587	0		0.00	0	0	48.00
49.00	BRAIN & SPINE INFUSION CENTER	64.01	71	0		0.00	0	0	49.00
50.00	RESPIRATORY THERAPY	65.00	1,694	0		0.00	0	0	50.00
51.00	PHYSICAL THERAPY	66.00	2,992	0		0.00	0	0	51.00
52.00	PHYSICAL THERAPY - SURREY	66.01	963	0		0.00	0	0	52.00
53.00	THERAPY SVCS - BRAIN & SPINE	66.02	97	0		0.00	0	0	53.00
54.00	OCCUPATIONAL THERAPY	67.00	512	0		0.00	0	0	54.00
55.00	SPEECH PATHOLOGY	68.00	142	0		0.00	0	0	55.00
56.00	ELECTROCARDIOLOGY	69.00	1,107	0		0.00	0	0	56.00
57.00	TDOC - ELECTROCARDIOLOGY	69.01	522	0		0.00	0	0	57.00
58.00	ELECTROENCEPHALOGRAPHY	70.00	164	0		0.00	0	0	58.00
59.00	SLEEP MEDICINE CLINIC	70.01	1,669	0		0.00	0	0	59.00

RECLASSIFICATIONS

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	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
60.00	DRUGS CHARGED TO PATIENTS	73.00	2,049	0		0.00	0	0	60.00
61.00	NUTRITION/DIABETES EDUCATION	76.01	493	0		0.00	0	0	61.00
62.00	CARDIAC REHAB	76.02	2,270	0		0.00	0	0	62.00
63.00	HYPERBARIC OXYGEN THERAPY	76.03	219	0		0.00	0	0	63.00
64.00	EMERGENCY	91.00	3,204	0		0.00	0	0	64.00
65.00	URGENT CARE CENTERS	91.01	4,356	0		0.00	0	0	65.00
66.00	ADULT DOWN SYNDROME CENTER	91.02	102	0		0.00	0	0	66.00
67.00	HOME HEALTH AGENCY	101.00	2,730	0		0.00	0	0	67.00
68.00	HOSPICE	116.00	1,061	0		0.00	0	0	68.00
69.00	PHYSICIANS' PRIVATE OFFICES	192.00	2,425	0		0.00	0	0	69.00
70.00	DEVELOPMENT	194.01	257	0		0.00	0	0	70.00
71.00	COMMUNITY OUTREACH	194.02	309	0		0.00	0	0	71.00
72.00	FOUNTAIN CAFE	194.03	52	0		0.00	0	0	72.00
73.00	SLEEP RESEARCH	194.04	84	0		0.00	0	0	73.00
74.00	PHYSICIAN REFERRAL	194.07	230	0		0.00	0	0	74.00
75.00	MARKETING	194.11	493	0		0.00	0	0	75.00
76.00	CHILDBIRTH INSTRUCTION	194.12	53	0		0.00	0	0	76.00
77.00	VOLUNTEERS	194.13	214	0		0.00	0	0	77.00
78.00	RETAIL PHARMACY	194.14	626	0		0.00	0	0	78.00
79.00	REHAB HOSPITAL COVERAGE	194.15	159	0		0.00	0	0	79.00
80.00	EXECUTIVE HEALTH PROGRAM	194.16	61	0		0.00	0	0	80.00
81.00	VALET SERVICES	194.17	285	0		0.00	0	0	81.00
	0		126,349	0	0		0	126,349	
500.00	Grand Total: Increases		5,765,475	70,842,216	Grand Total: Decreases		5,213,368	71,394,323	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-7 Part I Date/Time Prepared: 11/24/2015 9:36 am

		Beginning Balances	Acquisitions: Purchases	Acquisitions: Donation	Acquisitions: Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	15,769,085	0	-10,879	-10,879	0	1.00
2.00	Land Improvements	11,572,958	26,162	0	26,162	0	2.00
3.00	Buildings and Fixtures	299,336,989	13,358,310	0	13,358,310	356,112	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	207,092,190	9,763,343	-13,284	9,750,059	1,110,149	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	533,771,222	23,147,815	-24,163	23,123,652	1,466,261	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	533,771,222	23,147,815	-24,163	23,123,652	1,466,261	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	15,758,206	0	1.00
2.00	Land Improvements	11,599,120	0	2.00
3.00	Buildings and Fixtures	312,339,187	0	3.00
4.00	Building Improvements	0	0	4.00
5.00	Fixed Equipment	0	0	5.00
6.00	Movable Equipment	215,732,100	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	555,428,613	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	555,428,613	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-7 Part II Date/Time Prepared: 11/24/2015 9:36 am

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	23,243,877	0	3,726,082	4,572,178	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	474,610	0	72,780	0	0	2.01
3.00	Total (sum of lines 1-2)	23,718,487	0	3,798,862	4,572,178	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL		
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)	
		14.00	15.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2			
1.00	CAP REL COSTS-BLDG & FIXT	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	31,542,137	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	0	547,390	2.01
3.00	Total (sum of lines 1-2)	0	32,089,527	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-7 Part III Date/Time Prepared: 11/24/2015 9:36 am

	Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	339,696,543	0	339,696,543	0.611593	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	215,732,100	0	215,732,100	0.388407	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.01
3.00	Total (sum of lines 1-2)	555,428,643	0	555,428,643	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	7,466,333	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	11,373,611	1,367,492	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	0	0	0	475,646	17,998	2.01
3.00	Total (sum of lines 1-2)	0	0	0	19,315,590	1,385,490	3.00

	Cost Center Description	SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	2,011,719	313,417	0	0	9,791,469	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	12,741,103	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	60,165	10,667	0	0	564,476	2.01
3.00	Total (sum of lines 1-2)	2,071,884	324,084	0	0	23,097,048	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-8 | Date/Time Prepared: 11/24/2015 9:36 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-190,670	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
2.01	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.01	0	2.01
3.00	Investment income - other (chapter 2)	B	-12,615	CAP REL COSTS-MVBLE EQUIP	2.01	11	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-204,548	NONPATIENT TELEPHONES	5.01	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-21,363,140			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	-4,508,857			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,547,356	DIETARY	10.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-101,381	DIETARY	10.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
27.01	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.01	0	27.01
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-8 | Date/Time Prepared: 11/24/2015 9:36 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	NON-ALLOWABLE INTEREST OFFSET	B	-22,438	PHYSICIANS' PRIVATE OFFICES	192.00	0	33.00
33.01	NON-ALLOWABLE INTEREST OFFSET	A	-2,478,301	CAP REL COSTS-MVBLE EQUIP	2.00	11	33.01
33.02	TELEPHONE BENEFITS	A	-24,227	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.02
33.03	GUEST MEALS	B	-51,094	DIETARY	10.00	0	33.03
33.04	PHYSICIAN MEALS	B	-4,578	DIETARY	10.00	0	33.04
33.05	CHAPLAIN INCOME	B	-6,477	ADMIN & GENERAL - HOSPITAL	5.06	0	33.05
33.06	MEALS ON WHEELS	B	-56,903	DIETARY	10.00	0	33.06
33.07	TDOC CORNER GOURMET INCOME	B	-215,645	DIETARY	10.00	0	33.07
33.08	SNF CAFETERIA MEALS	B	-9,563	DIETARY - SURREY	10.01	0	33.08
33.09	MATERNITY SERVICES INCOME	B	-1,020	ADULTS & PEDIATRICS	30.00	0	33.09
33.10	LACTATION INCOME	B	-19,393	ADULTS & PEDIATRICS	30.00	0	33.10
33.11	PHYSICAL THERAPY INCOME	B	-17,400	PHYSICAL THERAPY	66.00	0	33.11
33.12	SPORTS MEDICINE INCOME	B	-89,907	PHYSICAL THERAPY	66.00	0	33.12
33.13	SPORTS MEDICINE INCOME	B	-27,251	PHYSICAL THERAPY	66.00	0	33.13
33.14	SPORTS MEDICINE INCOME	B	-23,073	PHYSICAL THERAPY	66.00	0	33.14
33.15	THERAPY SERVICES-JCC BAXTER	B	-20,247	PHYSICAL THERAPY	66.00	0	33.15
33.16	SLEEP MEDICINE MISCELLANEOUS INCOME	B	-12,170	SLEEP MEDICINE CLINIC	70.01	0	33.16
33.17	NUTRITION REFERENCE BOOKS	B	-57	NUTRITION/DIABETES EDUCATION	76.01	0	33.17
33.18	PHYSICIAN EQUIPMENT RENTAL	B	-10,140	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.18
33.19	MISCELLANEOUS INCOME	B	-37,097	ADMIN & GENERAL - HOSPITAL	5.06	0	33.19
33.20	MOONLIGHTERS SALARIES	A	-128,256	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	33.20
33.21	MOONLIGHTERS BENEFITS	A	-33,256	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.21
33.22	ADVERTISING	A	-5,302	ADMIN & GENERAL - SURREY	5.05	0	33.22
33.23	ADVERTISING	A	-1,037	ADMIN & GENERAL - HOSPITAL	5.06	0	33.23
33.24	ADVERTISING	A	-196	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	33.24
33.25	ADVERTISING	A	-1,540	VASCULAR ACCESS CENTER	50.01	0	33.25
33.26	ADVERTISING	A	-1,377	RADIOLOGY-DIAGNOSTIC	54.00	0	33.26
33.27	ADVERTISING	A	-430	CDI RADIOLOGY	54.02	0	33.27
33.28	ADVERTISING	A	-287	PHYSICAL THERAPY	66.00	0	33.28
33.29	ADVERTISING	A	-42	ELECTROCARDIOLOGY	69.00	0	33.29
33.30	ADVERTISING	A	-1,000	SLEEP MEDICINE CLINIC	70.01	0	33.30
33.31	ADVERTISING	A	-110	DRUGS CHARGED TO PATIENTS	73.00	0	33.31
33.32	ADVERTISING	A	-623	CARDIAC REHAB	76.02	0	33.32
33.33	ADVERTISING	A	-3,578	URGENT CARE CENTERS	91.01	9	33.33
33.34	ADVERTISING	A	-2,333	ADULT DOWN SYNDROME CENTER	91.02	9	33.34
33.35	ADVERTISING	A	-498	HOME HEALTH AGENCY	101.00	0	33.35
33.36	ADVERTISING	A	-863	HOSPICE	116.00	11	33.36
33.37	ASSET LIVES	A	-3,803	CAP REL COSTS-BLDG & FIXT	1.00	9	33.37
33.38	ASSET LIVES	A	-15	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.38
33.39	ASSET LIVES	A	-40,588	PHYSICIANS' PRIVATE OFFICES	192.00	0	33.39
33.40	LOSS ON REFINANCING	A	28,240	CAP REL COSTS-BLDG & FIXT	1.00	11	33.40
33.41	LOSS ON REFINANCING	A	7,060	PHYSICIANS' PRIVATE OFFICES	192.00	0	33.41
33.42	FRA TAX	A	5,477,299	ADMIN & GENERAL - HOSPITAL	5.06	0	33.42
33.43	RENT EXPENSE PAID FOR MOB SPACE	A	-119,808	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.43
33.44	RENT EXPENSE PAID FOR MOB SPACE	A	-6,576	NONPATIENT TELEPHONES	5.01	0	33.44
33.45	RENT EXPENSE PAID FOR MOB SPACE	A	-182,148	ADMIN & GENERAL - HOSPITAL	5.06	0	33.45
33.46	RENT EXPENSE PAID FOR MOB SPACE	A	-117,452	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	33.46
33.47	RENT EXPENSE PAID FOR MOB SPACE	A	-34,344	ADULTS & PEDIATRICS	30.00	0	33.47
33.48	RENT EXPENSE PAID FOR MOB SPACE	A	-100,000	OPERATING ROOM	50.00	0	33.48
33.49	RENT EXPENSE PAID FOR MOB SPACE	A	-31,351	PAIN MGMT - BRAIN & SPINE	50.02	0	33.49
33.50	RENT EXPENSE PAID FOR MOB SPACE	A	-217,905	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	0	33.50
33.51	RENT EXPENSE PAID FOR MOB SPACE	A	-478,567	RADIOLOGY-DIAGNOSTIC	54.00	0	33.51
33.52	RENT EXPENSE PAID FOR MOB SPACE	A	-26,268	CT SCAN	57.00	0	33.52
33.53	RENT EXPENSE PAID FOR MOB SPACE	A	-144,356	LABORATORY	60.00	0	33.53

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	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
33.54	RENT EXPENSE PAID FOR MOB SPACE	A	-142,041	INTRAVENOUS THERAPY	64.00	0	33.54
33.55	RENT EXPENSE PAID FOR MOB SPACE	A	-33,678	BRAIN & SPINE INFUSION CENTER	64.01	0	33.55
33.56	RENT EXPENSE PAID FOR MOB SPACE	A	-12,626	PHYSICAL THERAPY	66.00	0	33.56
33.57	RENT EXPENSE PAID FOR MOB SPACE	A	-100,568	THERAPY SVCS - BRAIN & SPINE	66.02	0	33.57
33.58	RENT EXPENSE PAID FOR MOB SPACE	A	-83,166	ELECTROCARDIOLOGY	69.00	0	33.58
33.59	RENT EXPENSE PAID FOR MOB SPACE	A	-50,397	ELECTROENCEPHALOGRAPHY	70.00	0	33.59
33.60	RENT EXPENSE PAID FOR MOB SPACE	A	-389,404	SLEEP MEDICINE CLINIC	70.01	0	33.60
33.61	RENT EXPENSE PAID FOR MOB SPACE	A	-38,511	DRUGS CHARGED TO PATIENTS	73.00	0	33.61
33.62	RENT EXPENSE PAID FOR MOB SPACE	A	-118,830	CARDIAC REHAB	76.02	0	33.62
33.63	RENT EXPENSE PAID FOR MOB SPACE	A	-38,350	ADULT DOWN SYNDROME CENTER	91.02	0	33.63
33.64	RENT EXPENSE PAID FOR MOB SPACE	A	-32,784	HOME HEALTH AGENCY	101.00	0	33.64
33.65	RENT EXPENSE PAID FOR MOB SPACE	A	-23,616	HOSPICE	116.00	0	33.65
33.66	RENT EXPENSE PAID FOR MOB SPACE	A	-58,957	PHYSICIANS' PRIVATE OFFICES	192.00	0	33.66
33.67	RENT EXPENSE PAID FOR MOB SPACE	A	-5,088	FOUNTAIN CAFE	194.03	0	33.67
33.68	RENT EXPENSE PAID FOR MOB SPACE	A	-7,344	PHYSICIAN REFERRAL	194.07	0	33.68
33.69	RENT EXPENSE PAID FOR MOB SPACE	A	-24,168	RETAIL PHARMACY	194.14	0	33.69
33.70	NON-ALLOWABLE	A	-754,156	ADMIN & GENERAL - HOSPITAL	5.06	0	33.70
33.71	NON-ALLOWABLE	A	-14,407	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.71
33.72	NON-ALLOWABLE	A	-330	NONPATIENT TELEPHONES	5.01	0	33.72
33.73	NON-ALLOWABLE	A	-71	ADMITTING	5.04	0	33.73
33.74	NON-ALLOWABLE	A	-23,552	ADMIN & GENERAL - SURREY	5.05	0	33.74
33.75	NON-ALLOWABLE	A	-34,956	ADMIN & GENERAL - HOSPITAL	5.06	0	33.75
33.76	NON-ALLOWABLE	A	-1,935	MAINTENANCE & REPAIRS	6.00	0	33.76
33.77	NON-ALLOWABLE	A	-3,920	PURCHASING	6.01	0	33.77
33.78	NON-ALLOWABLE	A	-1,770	MAINTENANCE & REPAIRS - SURREY	6.02	0	33.78
33.79	NON-ALLOWABLE	A	-198	LAUNDRY & LINEN SERVICE - SURREY	8.01	0	33.79
33.80	NON-ALLOWABLE	A	-30	HOUSEKEEPING - SURREY	9.01	0	33.80
33.81	NON-ALLOWABLE	A	-32	DIETARY	10.00	0	33.81
33.82	NON-ALLOWABLE	A	-246	DIETARY - SURREY	10.01	0	33.82
33.83	NON-ALLOWABLE	A	-1,896	CAFETERIA	11.00	0	33.83
33.84	NON-ALLOWABLE	A	-4,809	NURSING ADMINISTRATION	13.00	0	33.84
33.85	NON-ALLOWABLE	A	-294	NURSING ADMINISTRATION - SURREY	13.01	0	33.85
33.86	NON-ALLOWABLE	A	-70	CENTRAL SERVICES & SUPPLY	14.00	0	33.86
33.87	NON-ALLOWABLE	A	-393	MEDICAL RECORDS & LIBRARY	16.00	0	33.87
33.88	NON-ALLOWABLE	A	-240	MEDICAL RECORDS & LIBRARY - SURREY	16.01	0	33.88
33.89	NON-ALLOWABLE	A	-300	SOCIAL SERVICE	17.00	0	33.89
33.90	NON-ALLOWABLE	A	-26,575	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	33.90
33.91	NON-ALLOWABLE	A	-15,933	ADULTS & PEDIATRICS	30.00	0	33.91
33.92	NON-ALLOWABLE	A	-390	CORONARY CARE UNIT	32.00	0	33.92
33.93	NON-ALLOWABLE	A	-20	NURSERY	43.00	0	33.93
33.94	NON-ALLOWABLE	A	-13,207	SKILLED NURSING FACILITY	44.00	0	33.94
33.95	NON-ALLOWABLE	A	-185	OTHER LONG TERM CARE	46.00	0	33.95
33.96	NON-ALLOWABLE	A	-3,309	OPERATING ROOM	50.00	0	33.96
33.97	NON-ALLOWABLE	A	-1,104	VASCULAR ACCESS CENTER	50.01	0	33.97
33.98	NON-ALLOWABLE	A	-190	PAIN MGMT - BRAIN & SPINE	50.02	0	33.98
33.99	NON-ALLOWABLE	A	-529	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	0	33.99
34.00	NON-ALLOWABLE	A	-2,260	RADIOLOGY-DIAGNOSTIC	54.00	0	34.00
34.01	NON-ALLOWABLE	A	-1,123	TDOC RADIOLOGY	54.01	0	34.01

ADJUSTMENTS TO EXPENSES | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-8 | Date/Time Prepared: 11/24/2015 9:36 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
34.02	NON-ALLOWABLE	A	-1,015	CDI RADIOLOGY	54.02	0	34.02
34.03	NON-ALLOWABLE	A	-1,336	CARDIAC CATHETERIZATION	59.00	0	34.03
34.04	NON-ALLOWABLE	A	-8,391	LABORATORY	60.00	0	34.04
34.05	NON-ALLOWABLE	A	-25	BRAIN & SPINE INFUSION CENTER	64.01	0	34.05
34.06	NON-ALLOWABLE	A	-447	PHYSICAL THERAPY	66.00	0	34.06
34.07	NON-ALLOWABLE	A	-1,791	PHYSICAL THERAPY - SURREY	66.01	0	34.07
34.08	NON-ALLOWABLE	A	-1,451	THERAPY SVCS - BRAIN & SPINE	66.02	0	34.08
34.09	NON-ALLOWABLE	A	-117	OCCUPATIONAL THERAPY	67.00	0	34.09
34.10	NON-ALLOWABLE	A	-30	ELECTROCARDIOLOGY	69.00	0	34.10
34.11	NON-ALLOWABLE	A	-628	SLEEP MEDICINE CLINIC	70.01	0	34.11
34.12	NON-ALLOWABLE	A	-1,983	DRUGS CHARGED TO PATIENTS	73.00	0	34.12
34.13	NON-ALLOWABLE	A	-4,108	CARDIAC REHAB	76.02	0	34.13
34.14	NON-ALLOWABLE	A	-1,685	EMERGENCY	91.00	0	34.14
34.15	NON-ALLOWABLE	A	-15,228	URGENT CARE CENTERS	91.01	0	34.15
34.16	NON-ALLOWABLE	A	-4,416	ADULT DOWN SYNDROME CENTER	91.02	0	34.16
34.17	NON-ALLOWABLE	A	-121	HOSPICE	116.00	0	34.17
34.18	LOBBYING	A	-59,725	ADMIN & GENERAL - HOSPITAL	5.06	0	34.18
34.19	PHYSICIAN BILLING	A	-349,427	ADULTS & PEDIATRICS	30.00	0	34.19
34.20	PHYSICIAN BILLING	A	-21,842	CORONARY CARE UNIT	32.00	0	34.20
34.21	PHYSICIAN BILLING	A	-59,418	SLEEP MEDICINE CLINIC	70.01	0	34.21
34.22	PHYSICIAN BILLING	A	-11,307	EMERGENCY	91.00	0	34.22
34.23	PHYSICIAN BILLING	A	-18,519	URGENT CARE CENTERS	91.01	0	34.23
34.24	MEDICAL GROUP ADMINISTRATIVE SALARY	A	-215,040	ADMIN & GENERAL - HOSPITAL	5.06	0	34.24
34.25	MEDICAL GROUP ADMINISTRATIVE BENEFIT	A	-55,758	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.25
34.26	CRNA OTHER	A	-427	NONPHYSICIAN ANESTHETISTS	19.00	0	34.26
34.27	REVENUE ADD BACK	A	39,112	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.27
34.28	REVENUE ADD BACK	A	631,367	PHYSICIANS' PRIVATE OFFICES	192.00	0	34.28
34.29	REVENUE ADD BACK	A	97,165	COMMUNITY OUTREACH	194.02	0	34.29
34.30	SLEEP RESEARCH	A	157,099	SLEEP RESEARCH	194.04	0	34.30
34.31	REHAB HOSPITAL	A	65,940	REHAB HOSPITAL COVERAGE	194.15	0	34.31
34.32	CHAPLAIN INCOME	B	-2,683	CLINICAL PASTORAL EDUCATION	23.01	0	34.32
34.33	EDUCATION CENTER DEPRECIATION	A	-76,920	CAP REL COSTS-BLDG & FIXT	1.00	9	34.33
34.34	RCE	A	-596,146	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	34.34
34.35	LOSS ON REFINANCING	A	1,074,122	CAP REL COSTS-BLDG & FIXT	1.00	11	34.35
34.36	LOSS ON REFINANCING	A	1,312,606	PHYSICIANS' PRIVATE OFFICES	192.00	0	34.36
34.37			0		0.00	0	34.37
34.38			0		0.00	0	34.38
34.39			0		0.00	0	34.39
34.40			0		0.00	0	34.40
34.41			0		0.00	0	34.41
34.42			0		0.00	0	34.42
34.43			0		0.00	0	34.43
34.44			0		0.00	0	34.44
34.45			0		0.00	0	34.45
34.46			0		0.00	0	34.46
34.47			0		0.00	0	34.47
34.48			0		0.00	0	34.48
34.49			0		0.00	0	34.49
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-27,427,389				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: 260179	Period: From 07/01/2014 To 06/30/2015	Worksheet A-8-1 Date/Time Prepared: 11/24/2015 9:36 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	54.02	CDI RADIOLOGY	EQUIP, SUPPLIES, MGMT, BILIL	2,892,600	7,143,967	1.00
2.00	54.02	CDI RADIOLOGY	EQUIP, SUPPLIES, MGMT, BILLI	1,151,470	1,438,276	2.00
3.00	54.02	CDI RADIOLOGY	EQUIP, SUPPLIES, MGMT, BILLI	941,018	911,702	3.00
4.00	0.00			0	0	4.00
5.00	0		0	4,985,088	9,493,945	5.00

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

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office: Name	Related Organization(s) and/or Home Office: 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	C		0.00	ST.LUKE'S CDI	31.00	6.00
7.00	C		0.00	ST. LUKE'S CDI	43.30	7.00
8.00	C		0.00	ST. LUKE'S CDI	30.00	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: 260179	Period: From 07/01/2014 To 06/30/2015	Worksheet A-8-1 Date/Time Prepared: 11/24/2015 9:36 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	-4,251,367	0		1.00
2.00	-286,806	0		2.00
3.00	29,316	0		3.00
4.00	0	0		4.00
5.00	-4,508,857			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	RADIOLOGY MGMT		6.00
7.00	RADIOLOGY MGMT		7.00
8.00	RADIOLOGY MGMT		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: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-8-2 | Date/Time Prepared: 11/24/2015 9:36 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.05	ADMIN & GENERAL - SURREY	22,586	0	3,986	177,200	43	1.00
2.00	5.06	ADMIN & GENERAL - HOSPITAL	345,437	41,002	304,435	177,200	3,306	2.00
3.00	30.00	ADULTS & PEDIATRICS	7,933,358	6,506,026	1,427,332	177,200	13,959	3.00
4.00	31.00	INTENSIVE CARE UNIT	1,671,416	1,564,988	106,428	177,200	1,028	4.00
5.00	32.00	CORONARY CARE UNIT	1,076,766	1,061,990	14,776	177,200	23	5.00
6.00	43.00	NURSERY	50,000	50,000	0	177,200	0	6.00
7.00	50.00	OPERATING ROOM	1,066,591	503,617	562,974	208,000	2,901	7.00
8.00	50.01	VASCULAR ACCESS CENTER	300,004	300,004	0	208,000	0	8.00
9.00	50.02	PAIN MGMT - BRAIN & SPINE	10,020	0	10,020	208,000	100	9.00
10.00	53.00	ANESTHESIOLOGY	551,420	551,420	0	200,300	0	10.00
11.00	54.00	RADIOLOGY-DIAGNOSTIC	40,211	40,211	0	225,300	0	11.00
12.00	57.00	CT SCAN	1,050	1,050	0	225,300	0	12.00
13.00	57.01	TDOC CT SCAN	7,455	7,455	0	225,300	0	13.00
14.00	60.00	LABORATORY	186,374	0	186,374	215,700	1,727	14.00
15.00	64.00	INTRAVENOUS THERAPY	1,022,940	0	1,022,940	225,300	6,900	15.00
16.00	64.01	BRAIN & SPINE INFUSION CENTER	238,158	202,055	36,103	177,200	172	16.00
17.00	69.00	ELECTROCARDIOLOGY	21,356	533	20,822	177,200	204	17.00
18.00	69.01	TDOC - ELECTROCARDIOLOGY	107	107	0	177,200	0	18.00
19.00	59.00	CARDIAC CATHETERIZATION	51,363	0	51,363	177,200	946	19.00
20.00	70.01	SLEEP MEDICINE CLINIC	979,797	878,870	100,927	177,200	220	20.00
21.00	76.02	CARDIAC REHAB	77,778	77,778	0	177,200	0	21.00
22.00	90.00	CLINIC	-135	-135	0	177,200	0	22.00
23.00	91.00	EMERGENCY	5,961,867	5,634,071	327,796	177,200	1,772	23.00
24.00	91.01	URGENT CARE CENTERS	2,866,101	2,866,101	0	177,200	0	24.00
25.00	91.02	ADULT DOWN SYNDROME CENTER	6,969	2,349	4,620	177,200	156	25.00
200.00			24,488,989	20,289,492	4,180,896		33,457	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.05	ADMIN & GENERAL - SURREY	3,663	183	0	0	31	1.00
2.00	5.06	ADMIN & GENERAL - HOSPITAL	281,646	14,082	0	0	1,776	2.00
3.00	30.00	ADULTS & PEDIATRICS	1,189,199	59,460	0	0	169,700	3.00
4.00	31.00	INTENSIVE CARE UNIT	87,578	4,379	0	0	27,015	4.00
5.00	32.00	CORONARY CARE UNIT	1,959	98	0	0	15,638	5.00
6.00	43.00	NURSERY	0	0	0	0	0	6.00
7.00	50.00	OPERATING ROOM	290,100	14,505	0	0	42,522	7.00
8.00	50.01	VASCULAR ACCESS CENTER	0	0	0	0	0	8.00
9.00	50.02	PAIN MGMT - BRAIN & SPINE	10,000	500	0	0	0	9.00
10.00	53.00	ANESTHESIOLOGY	0	0	0	0	1,086	10.00
11.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	11.00
12.00	57.00	CT SCAN	0	0	0	0	0	12.00
13.00	57.01	TDOC CT SCAN	0	0	0	0	0	13.00
14.00	60.00	LABORATORY	179,093	8,955	0	0	0	14.00
15.00	64.00	INTRAVENOUS THERAPY	747,389	37,369	0	0	13,500	15.00
16.00	64.01	BRAIN & SPINE INFUSION CENTER	14,653	733	0	0	555	16.00
17.00	69.00	ELECTROCARDIOLOGY	17,379	869	0	0	377	17.00
18.00	69.01	TDOC - ELECTROCARDIOLOGY	0	0	0	0	0	18.00
19.00	59.00	CARDIAC CATHETERIZATION	80,592	4,030	0	0	513	19.00
20.00	70.01	SLEEP MEDICINE CLINIC	18,742	937	0	0	7,691	20.00
21.00	76.02	CARDIAC REHAB	0	0	0	0	0	21.00
22.00	90.00	CLINIC	0	0	0	0	0	22.00
23.00	91.00	EMERGENCY	150,961	7,548	0	0	114,192	23.00
24.00	91.01	URGENT CARE CENTERS	0	0	0	0	40,363	24.00
25.00	91.02	ADULT DOWN SYNDROME CENTER	13,290	665	0	0	148	25.00
200.00			3,086,244	154,313	0	0	435,107	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.05	ADMIN & GENERAL - SURREY	5	3,668	318	18,918		1.00
2.00	5.06	ADMIN & GENERAL - HOSPITAL	1,565	283,211	21,224	62,226		2.00
3.00	30.00	ADULTS & PEDIATRICS	30,532	1,219,731	207,601	6,713,627		3.00
4.00	31.00	INTENSIVE CARE UNIT	1,720	89,298	17,130	1,582,118		4.00
5.00	32.00	CORONARY CARE UNIT	215	2,174	12,602	1,074,592		5.00
6.00	43.00	NURSERY	0	0	0	50,000		6.00
7.00	50.00	OPERATING ROOM	22,444	312,544	250,430	754,047		7.00
8.00	50.01	VASCULAR ACCESS CENTER	0	0	0	300,004		8.00
9.00	50.02	PAIN MGMT - BRAIN & SPINE	0	10,000	20	20		9.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-8-2 | Date/Time Prepared: 11/24/2015 9:36 am

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
10.00	53.00	ANESTHESIOLOGY	0	0	0	551,420		10.00
11.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	40,211		11.00
12.00	57.00	CT SCAN	0	0	0	1,050		12.00
13.00	57.01	TDOC CT SCAN	0	0	0	7,455		13.00
14.00	60.00	LABORATORY	0	179,093	7,281	7,281		14.00
15.00	64.00	INTRAVENOUS THERAPY	13,500	760,889	262,051	262,051		15.00
16.00	64.01	BRAIN & SPINE INFUSION CENTER	84	14,737	21,366	223,421		16.00
17.00	69.00	ELECTROCARDIOLOGY	368	17,747	3,075	3,609		17.00
18.00	69.01	TDOC - ELECTROCARDIOLOGY	0	0	0	107		18.00
19.00	59.00	CARDIAC CATHETERIZATION	513	81,105	0	0		19.00
20.00	70.01	SLEEP MEDICINE CLINIC	792	19,534	81,393	960,263		20.00
21.00	76.02	CARDIAC REHAB	0	0	0	77,778		21.00
22.00	90.00	CLINIC	0	0	0	-135		22.00
23.00	91.00	EMERGENCY	6,279	157,240	170,556	5,804,627		23.00
24.00	91.01	URGENT CARE CENTERS	0	0	0	2,866,101		24.00
25.00	91.02	ADULT DOWN SYNDROME CENTER	98	13,388	0	2,349		25.00
200.00			78,115	3,164,359	1,055,047	21,363,140		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/24/2015 9:36 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2.01	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	9,791,469	9,791,469				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	12,741,103		12,741,103			2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP	564,476		0	564,476		2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	43,482,956	81,528	106,088	0	43,670,572	4.00
5.01	00591	NONPATIENT TELEPHONES	658,808	20,135	26,201	0	103,569	5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	5.02
5.03	00592	NONPATIENT TELEPHONES	19,999	0	0	0	0	5.03
5.04	00540	ADMITTING	919,349	22,369	29,108	0	234,827	5.04
5.05	00593	ADMIN & GENERAL - SURREY	641,389	0	0	28,188	128,858	5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	36,446,537	874,946	1,138,520	0	4,788,139	5.06
6.00	00600	MAINTENANCE & REPAIRS	10,968,944	1,124,275	1,462,957	0	456,001	6.00
6.01	00601	PURCHASING	912,811	32,137	41,818	0	159,559	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	610,497	0	0	18,286	56,711	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	1,321,089	53,767	69,963	0	18,665	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	110,273	0	0	9,383	5,857	8.01
9.00	00900	HOUSEKEEPING	3,348,832	58,481	76,098	0	704,119	9.00
9.01	00901	HOUSEKEEPING - SURREY	280,121	0	0	0	59,998	9.01
10.00	01000	DIETARY	1,675,929	222,060	288,955	0	496,845	10.00
10.01	01001	DIETARY - SURREY	1,344,747	0	0	21,041	172,050	10.01
11.00	01100	CAFETERIA	549,014	195,131	253,913	0	121,420	11.00
11.01	01101	CAFETERIA - SURREY	0	0	0	38,898	0	11.01
13.00	01300	NURSING ADMINISTRATION	1,544,001	24,634	32,055	0	380,947	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	190,076	0	0	1,837	49,094	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	2,371,489	239,084	311,107	0	341,690	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,626,994	88,476	115,129	0	720,757	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	246,951	0	0	0	64,089	16.01
17.00	01700	SOCIAL SERVICE	471,184	26,837	34,922	0	91,836	17.00
17.01	01701	SOCIAL SERVICE - SURREY	193,894	0	0	1,318	50,173	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,324,100	0	0	0	605,035	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,481,269	69,265	90,131	0	469,310	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	150,368	19,288	25,099	0	22,815	23.01
23.02	02302	PHARMACY EDUCATION	165,885	5,377	6,996	0	43,185	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	24,373,069	2,007,093	2,611,721	0	7,367,150	30.00
31.00	03100	INTENSIVE CARE UNIT	2,510,962	129,979	169,135	0	998,292	31.00
32.00	03200	CORONARY CARE UNIT	3,071,389	189,246	246,255	0	1,006,577	32.00
43.00	04300	NURSERY	4,349,776	285,009	370,866	0	1,027,604	43.00
44.00	04400	SKILLED NURSING FACILITY	2,156,788	0	0	153,277	535,702	44.00
46.00	04600	OTHER LONG TERM CARE	1,833,244	0	0	269,410	459,799	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	16,030,063	956,074	1,244,086	0	3,403,838	50.00
50.01	03650	VASCULAR ACCESS CENTER	699,867	0	0	0	89,646	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	291,119	43,799	56,993	0	68,249	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	1,871,192	125,496	163,301	0	318,763	50.04
51.00	05100	RECOVERY ROOM	1,172,215	71,976	93,659	0	288,518	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,304,860	96,888	126,075	0	288,336	52.00
53.00	05300	ANESTHESIOLOGY	543,101	2,234	2,907	0	78,596	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,850,372	681,787	887,172	0	1,676,602	54.00
54.01	05401	TDOC RADIOLOGY	423,727	40,810	53,104	0	104,306	54.01
54.02	05402	CDI RADIOLOGY	7,680,796	0	0	0	406,193	54.02
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	626,921	56,524	73,552	0	153,981	57.00
57.01	05701	TDOC CT SCAN	186,924	19,843	25,820	0	42,003	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	372,219	63,472	82,593	0	91,097	58.00
58.01	05801	TDOC - MRI	255,984	34,478	44,865	0	60,249	58.01
59.00	05900	CARDIAC CATHETERIZATION	1,537,218	144,908	188,560	0	346,897	59.00
60.00	06000	LABORATORY	10,834,329	287,936	374,675	0	1,146,552	60.00
64.00	06400	INTRAVENOUS THERAPY	19,706,164	74,595	97,067	0	756,158	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	108,789	4,052	5,272	0	83,859	64.01
65.00	06500	RESPIRATORY THERAPY	1,989,838	25,805	33,578	0	481,777	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	8,035	0	0	479	0	65.01
66.00	06600	PHYSICAL THERAPY	3,847,258	173,070	225,206	0	919,666	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	1,229,151	0	0	20,562	317,032	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	696,288	55,816	72,630	0	16,722	66.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/24/2015 9:36 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	MVBLE EQUIP	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2.01	4.00	
67.00	06700	OCCUPATIONAL THERAPY	600,626	0	0	0	155,481	67.00
68.00	06800	SPEECH PATHOLOGY	222,914	1,155	1,504	0	57,413	68.00
69.00	06900	ELECTROCARDIOLOGY	1,632,842	59,744	77,742	0	342,823	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	765,767	68,356	88,948	0	158,384	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	205,198	30,411	39,572	0	45,954	70.00
70.01	07001	SLEEP MEDICINE CLINIC	1,999,891	126,559	164,685	0	719,745	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,896,757	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	30,002,066	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,047,311	74,734	97,247	0	933,038	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	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	544,524	0	0	0	141,036	76.01
76.02	03952	CARDIAC REHAB	3,235,793	185,733	241,685	0	780,796	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	267,302	31,936	41,557	0	65,372	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	11,961	0	0	0	2,961	90.00
91.00	09100	EMERGENCY	3,593,200	148,097	192,710	0	2,307,658	91.00
91.01	09101	URGENT CARE CENTERS	8,014,141	0	0	0	2,209,804	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	94,322	20,028	26,061	0	24,459	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	4,251,545	19,920	25,921	0	966,888	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,154,516	7,287	9,482	0	314,601	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	344,256,888	9,502,640	12,365,266	562,679	42,106,126	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	106	23,663	30,792	1,797	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	13,014,210	85,133	110,779	0	605,557	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	533,484	24,680	32,115	0	69,557	194.01
194.02	07952	COMMUNITY OUTREACH	828,385	18,857	24,537	0	128,474	194.02
194.03	07953	FOUNTAIN CAFE	33,114	3,312	4,310	0	6,321	194.03
194.04	07954	SLEEP RESEARCH	157,183	0	0	0	39,605	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	336,382	4,714	6,134	0	85,688	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	51,733	67,317	0	0	194.09
194.10	07960	TV STORAGE	0	1,433	1,864	0	0	194.10
194.11	07961	MARKETING	2,045,946	23,833	31,012	0	176,612	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	92,524	0	0	0	16,572	194.12
194.13	07963	VOLUNTEERS	258,049	20,336	26,462	0	59,456	194.13
194.14	07964	RETAIL PHARMACY	6,016,047	23,956	31,173	0	233,746	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	317,223	0	0	0	72,822	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	122,409	7,179	9,342	0	30,597	194.16
194.17	07967	VALET SERVICES	151,540	0	0	0	39,439	194.17
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	368,163,490	9,791,469	12,741,103	564,476	43,670,572	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/24/2015 9:36 am

		Cost Center Description	NONPATIENT TELEPHONES	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	NONPATIENT TELEPHONES	ADMITTING	
			5.01	5A.01	5.02	5.03	5.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES	808,713					5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0			5.02
5.03	00592	NONPATIENT TELEPHONES	24,375	44,374	0	44,374		5.03
5.04	00540	ADMITTING	8,256	1,213,909	0	0	1,213,909	5.04
5.05	00593	ADMIN & GENERAL - SURREY	0	798,435	0	9,304	0	5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	126,202	43,374,344	0	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	13,367	14,025,544	0	0	0	6.00
6.01	00601	PURCHASING	4,718	1,151,043	0	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	0	685,494	0	2,863	0	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	393	1,463,877	0	0	0	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	0	125,513	0	716	0	8.01
9.00	00900	HOUSEKEEPING	14,547	4,202,077	0	0	0	9.00
9.01	00901	HOUSEKEEPING - SURREY	0	340,119	0	716	0	9.01
10.00	01000	DIETARY	10,222	2,694,011	0	0	0	10.00
10.01	01001	DIETARY - SURREY	0	1,537,838	0	4,294	0	10.01
11.00	01100	CAFETERIA	2,752	1,122,230	0	0	0	11.00
11.01	01101	CAFETERIA - SURREY	0	38,898	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	8,256	1,989,893	0	0	0	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	241,007	0	1,431	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	9,042	3,272,412	0	0	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	18,871	5,570,227	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	311,040	0	2,147	0	16.01
17.00	01700	SOCIAL SERVICE	4,325	629,104	0	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	245,385	0	1,431	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	2,929,135	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,145	2,113,120	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	786	218,356	0	0	0	23.01
23.02	02302	PHARMACY EDUCATION	393	221,836	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	132,888	36,491,921	0	0	79,917	30.00
31.00	03100	INTENSIVE CARE UNIT	6,684	3,815,052	0	0	10,033	31.00
32.00	03200	CORONARY CARE UNIT	11,008	4,524,475	0	0	12,066	32.00
43.00	04300	NURSERY	25,162	6,058,417	0	0	6,752	43.00
44.00	04400	SKILLED NURSING FACILITY	0	2,845,767	0	10,736	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	2,562,453	0	7,873	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	63,691	21,697,752	0	0	94,137	50.00
50.01	03650	VASCULAR ACCESS CENTER	1,966	791,479	0	0	6,727	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	1,573	461,733	0	0	3,762	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	8,649	2,487,401	0	0	18,705	50.04
51.00	05100	RECOVERY ROOM	8,256	1,634,624	0	0	8,563	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,863	1,824,022	0	0	5,335	52.00
53.00	05300	ANESTHESIOLOGY	1,966	628,804	0	0	10,812	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	44,426	11,140,359	0	0	82,759	54.00
54.01	05401	TDOC RADIOLOGY	4,325	626,272	0	0	11,083	54.01
54.02	05402	CDI RADIOLOGY	0	8,086,989	0	0	43,040	54.02
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	4,325	915,303	0	0	59,704	57.00
57.01	05701	TDOC CT SCAN	786	275,376	0	0	10,153	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,966	611,347	0	0	16,016	58.00
58.01	05801	TDOC - MRI	786	396,362	0	0	15,734	58.01
59.00	05900	CARDIAC CATHETERIZATION	10,222	2,227,805	0	0	42,030	59.00
60.00	06000	LABORATORY	24,769	12,668,261	0	0	158,191	60.00
64.00	06400	INTRAVENOUS THERAPY	7,470	20,641,454	0	0	89,414	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	393	202,365	0	0	608	64.01
65.00	06500	RESPIRATORY THERAPY	7,863	2,538,861	0	0	13,599	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	8,514	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	16,512	5,181,712	0	0	20,949	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	1,566,745	0	2,863	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	3,538	844,994	0	0	2,368	66.02
67.00	06700	OCCUPATIONAL THERAPY	3,538	759,645	0	0	3,189	67.00
68.00	06800	SPEECH PATHOLOGY	1,573	284,559	0	0	1,113	68.00
69.00	06900	ELECTROCARDIOLOGY	9,042	2,122,193	0	0	32,621	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	7,077	1,088,532	0	0	23,306	69.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/24/2015 9:36 am

		Cost Center Description	NONPATIENT TELEPHONES	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	NONPATIENT TELEPHONES	ADMITTING	
			5.01	5A.01	5.02	5.03	5.04	
70.00	07000	ELECTROENCEPHALOGRAPHY	3,145	324,280	0	0	4,244	70.00
70.01	07001	SLEEP MEDICINE CLINIC	20,837	3,031,717	0	0	6,718	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	13,896,757	0	0	35,164	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	30,002,066	0	0	64,367	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,547	16,166,877	0	0	123,455	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	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	786	686,346	0	0	2,541	76.01
76.02	03952	CARDIAC REHAB	21,230	4,465,237	0	0	5,494	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	2,752	408,919	0	0	1,810	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	393	15,315	0	0	20	90.00
91.00	09100	EMERGENCY	13,760	6,255,425	0	0	51,617	91.00
91.01	09101	URGENT CARE CENTERS	0	10,223,945	0	0	35,774	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	1,179	166,049	0	0	8	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0				92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	6,290	5,270,564	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	5,504	2,491,390	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	758,390	341,975,656	0	44,374	1,213,898	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,752	59,110	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	22,016	13,837,695	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	3,145	662,981	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	4,718	1,004,971	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	393	47,450	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	1,573	198,361	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	1,966	434,884	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	119,050	0	0	0	194.09
194.10	07960	TV STORAGE	0	3,297	0	0	0	194.10
194.11	07961	MARKETING	4,325	2,281,728	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	393	109,489	0	0	0	194.12
194.13	07963	VOLUNTEERS	5,504	369,807	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	2,752	6,307,674	0	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	390,045	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	786	170,313	0	0	11	194.16
194.17	07967	VALET SERVICES	0	190,979	0	0	0	194.17
200.00		Cross Foot Adjustments		0				200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	808,713	368,163,490	0	44,374	1,213,909	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/24/2015 9:36 am

		Cost Center Description	Subtotal	ADMIN & GENERAL - SURREY	Subtotal	ADMIN & GENERAL - HOSPITAL	MAINTENANCE & REPAIRS	
			5A.04	5.05	5A.05	5.06	6.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY	807,739	807,739				5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	43,374,344	95,305	43,469,649	43,469,649		5.06
6.00	00600	MAINTENANCE & REPAIRS	14,025,544	30,842	14,056,386	1,881,855	15,938,241	6.00
6.01	00601	PURCHASING	1,151,043	2,531	1,153,574	154,439	66,795	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	688,357	1,514	689,871	92,359	0	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	1,463,877	3,219	1,467,096	196,413	111,753	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	126,229	278	126,507	16,937	0	8.01
9.00	00900	HOUSEKEEPING	4,202,077	9,240	4,211,317	563,807	121,551	9.00
9.01	00901	HOUSEKEEPING - SURREY	340,835	749	341,584	45,731	0	9.01
10.00	01000	DIETARY	2,694,011	5,924	2,699,935	361,465	461,548	10.00
10.01	01001	DIETARY - SURREY	1,542,132	3,391	1,545,523	206,913	0	10.01
11.00	01100	CAFETERIA	1,122,230	2,468	1,124,698	150,573	405,576	11.00
11.01	01101	CAFETERIA - SURREY	38,898	86	38,984	5,219	0	11.01
13.00	01300	NURSING ADMINISTRATION	1,989,893	4,376	1,994,269	266,991	51,201	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	242,438	533	242,971	32,529	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	3,272,412	7,196	3,279,608	439,071	496,931	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,570,227	12,249	5,582,476	747,376	183,896	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	313,187	689	313,876	42,021	0	16.01
17.00	01700	SOCIAL SERVICE	629,104	1,383	630,487	84,409	55,780	17.00
17.01	01701	SOCIAL SERVICE - SURREY	246,816	543	247,359	33,116	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,929,135	6,441	2,935,576	393,012	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,113,120	4,647	2,117,767	283,525	143,966	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	218,356	480	218,836	29,298	40,090	23.01
23.02	02302	PHARMACY EDUCATION	221,836	488	222,324	29,765	11,175	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	36,571,838	80,421	36,652,259	4,906,932	4,171,711	30.00
31.00	03100	INTENSIVE CARE UNIT	3,825,085	8,411	3,833,496	513,225	270,160	31.00
32.00	03200	CORONARY CARE UNIT	4,536,541	9,976	4,546,517	608,683	393,344	32.00
43.00	04300	NURSERY	6,065,169	13,337	6,078,506	813,784	592,385	43.00
44.00	04400	SKILLED NURSING FACILITY	2,856,503	6,281	2,862,784	383,267	0	44.00
46.00	04600	OTHER LONG TERM CARE	2,570,326	5,652	2,575,978	344,869	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	21,791,889	47,920	21,839,809	2,923,892	1,987,181	50.00
50.01	03650	VASCULAR ACCESS CENTER	798,206	1,755	799,961	107,098	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	465,495	1,024	466,519	62,457	91,035	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	2,506,106	5,511	2,511,617	336,253	260,842	50.04
51.00	05100	RECOVERY ROOM	1,643,187	3,613	1,646,800	220,472	149,601	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,829,357	4,023	1,833,380	245,451	201,379	52.00
53.00	05300	ANESTHESIOLOGY	639,616	1,407	641,023	85,820	4,643	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,223,118	24,680	11,247,798	1,505,844	1,417,082	54.00
54.01	05401	TDOC RADIOLOGY	637,355	1,402	638,757	85,516	84,823	54.01
54.02	05402	CDI RADIOLOGY	8,130,029	17,878	8,147,907	1,090,834	0	54.02
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	975,007	2,144	977,151	130,820	117,484	57.00
57.01	05701	TDOC CT SCAN	285,529	628	286,157	38,310	41,243	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	627,363	1,380	628,743	84,175	131,926	58.00
58.01	05801	TDOC - MRI	412,096	906	413,002	55,292	71,663	58.01
59.00	05900	CARDIAC CATHETERIZATION	2,269,835	4,991	2,274,826	304,551	301,188	59.00
60.00	06000	LABORATORY	12,826,452	28,205	12,854,657	1,720,969	598,469	60.00
64.00	06400	INTRAVENOUS THERAPY	20,730,868	45,587	20,776,455	2,781,531	155,045	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	202,973	446	203,419	27,234	8,421	64.01
65.00	06500	RESPIRATORY THERAPY	2,552,460	5,613	2,558,073	342,472	53,635	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	8,514	19	8,533	1,142	0	65.01
66.00	06600	PHYSICAL THERAPY	5,202,661	11,441	5,214,102	698,059	359,722	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	1,569,608	3,452	1,573,060	210,600	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	847,362	1,863	849,225	113,693	116,011	66.02
67.00	06700	OCCUPATIONAL THERAPY	762,834	1,677	764,511	102,352	0	67.00
68.00	06800	SPEECH PATHOLOGY	285,672	628	286,300	38,330	2,402	68.00
69.00	06900	ELECTROCARDIOLOGY	2,154,814	4,738	2,159,552	289,119	124,177	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	1,111,838	2,445	1,114,283	149,179	142,076	69.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/24/2015 9:36 am

		Cost Center Description	Subtotal	ADMIN & GENERAL - SURREY	Subtotal	ADMIN & GENERAL - HOSPITAL	MAINTENANCE & REPAIRS	
			5A.04	5.05	5A.05	5.06	6.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	328,524	722	329,246	44,079	63,209	70.00
70.01	07001	SLEEP MEDICINE CLINIC	3,038,435	6,682	3,045,117	407,677	263,051	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,931,921	30,636	13,962,557	1,869,293	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	30,066,433	66,116	30,132,549	4,034,116	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,290,332	35,822	16,326,154	2,185,729	155,333	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	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	688,887	1,515	690,402	92,430	0	76.01
76.02	03952	CARDIAC REHAB	4,470,731	9,831	4,480,562	599,853	386,043	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	410,729	903	411,632	55,109	66,379	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	15,335	34	15,369	2,058	0	90.00
91.00	09100	EMERGENCY	6,307,042	13,869	6,320,911	846,237	307,816	91.00
91.01	09101	URGENT CARE CENTERS	10,259,719	22,561	10,282,280	1,376,581	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	166,057	365	166,422	22,280	41,627	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0			92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	5,270,564	11,590	5,282,154	707,169	41,403	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,491,390	5,479	2,496,869	334,278	15,146	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	341,975,645	750,151	341,918,057	39,955,938	15,337,917	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	59,110	130	59,240	7,931	49,184	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	13,837,695	30,429	13,868,124	1,856,651	176,947	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	662,981	1,458	664,439	88,954	51,297	194.01
194.02	07952	COMMUNITY OUTREACH	1,004,971	2,210	1,007,181	134,840	39,193	194.02
194.03	07953	FOUNTAIN CAFE	47,450	104	47,554	6,366	6,884	194.03
194.04	07954	SLEEP RESEARCH	198,361	436	198,797	26,615	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	434,884	956	435,840	58,350	9,798	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	119,050	262	119,312	15,973	107,526	194.09
194.10	07960	TV STORAGE	3,297	7	3,304	442	2,978	194.10
194.11	07961	MARKETING	2,281,728	5,018	2,286,746	306,147	49,536	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	109,489	241	109,730	14,691	0	194.12
194.13	07963	VOLUNTEERS	369,807	813	370,620	49,618	42,267	194.13
194.14	07964	RETAIL PHARMACY	6,307,674	13,871	6,321,545	846,322	49,792	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	390,045	858	390,903	52,334	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	170,324	375	170,699	22,853	14,922	194.16
194.17	07967	VALET SERVICES	190,979	420	191,399	25,624	0	194.17
200.00		Cross Foot Adjustments	0		0			200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	368,163,490	807,739	368,163,490	43,469,649	15,938,241	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/24/2015 9:36 am

		Cost Center Description	PURCHASING	MAINTENANCE & REPAIRS - SURREY	LAUNDRY & LINEN SERVICE	LAUNDRY & LINEN SERVICE - SURREY	HOUSEKEEPING	
			6.01	6.02	8.00	8.01	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING	1,374,808					6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	350	782,580				6.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,775,262			8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	75	14,175	0	157,694		8.01
9.00	00900	HOUSEKEEPING	7,843	0	0	0	4,904,518	9.00
9.01	00901	HOUSEKEEPING - SURREY	845	0	0	0	0	9.01
10.00	01000	DIETARY	9,854	0	0	0	144,753	10.00
10.01	01001	DIETARY - SURREY	15,740	31,788	0	0	0	10.01
11.00	01100	CAFETERIA	34,460	0	0	0	127,199	11.00
11.01	01101	CAFETERIA - SURREY	0	58,766	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	982	0	0	0	16,058	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	15	2,775	0	0	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	10,622	0	2,012	0	155,850	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	661	0	0	0	57,674	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	17	0	0	0	0	16.01
17.00	01700	SOCIAL SERVICE	101	0	0	0	17,494	17.00
17.01	01701	SOCIAL SERVICE - SURREY	26	1,991	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,221	0	0	0	45,151	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	0	0	12,573	23.01
23.02	02302	PHARMACY EDUCATION	0	0	0	0	3,505	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	38,514	0	897,590	0	1,308,355	30.00
31.00	03100	INTENSIVE CARE UNIT	5,200	0	47,599	0	84,729	31.00
32.00	03200	CORONARY CARE UNIT	5,425	0	65,172	0	123,363	32.00
43.00	04300	NURSERY	10,027	0	98,985	0	185,787	43.00
44.00	04400	SKILLED NURSING FACILITY	1,891	231,565	0	55,369	0	44.00
46.00	04600	OTHER LONG TERM CARE	1,351	407,018	0	102,325	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	539,919	0	202,031	0	623,230	50.00
50.01	03650	VASCULAR ACCESS CENTER	9,404	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	1,270	0	0	0	28,551	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	12,619	0	56,348	0	81,807	50.04
51.00	05100	RECOVERY ROOM	1,334	0	16,530	0	46,919	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,709	0	33,247	0	63,158	52.00
53.00	05300	ANESTHESIOLOGY	6,035	0	0	0	1,456	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,295	0	113,635	0	444,433	54.00
54.01	05401	TDOC RADIOLOGY	401	0	0	0	26,603	54.01
54.02	05402	CDI RADIOLOGY	168	0	0	0	0	54.02
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	607	0	0	0	36,846	57.00
57.01	05701	TDOC CT SCAN	398	0	0	0	12,935	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	743	0	28,777	0	41,375	58.00
58.01	05801	TDOC - MRI	386	0	0	0	22,475	58.01
59.00	05900	CARDIAC CATHETERIZATION	173,527	0	19,759	0	94,460	59.00
60.00	06000	LABORATORY	62,796	0	0	0	187,695	60.00
64.00	06400	INTRAVENOUS THERAPY	10,904	0	10,165	0	48,626	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	285	0	0	0	2,641	64.01
65.00	06500	RESPIRATORY THERAPY	2,987	0	0	0	16,821	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	183	724	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	1,635	0	6,147	0	112,818	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	152	31,064	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	140	0	143	0	36,384	66.02
67.00	06700	OCCUPATIONAL THERAPY	44	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	32	0	0	0	753	68.00
69.00	06900	ELECTROCARDIOLOGY	943	0	19,354	0	38,945	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	683	0	0	0	44,559	69.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/24/2015 9:36 am

		Cost Center Description	PURCHASING	MAINTENANCE & REPAIRS - SURREY	LAUNDRY & LINEN SERVICE	LAUNDRY & LINEN SERVICE - SURREY	HOUSEKEEPING	
			6.01	6.02	8.00	8.01	9.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	573	0	4,912	0	19,824	70.00
70.01	07001	SLEEP MEDICINE CLINIC	1,190	0	0	0	82,500	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	308,386	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,680	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,422	0	0	0	48,716	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	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	6	0	0	0	0	76.01
76.02	03952	CARDIAC REHAB	1,439	0	0	0	121,073	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	597	0	0	0	20,818	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	13	0	0	0	0	90.00
91.00	09100	EMERGENCY	13,450	0	145,376	0	96,539	91.00
91.01	09101	URGENT CARE CENTERS	9,581	0	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	164	0	0	0	13,055	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	3,529	0	0	0	12,985	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3,172	0	0	0	4,750	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,353,021	779,866	1,767,782	157,694	4,716,241	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2	2,714	0	0	15,425	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	12,422	0	7,480	0	55,495	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	807	0	0	0	16,088	194.01
194.02	07952	COMMUNITY OUTREACH	1,522	0	0	0	12,292	194.02
194.03	07953	FOUNTAIN CAFE	2,120	0	0	0	2,159	194.03
194.04	07954	SLEEP RESEARCH	27	0	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	72	0	0	0	3,073	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	33,723	194.09
194.10	07960	TV STORAGE	0	0	0	0	934	194.10
194.11	07961	MARKETING	2,732	0	0	0	15,536	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	537	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	167	0	0	0	13,256	194.13
194.14	07964	RETAIL PHARMACY	1,271	0	0	0	15,616	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	70	0	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	38	0	0	0	4,680	194.16
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,374,808	782,580	1,775,262	157,694	4,904,518	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/24/2015 9:36 am

		Cost Center Description	HOUSEKEEPING - SURREY	DIETARY	DIETARY - SURREY	CAFETERIA	CAFETERIA - SURREY	
			9.01	10.00	10.01	11.00	11.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY	388,160					9.01
10.00	01000	DIETARY	0	3,677,555				10.00
10.01	01001	DIETARY - SURREY	16,058	0	1,816,022			10.01
11.00	01100	CAFETERIA	0	1,594,572	0	3,437,078		11.00
11.01	01101	CAFETERIA - SURREY	29,686	0	39,228	0	171,883	11.01
13.00	01300	NURSING ADMINISTRATION	0	0	0	42,454	2,654	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	1,402	0	0	0	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	79,851	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	0	10,642	16.01
17.00	01700	SOCIAL SERVICE	0	0	0	12,532	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	1,006	0	0	0	4,375	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	90,498	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	2,506	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	0	3,815	0	23.01
23.02	02302	PHARMACY EDUCATION	0	0	0	5,612	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	1,573,040	0	921,990	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	91,309	0	85,662	0	31.00
32.00	03200	CORONARY CARE UNIT	0	100,411	0	100,302	0	32.00
43.00	04300	NURSERY	0	0	0	123,348	0	43.00
44.00	04400	SKILLED NURSING FACILITY	116,975	0	541,415	0	61,682	44.00
46.00	04600	OTHER LONG TERM CARE	205,604	0	937,822	0	59,804	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	381,267	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	0	11,867	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	0	42,787	0	50.04
51.00	05100	RECOVERY ROOM	0	0	0	38,040	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	39,260	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	15,815	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	246,163	0	54.00
54.01	05401	TDOC RADIOLOGY	0	0	0	13,198	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	0	0	54.02
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	19,541	0	57.00
57.01	05701	TDOC CT SCAN	0	0	0	4,924	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	11,534	0	58.00
58.01	05801	TDOC - MRI	0	0	0	7,275	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	38,329	0	59.00
60.00	06000	LABORATORY	0	0	0	173,366	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	70,801	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	0	3,172	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	75,570	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	366	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	105,559	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	15,692	0	0	0	25,448	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	0	4,303	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	22,824	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	6,322	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	43,829	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	0	23,312	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	7,297	0	70.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/24/2015 9:36 am

		Cost Center Description	HOUSEKEEPING - SURREY	DIETARY	DIETARY - SURREY	CAFETERIA	CAFETERIA - SURREY	
			9.01	10.00	10.01	11.00	11.01	
70.01	07001	SLEEP MEDICINE CLINIC	0	460	0	74,439	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	88,635	1,642	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	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	0	21,981	0	76.01
76.02	03952	CARDIAC REHAB	0	0	0	53,611	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	0	9,782	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	754	0	90.00
91.00	09100	EMERGENCY	0	0	0	142,956	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	0	4,525	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	386,789	3,359,792	1,518,465	3,271,608	166,247	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,371	41,110	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	92,893	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	6,832	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	0	1,553	0	194.02
194.03	07953	FOUNTAIN CAFE	0	105,232	0	2,351	0	194.03
194.04	07954	SLEEP RESEARCH	0	0	0	3,749	0	194.04
194.05	07955	MEALS ON WHEELS	0	109,380	0	0	0	194.05
194.06	07956	GUEST MEALS	0	62,041	13,899	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	0	10,248	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	2,351	0	194.12
194.13	07963	VOLUNTEERS	0	0	0	9,560	0	194.13
194.14	07964	RETAIL PHARMACY	0	0	0	25,641	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	283,658	0	4,204	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	0	0	0	194.16
194.17	07967	VALET SERVICES	0	0	0	10,292	1,432	194.17
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)	388,160	3,677,555	1,816,022	3,437,078	171,883	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/24/2015 9:36 am

		Cost Center Description	NURSING ADMINISTRATION	NURSING ADMINISTRATION - SURREY	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY - SURREY	
			13.00	13.01	14.00	16.00	16.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY - SURREY						10.01
11.00	01100	CAFETERIA						11.00
11.01	01101	CAFETERIA - SURREY						11.01
13.00	01300	NURSING ADMINISTRATION	2,374,609					13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	279,692				13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	4,463,945			14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	6,572,083		16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	0	366,556	16.01
17.00	01700	SOCIAL SERVICE	0	0	25	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	8	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02	02302	PHARMACY EDUCATION	0	0	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,551,515	0	236,413	432,656	0	30.00
31.00	03100	INTENSIVE CARE UNIT	187,375	0	35,670	54,318	0	31.00
32.00	03200	CORONARY CARE UNIT	219,682	0	37,559	65,323	0	32.00
43.00	04300	NURSERY	298,749	0	65,493	36,552	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	98,204	11,710	0	72,676	44.00
46.00	04600	OTHER LONG TERM CARE	0	181,488	8,443	0	116,032	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	126,389	509,640	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	72,332	36,418	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	9,804	20,367	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	90,943	101,264	0	50.04
51.00	05100	RECOVERY ROOM	0	0	6,980	46,360	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	77,206	0	24,536	28,883	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	44,352	58,535	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,161	0	128,049	448,042	1,445	54.00
54.01	05401	TDOC RADIOLOGY	0	0	1,316	60,000	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	896	233,009	0	54.02
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	4,216	323,227	95	57.00
57.01	05701	TDOC CT SCAN	0	0	2,436	54,964	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	5,017	86,709	0	58.00
58.01	05801	TDOC - MRI	0	0	1,716	85,179	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	263,425	227,544	0	59.00
60.00	06000	LABORATORY	0	0	483,824	856,620	11,790	60.00
64.00	06400	INTRAVENOUS THERAPY	24,586	0	81,772	484,072	578	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	7,064	0	1,733	3,292	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	7,719	73,622	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	374	65.01
66.00	06600	PHYSICAL THERAPY	0	0	5,781	113,413	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	534	0	102,023	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	323	12,820	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	194	17,266	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	202	6,024	114	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	4,605	176,603	187	69.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/24/2015 9:36 am

		Cost Center Description	NURSING ADMINISTRATION	NURSING ADMINISTRATION - SURREY	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY - SURREY	
			13.00	13.01	14.00	16.00	16.01	
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	4,268	126,173	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	438	0	3,913	22,977	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	3,445	36,371	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	2,525,781	190,372	6,853	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	348,468	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	18,829	668,362	54,389	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	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	712	0	0	13,757	0	76.01
76.02	03952	CARDIAC REHAB	0	0	1,909	29,745	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	2,002	9,801	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	1	111	0	90.00
91.00	09100	EMERGENCY	0	0	66,433	279,445	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	21,559	193,674	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	8	44	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	24,233	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	22,994	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,371,488	279,692	4,459,790	6,572,022	366,556	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	4	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	3,520	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	340	0	0	194.02
194.03	07953	FOUNTAIN CAFE	0	0	30	0	0	194.03
194.04	07954	SLEEP RESEARCH	0	0	12	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	3,121	0	3	0	0	194.12
194.13	07963	VOLUNTEERS	0	0	5	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	0	191	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	8	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	42	61	0	194.16
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17
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)	2,374,609	279,692	4,463,945	6,572,083	366,556	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/24/2015 9:36 am

		Cost Center Description	SOCIAL SERVICE	SOCIAL SERVICE - SURREY	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
			17.00	17.01	19.00	21.00	22.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY - SURREY						10.01
11.00	01100	CAFETERIA						11.00
11.01	01101	CAFETERIA - SURREY						11.01
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01301	NURSING ADMINISTRATION - SURREY						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY						16.01
17.00	01700	SOCIAL SERVICE	800,828					17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	287,873				17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0		3,419,086		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0			2,594,144	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0				23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0				23.01
23.02	02302	PHARMACY EDUCATION	0	0				23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	407,005	0	0	1,906,438	1,446,462	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	341,700	259,256	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	2,084	1,581	32.00
43.00	04300	NURSERY	14,351	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	101,077	0	191,686	145,436	44.00
46.00	04600	OTHER LONG TERM CARE	0	186,796	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	28,369	0	0	66,673	50,587	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	0	8,334	6,323	50.04
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	31,253	23,712	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	351,103	0	0	139,597	105,916	54.00
54.01	05401	TDOC RADIOLOGY	0	0	0	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	0	0	54.02
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
57.01	05701	TDOC CT SCAN	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801	TDOC - MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	52,088	39,521	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	104,177	79,042	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	0	0	0	66.02
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	131,263	99,592	69.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/24/2015 9:36 am

		Cost Center Description	SOCIAL SERVICE	SOCIAL SERVICE - SURREY	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
			17.00	17.01	19.00	21.00	22.00	
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	0	68,757	52,167	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.01
76.02	03952	CARDIAC REHAB	0	0	0	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	0	43,754	33,197	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	193,769	147,017	90.00
91.00	09100	EMERGENCY	0	0	0	129,179	98,012	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	800,828	287,873	0	3,410,752	2,587,821	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	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	0	0	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	0	0	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	8,334	6,323	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	0	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	0	0	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	0	0	0	194.16
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17
200.00		Cross Foot Adjustments			0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	800,828	287,873	0	3,419,086	2,594,144	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/24/2015 9:36 am

		Cost Center Description	PARAMED ED PRGM	CLINICAL PASTORAL EDUCATION	PHARMACY EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.00	23.01	23.02	24.00	25.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY - SURREY						10.01
11.00	01100	CAFETERIA						11.00
11.01	01101	CAFETERIA - SURREY						11.01
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01301	NURSING ADMINISTRATION - SURREY						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY						16.01
17.00	01700	SOCIAL SERVICE						17.00
17.01	01701	SOCIAL SERVICE - SURREY						17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0					23.00
23.01	02301	CLINICAL PASTORAL EDUCATION		304,612				23.01
23.02	02302	PHARMACY EDUCATION			272,381			23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	164,807	0	56,615,687	-3,352,900	30.00
31.00	03100	INTENSIVE CARE UNIT	0	9,754	0	5,819,453	-600,956	31.00
32.00	03200	CORONARY CARE UNIT	0	10,726	0	6,280,172	-3,665	32.00
43.00	04300	NURSERY	0	0	0	8,317,967	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	41,897	0	4,917,634	-337,122	44.00
46.00	04600	OTHER LONG TERM CARE	0	77,428	0	5,204,958	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	29,133,358	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	1,025,213	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	0	837,499	-117,260	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	0	3,509,137	-14,657	50.04
51.00	05100	RECOVERY ROOM	0	0	0	2,173,036	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,550,209	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	912,644	-54,965	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	16,177,563	-245,513	54.00
54.01	05401	TDOC RADIOLOGY	0	0	0	910,614	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	9,472,814	0	54.02
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	1,609,987	0	57.00
57.01	05701	TDOC CT SCAN	0	0	0	441,367	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	1,018,999	0	58.00
58.01	05801	TDOC - MRI	0	0	0	656,988	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	3,789,218	-91,609	59.00
60.00	06000	LABORATORY	0	0	0	16,950,186	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	24,444,535	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	0	257,261	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	3,314,118	-183,219	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	11,322	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	6,617,236	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	1,958,573	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	0	1,133,042	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	907,191	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	340,479	0	68.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/24/2015 9:36 am

		Cost Center Description	PARAMED ED PRGM	CLINICAL PASTORAL EDUCATION	PHARMACY EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.00	23.01	23.02	24.00	25.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	3,088,169	-230,855	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	0	1,604,533	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	496,468	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	0	4,035,174	-120,924	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	18,863,242	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	34,517,813	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	272,381	19,827,592	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	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	0	819,288	0	76.01
76.02	03952	CARDIAC REHAB	0	0	0	5,674,235	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	0	653,071	-76,951	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	359,092	-340,786	90.00
91.00	09100	EMERGENCY	0	0	0	8,446,354	-227,191	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	11,883,675	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	0	248,125	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	6,071,473	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	2,877,209	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	304,612	272,381	336,773,973	-5,998,573	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	176,981	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	16,073,532	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	828,417	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	0	1,196,921	0	194.02
194.03	07953	FOUNTAIN CAFE	0	0	0	172,696	0	194.03
194.04	07954	SLEEP RESEARCH	0	0	0	229,200	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	109,380	0	194.05
194.06	07956	GUEST MEALS	0	0	0	75,940	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	0	517,381	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	14,657	-14,657	194.08
194.09	07959	VACANT SPACE	0	0	0	276,534	0	194.09
194.10	07960	TV STORAGE	0	0	0	7,658	0	194.10
194.11	07961	MARKETING	0	0	0	2,660,697	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	130,433	0	194.12
194.13	07963	VOLUNTEERS	0	0	0	485,493	0	194.13
194.14	07964	RETAIL PHARMACY	0	0	0	7,260,378	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	731,177	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	0	213,295	0	194.16
194.17	07967	VALET SERVICES	0	0	0	228,747	0	194.17
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	304,612	272,381	368,163,490	-6,013,230	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/24/2015 9:36 am

		Cost Center Description	Total		
			26.00		
		GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP			2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00591	NONPATIENT TELEPHONES			5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL			5.02
5.03	00592	NONPATIENT TELEPHONES			5.03
5.04	00540	ADMITTING			5.04
5.05	00593	ADMIN & GENERAL - SURREY			5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL			5.06
6.00	00600	MAINTENANCE & REPAIRS			6.00
6.01	00601	PURCHASING			6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY			6.02
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY			8.01
9.00	00900	HOUSEKEEPING			9.00
9.01	00901	HOUSEKEEPING - SURREY			9.01
10.00	01000	DIETARY			10.00
10.01	01001	DIETARY - SURREY			10.01
11.00	01100	CAFETERIA			11.00
11.01	01101	CAFETERIA - SURREY			11.01
13.00	01300	NURSING ADMINISTRATION			13.00
13.01	01301	NURSING ADMINISTRATION - SURREY			13.01
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY			16.01
17.00	01700	SOCIAL SERVICE			17.00
17.01	01701	SOCIAL SERVICE - SURREY			17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			23.00
23.01	02301	CLINICAL PASTORAL EDUCATION			23.01
23.02	02302	PHARMACY EDUCATION			23.02
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	53,262,787		30.00
31.00	03100	INTENSIVE CARE UNIT	5,218,497		31.00
32.00	03200	CORONARY CARE UNIT	6,276,507		32.00
43.00	04300	NURSERY	8,317,967		43.00
44.00	04400	SKILLED NURSING FACILITY	4,580,512		44.00
46.00	04600	OTHER LONG TERM CARE	5,204,958		46.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	29,133,358		50.00
50.01	03650	VASCULAR ACCESS CENTER	1,025,213		50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	720,239		50.02
50.03	05002	PAIN MGMT CENTER	0		50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	3,494,480		50.04
51.00	05100	RECOVERY ROOM	2,173,036		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,550,209		52.00
53.00	05300	ANESTHESIOLOGY	857,679		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,932,050		54.00
54.01	05401	TDOC RADIOLOGY	910,614		54.01
54.02	05402	CDI RADIOLOGY	9,472,814		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0		55.00
56.00	05600	RADIOISOTOPE	0		56.00
57.00	05700	CT SCAN	1,609,987		57.00
57.01	05701	TDOC CT SCAN	441,367		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,018,999		58.00
58.01	05801	TDOC - MRI	656,988		58.01
59.00	05900	CARDIAC CATHETERIZATION	3,697,609		59.00
60.00	06000	LABORATORY	16,950,186		60.00
64.00	06400	INTRAVENOUS THERAPY	24,444,535		64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	257,261		64.01
65.00	06500	RESPIRATORY THERAPY	3,130,899		65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	11,322		65.01
66.00	06600	PHYSICAL THERAPY	6,617,236		66.00
66.01	06601	PHYSICAL THERAPY - SURREY	1,958,573		66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	1,133,042		66.02
67.00	06700	OCCUPATIONAL THERAPY	907,191		67.00
68.00	06800	SPEECH PATHOLOGY	340,479		68.00
69.00	06900	ELECTROCARDIOLOGY	2,857,314		69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	1,604,533		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	496,468		70.00
70.01	07001	SLEEP MEDICINE CLINIC	3,914,250		70.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/24/2015 9:36 am

		Cost Center Description	Total		
			26.00		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,863,242		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	34,517,813		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,827,592		73.00
74.00	07400	RENAL DIALYSIS	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0		76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	819,288		76.01
76.02	03952	CARDIAC REHAB	5,674,235		76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	576,120		76.03
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	18,306		90.00
91.00	09100	EMERGENCY	8,219,163		91.00
91.01	09101	URGENT CARE CENTERS	11,883,675		91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	248,125		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
		OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY	6,071,473		101.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	2,877,209		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	330,775,400		118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	176,981		190.00
191.00	19100	RESEARCH	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	16,073,532		192.00
193.00	19300	NONPAID WORKERS	0		193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0		194.00
194.01	07951	DEVELOPMENT	828,417		194.01
194.02	07952	COMMUNITY OUTREACH	1,196,921		194.02
194.03	07953	FOUNTAIN CAFE	172,696		194.03
194.04	07954	SLEEP RESEARCH	229,200		194.04
194.05	07955	MEALS ON WHEELS	109,380		194.05
194.06	07956	GUEST MEALS	75,940		194.06
194.07	07957	PHYSICIAN REFERRAL	517,381		194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0		194.08
194.09	07959	VACANT SPACE	276,534		194.09
194.10	07960	TV STORAGE	7,658		194.10
194.11	07961	MARKETING	2,660,697		194.11
194.12	07962	CHILDBIRTH INSTRUCTION	130,433		194.12
194.13	07963	VOLUNTEERS	485,493		194.13
194.14	07964	RETAIL PHARMACY	7,260,378		194.14
194.15	07965	REHAB HOSPITAL COVERAGE	731,177		194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	213,295		194.16
194.17	07967	VALET SERVICES	228,747		194.17
200.00		Cross Foot Adjustments	0		200.00
201.00		Negative Cost Centers	0		201.00
202.00		TOTAL (sum lines 118-201)	362,150,260		202.00

COST ALLOCATION STATISTICS | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet Non-CMS W | Date/Time Prepared: 11/24/2015 9:36 am

	Cost Center Description	Statistics Code	Statistics Description	
		1.00	2.00	
	GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	31	SQUARE FEET	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	2	SQUARE FEET	2.01
4.00	EMPLOYEE BENEFITS DEPARTMENT	4	GROSS SALARIES	4.00
5.01	NONPATIENT TELEPHONES	5	# OF PHONES	5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL	-29	ACCUM. COST	5.02
5.03	NONPATIENT TELEPHONES	6	# OF PHONES	5.03
5.04	ADMITTING	3	GROSS CHARGES	5.04
5.05	ADMIN & GENERAL - SURREY	-29	ACCUM. COST	5.05
5.06	ADMIN & GENERAL - HOSPITAL	-30	ACCUM. COST	5.06
6.00	MAINTENANCE & REPAIRS	1	SQUARE FEET	6.00
6.01	PURCHASING	9	PURCHASES	6.01
6.02	MAINTENANCE & REPAIRS - SURREY	2	SQUARE FEET	6.02
8.00	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	8.00
8.01	LAUNDRY & LINEN SERVICE - SURREY	16	TOTAL DAYS	8.01
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
9.01	HOUSEKEEPING - SURREY	2	SQUARE FEET	9.01
10.00	DIETARY	10	MEALS SERVED	10.00
10.01	DIETARY - SURREY	22	MEALS SERVED	10.01
11.00	CAFETERIA	11	FTE'S	11.00
11.01	CAFETERIA - SURREY	24	FTE'S	11.01
13.00	NURSING ADMINISTRATION	25	NURSING FTE'S	13.00
13.01	NURSING ADMINISTRATION - SURREY	16	TOTAL DAYS	13.01
14.00	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	14.00
16.00	MEDICAL RECORDS & LIBRARY	3	GROSS CHARGES	16.00
16.01	MEDICAL RECORDS & LIBRARY - SURREY	7	GROSS CHARGES	16.01
17.00	SOCIAL SERVICE	17	TIME SPENT	17.00
17.01	SOCIAL SERVICE - SURREY	16	TOTAL DAYS	17.01
19.00	NONPHYSICIAN ANESTHETISTS	19	ASSIGNED TIME	19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	21	ASSIGNED TIME	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	21	ASSIGNED TIME	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	23	ASSIGNED TIME	23.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/24/2015 9:36 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	MVBLE EQUIP	MVBLE EQUIP	Subtotal	
			0	1.00	2.00	2.01	2A	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	81,528	106,088	0	187,616	4.00
5.01	00591	NONPATIENT TELEPHONES	0	20,135	26,201	0	46,336	5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	5.02
5.03	00592	NONPATIENT TELEPHONES	0	0	0	0	0	5.03
5.04	00540	ADMITTING	0	22,369	29,108	0	51,477	5.04
5.05	00593	ADMIN & GENERAL - SURREY	0	0	0	28,188	28,188	5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	0	874,946	1,138,520	0	2,013,466	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	1,124,275	1,462,957	0	2,587,232	6.00
6.01	00601	PURCHASING	0	32,137	41,818	0	73,955	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	0	0	0	18,286	18,286	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	53,767	69,963	0	123,730	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	0	0	0	9,383	9,383	8.01
9.00	00900	HOUSEKEEPING	0	58,481	76,098	0	134,579	9.00
9.01	00901	HOUSEKEEPING - SURREY	0	0	0	0	0	9.01
10.00	01000	DIETARY	0	222,060	288,955	0	511,015	10.00
10.01	01001	DIETARY - SURREY	0	0	0	21,041	21,041	10.01
11.00	01100	CAFETERIA	0	195,131	253,913	0	449,044	11.00
11.01	01101	CAFETERIA - SURREY	0	0	0	38,898	38,898	11.01
13.00	01300	NURSING ADMINISTRATION	0	24,634	32,055	0	56,689	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	0	0	1,837	1,837	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	239,084	311,107	0	550,191	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	88,476	115,129	0	203,605	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	0	0	16.01
17.00	01700	SOCIAL SERVICE	0	26,837	34,922	0	61,759	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	0	1,318	1,318	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	69,265	90,131	0	159,396	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	19,288	25,099	0	44,387	23.01
23.02	02302	PHARMACY EDUCATION	0	5,377	6,996	0	12,373	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	2,007,093	2,611,721	0	4,618,814	30.00
31.00	03100	INTENSIVE CARE UNIT	0	129,979	169,135	0	299,114	31.00
32.00	03200	CORONARY CARE UNIT	0	189,246	246,255	0	435,501	32.00
43.00	04300	NURSERY	0	285,009	370,866	0	655,875	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	153,277	153,277	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	269,410	269,410	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	956,074	1,244,086	0	2,200,160	50.00
50.01	03650	VASCULAR ACCESS CENTER	278,286	0	0	0	278,286	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	43,799	56,993	0	100,792	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	75,617	125,496	163,301	0	364,414	50.04
51.00	05100	RECOVERY ROOM	0	71,976	93,659	0	165,635	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	96,888	126,075	0	222,963	52.00
53.00	05300	ANESTHESIOLOGY	0	2,234	2,907	0	5,141	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	681,787	887,172	0	1,568,959	54.00
54.01	05401	TDOC RADIOLOGY	0	40,810	53,104	0	93,914	54.01
54.02	05402	CDI RADIOLOGY	1,766,529	0	0	0	1,766,529	54.02
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	56,524	73,552	0	130,076	57.00
57.01	05701	TDOC CT SCAN	0	19,843	25,820	0	45,663	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	63,472	82,593	0	146,065	58.00
58.01	05801	TDOC - MRI	0	34,478	44,865	0	79,343	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	144,908	188,560	0	333,468	59.00
60.00	06000	LABORATORY	88,956	287,936	374,675	0	751,567	60.00
64.00	06400	INTRAVENOUS THERAPY	0	74,595	97,067	0	171,662	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	4,052	5,272	0	9,324	64.01
65.00	06500	RESPIRATORY THERAPY	0	25,805	33,578	0	59,383	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	479	479	65.01
66.00	06600	PHYSICAL THERAPY	195,410	173,070	225,206	0	593,686	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	20,562	20,562	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	55,816	72,630	0	128,446	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/24/2015 9:36 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	MVBLE EQUIP	MVBLE EQUIP	Subtotal	
			0	1.00	2.00	2.01	2A	
68.00	06800	SPEECH PATHOLOGY	0	1,155	1,504	0	2,659	68.00
69.00	06900	ELECTROCARDIOLOGY	57,815	59,744	77,742	0	195,301	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	68,356	88,948	0	157,304	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	30,411	39,572	0	69,983	70.00
70.01	07001	SLEEP MEDICINE CLINIC	35,796	126,559	164,685	0	327,040	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	74,734	97,247	0	171,981	73.00
74.00	07400	RENAL DIALYSIS	67	0	0	0	67	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.01
76.02	03952	CARDIAC REHAB	0	185,733	241,685	0	427,418	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	31,936	41,557	0	73,493	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	148,097	192,710	0	340,807	91.00
91.01	09101	URGENT CARE CENTERS	1,446,993	0	0	0	1,446,993	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	20,028	26,061	0	46,089	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	19,920	25,921	0	45,841	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	7,287	9,482	0	16,769	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,945,469	9,502,640	12,365,266	562,679	26,376,054	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	23,663	30,792	1,797	56,252	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	85,133	110,779	0	195,912	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	24,680	32,115	0	56,795	194.01
194.02	07952	COMMUNITY OUTREACH	0	18,857	24,537	0	43,394	194.02
194.03	07953	FOUNTAIN CAFE	0	3,312	4,310	0	7,622	194.03
194.04	07954	SLEEP RESEARCH	0	0	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	4,714	6,134	0	10,848	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	51,733	67,317	0	119,050	194.09
194.10	07960	TV STORAGE	0	1,433	1,864	0	3,297	194.10
194.11	07961	MARKETING	0	23,833	31,012	0	54,845	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	20,336	26,462	0	46,798	194.13
194.14	07964	RETAIL PHARMACY	0	23,956	31,173	0	55,129	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	7,179	9,342	0	16,521	194.16
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,945,469	9,791,469	12,741,103	564,476	27,042,517	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/24/2015 9:36 am

		Cost Center Description	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	OTHER ADMINISTRATIVE AND GENERAL	NONPATIENT TELEPHONES	ADMITTING	
			4.00	5.01	5.02	5.03	5.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	187,616					4.00
5.01	00591	NONPATIENT TELEPHONES	445	46,781				5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0			5.02
5.03	00592	NONPATIENT TELEPHONES	0	1,410	0	1,410		5.03
5.04	00540	ADMITTING	1,008	478	0	0	52,963	5.04
5.05	00593	ADMIN & GENERAL - SURREY	553	0	0	296	0	5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	20,563	7,300	0	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	1,958	773	0	0	0	6.00
6.01	00601	PURCHASING	685	273	0	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	244	0	0	91	0	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	80	23	0	0	0	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	25	0	0	23	0	8.01
9.00	00900	HOUSEKEEPING	3,024	841	0	0	0	9.00
9.01	00901	HOUSEKEEPING - SURREY	258	0	0	23	0	9.01
10.00	01000	DIETARY	2,134	591	0	0	0	10.00
10.01	01001	DIETARY - SURREY	739	0	0	136	0	10.01
11.00	01100	CAFETERIA	521	159	0	0	0	11.00
11.01	01101	CAFETERIA - SURREY	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	1,636	478	0	0	0	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	211	0	0	45	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	1,467	523	0	0	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,095	1,092	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	275	0	0	68	0	16.01
17.00	01700	SOCIAL SERVICE	394	250	0	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	215	0	0	45	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,598	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,015	182	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	98	45	0	0	0	23.01
23.02	02302	PHARMACY EDUCATION	185	23	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	31,713	7,688	0	0	3,485	30.00
31.00	03100	INTENSIVE CARE UNIT	4,287	387	0	0	438	31.00
32.00	03200	CORONARY CARE UNIT	4,323	637	0	0	526	32.00
43.00	04300	NURSERY	4,413	1,456	0	0	294	43.00
44.00	04400	SKILLED NURSING FACILITY	2,301	0	0	342	0	44.00
46.00	04600	OTHER LONG TERM CARE	1,975	0	0	250	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	14,618	3,684	0	0	4,105	50.00
50.01	03650	VASCULAR ACCESS CENTER	385	114	0	0	293	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	293	91	0	0	164	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	1,369	500	0	0	816	50.04
51.00	05100	RECOVERY ROOM	1,239	478	0	0	373	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,238	455	0	0	233	52.00
53.00	05300	ANESTHESIOLOGY	338	114	0	0	472	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,200	2,570	0	0	3,609	54.00
54.01	05401	TDOC RADIOLOGY	448	250	0	0	483	54.01
54.02	05402	CDI RADIOLOGY	1,744	0	0	0	1,877	54.02
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	661	250	0	0	2,604	57.00
57.01	05701	TDOC CT SCAN	180	45	0	0	443	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	391	114	0	0	698	58.00
58.01	05801	TDOC - MRI	259	45	0	0	686	58.01
59.00	05900	CARDIAC CATHETERIZATION	1,490	591	0	0	1,833	59.00
60.00	06000	LABORATORY	4,924	1,433	0	0	6,923	60.00
64.00	06400	INTRAVENOUS THERAPY	3,247	432	0	0	3,899	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	360	23	0	0	27	64.01
65.00	06500	RESPIRATORY THERAPY	2,069	455	0	0	593	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	3,950	955	0	0	914	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	1,362	0	0	91	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	72	205	0	0	103	66.02
67.00	06700	OCCUPATIONAL THERAPY	668	205	0	0	139	67.00
68.00	06800	SPEECH PATHOLOGY	247	91	0	0	49	68.00
69.00	06900	ELECTROCARDIOLOGY	1,472	523	0	0	1,423	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	680	409	0	0	1,016	69.01

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		Cost Center Description	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	OTHER ADMINISTRATIVE AND GENERAL	NONPATIENT TELEPHONES	ADMITTING	
			4.00	5.01	5.02	5.03	5.04	
70.00	07000	ELECTROENCEPHALOGRAPHY	197	182	0	0	185	70.00
70.01	07001	SLEEP MEDICINE CLINIC	3,091	1,205	0	0	293	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	1,534	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	2,807	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,007	841	0	0	5,384	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	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	606	45	0	0	111	76.01
76.02	03952	CARDIAC REHAB	3,353	1,228	0	0	240	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	281	159	0	0	79	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	13	23	0	0	1	90.00
91.00	09100	EMERGENCY	9,910	796	0	0	2,251	91.00
91.01	09101	URGENT CARE CENTERS	9,490	0	0	0	1,560	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	105	68	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	4,152	364	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,351	318	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	180,898	43,870	0	1,410	52,963	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	159	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,601	1,274	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	299	182	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	552	273	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	27	23	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	170	91	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	368	114	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	758	250	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	71	23	0	0	0	194.12
194.13	07963	VOLUNTEERS	255	318	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	1,004	159	0	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	313	0	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	131	45	0	0	0	194.16
194.17	07967	VALET SERVICES	169	0	0	0	0	194.17
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)	187,616	46,781	0	1,410	52,963	202.00

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		Cost Center Description	ADMIN & GENERAL - SURREY	ADMIN & GENERAL - HOSPITAL	MAINTENANCE & REPAIRS	PURCHASING	MAINTENANCE & REPAIRS - SURREY	
			5.05	5.06	6.00	6.01	6.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY	29,037					5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	3,442	2,044,771				5.06
6.00	00600	MAINTENANCE & REPAIRS	1,108	88,527	2,679,598			6.00
6.01	00601	PURCHASING	91	7,265	11,230	93,499		6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	54	4,345	0	24	23,044	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	116	9,240	18,788	0	0	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	10	797	0	5	417	8.01
9.00	00900	HOUSEKEEPING	332	26,523	20,436	534	0	9.00
9.01	00901	HOUSEKEEPING - SURREY	27	2,151	0	58	0	9.01
10.00	01000	DIETARY	213	17,004	77,597	670	0	10.00
10.01	01001	DIETARY - SURREY	122	9,734	0	1,071	936	10.01
11.00	01100	CAFETERIA	89	7,083	68,187	2,344	0	11.00
11.01	01101	CAFETERIA - SURREY	3	246	0	0	1,730	11.01
13.00	01300	NURSING ADMINISTRATION	157	12,560	8,608	67	0	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	19	1,530	0	1	82	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	259	20,655	83,546	723	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	440	35,158	30,917	45	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	25	1,977	0	1	0	16.01
17.00	01700	SOCIAL SERVICE	50	3,971	9,378	7	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	19	1,558	0	2	59	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	231	18,488	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	167	13,338	24,204	83	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	17	1,378	6,740	0	0	23.01
23.02	02302	PHARMACY EDUCATION	18	1,400	1,879	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,889	230,686	701,365	2,620	0	30.00
31.00	03100	INTENSIVE CARE UNIT	302	24,143	45,420	354	0	31.00
32.00	03200	CORONARY CARE UNIT	358	28,634	66,130	369	0	32.00
43.00	04300	NURSERY	479	38,282	99,594	682	0	43.00
44.00	04400	SKILLED NURSING FACILITY	226	18,030	0	129	6,819	44.00
46.00	04600	OTHER LONG TERM CARE	203	16,224	0	92	11,985	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,722	137,547	334,092	36,702	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	63	5,038	0	640	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	37	2,938	15,305	86	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	198	15,818	43,854	858	0	50.04
51.00	05100	RECOVERY ROOM	130	10,372	25,152	91	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	145	11,547	33,857	252	0	52.00
53.00	05300	ANESTHESIOLOGY	51	4,037	781	411	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	887	70,839	238,245	1,653	0	54.00
54.01	05401	TDOC RADIOLOGY	50	4,023	14,261	27	0	54.01
54.02	05402	CDI RADIOLOGY	642	51,316	0	11	0	54.02
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	77	6,154	19,752	41	0	57.00
57.01	05701	TDOC CT SCAN	23	1,802	6,934	27	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	50	3,960	22,180	51	0	58.00
58.01	05801	TDOC - MRI	33	2,601	12,048	26	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	179	14,327	50,637	11,805	0	59.00
60.00	06000	LABORATORY	1,013	80,959	100,617	4,272	0	60.00
64.00	06400	INTRAVENOUS THERAPY	1,638	130,850	26,067	742	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	16	1,281	1,416	19	0	64.01
65.00	06500	RESPIRATORY THERAPY	202	16,111	9,017	203	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	1	54	0	12	21	65.01
66.00	06600	PHYSICAL THERAPY	411	32,838	60,478	111	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	124	9,907	0	10	915	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	67	5,348	19,504	10	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	60	4,815	0	3	0	67.00
68.00	06800	SPEECH PATHOLOGY	23	1,803	404	2	0	68.00
69.00	06900	ELECTROCARDIOLOGY	170	13,601	20,877	64	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	88	7,018	23,886	46	0	69.01

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		Cost Center Description	ADMIN & GENERAL - SURREY	ADMIN & GENERAL - HOSPITAL	MAINTENANCE & REPAIRS	PURCHASING	MAINTENANCE & REPAIRS - SURREY	
			5.05	5.06	6.00	6.01	6.02	
70.00	07000	ELECTROENCEPHALOGRAPHY	26	2,074	10,627	39	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	240	19,178	44,225	81	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,101	87,936	0	20,979	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,375	189,775	0	182	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,287	102,822	26,115	505	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	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	54	4,348	0	0	0	76.01
76.02	03952	CARDIAC REHAB	353	28,219	64,903	98	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	32	2,592	11,160	41	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1	97	0	1	0	90.00
91.00	09100	EMERGENCY	498	39,809	51,751	915	0	91.00
91.01	09101	URGENT CARE CENTERS	811	64,758	0	652	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	13	1,048	6,999	11	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	416	33,267	6,961	240	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	197	15,725	2,546	216	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	26,970	1,879,479	2,578,670	92,016	22,964	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5	373	8,269	0	80	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,093	87,341	29,749	845	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	52	4,185	8,624	55	0	194.01
194.02	07952	COMMUNITY OUTREACH	79	6,343	6,589	104	0	194.02
194.03	07953	FOUNTAIN CAFE	4	299	1,157	144	0	194.03
194.04	07954	SLEEP RESEARCH	16	1,252	0	2	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	34	2,745	1,647	5	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	9	751	18,078	0	0	194.09
194.10	07960	TV STORAGE	0	21	501	0	0	194.10
194.11	07961	MARKETING	180	14,402	8,328	186	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	9	691	0	37	0	194.12
194.13	07963	VOLUNTEERS	29	2,334	7,106	11	0	194.13
194.14	07964	RETAIL PHARMACY	498	39,813	8,371	86	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	31	2,462	0	5	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	13	1,075	2,509	3	0	194.16
194.17	07967	VALET SERVICES	15	1,205	0	0	0	194.17
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)	29,037	2,044,771	2,679,598	93,499	23,044	202.00

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		Cost Center Description	LAUNDRY & LINEN SERVICE	LAUNDRY & LINEN SERVICE - SURREY	HOUSEKEEPING	HOUSEKEEPING - SURREY	DIETARY	
			8.00	8.01	9.00	9.01	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE	151,977					8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	0	10,660				8.01
9.00	00900	HOUSEKEEPING	0	0	186,269			9.00
9.01	00901	HOUSEKEEPING - SURREY	0	0	0	2,517		9.01
10.00	01000	DIETARY	0	0	5,498	0	614,722	10.00
10.01	01001	DIETARY - SURREY	0	0	0	104	0	10.01
11.00	01100	CAFETERIA	0	0	4,831	0	266,541	11.00
11.01	01101	CAFETERIA - SURREY	0	0	0	192	0	11.01
13.00	01300	NURSING ADMINISTRATION	0	0	610	0	0	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	0	0	9	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	172	0	5,919	0	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	2,190	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	0	0	16.01
17.00	01700	SOCIAL SERVICE	0	0	664	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	0	7	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	1,715	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	478	0	0	23.01
23.02	02302	PHARMACY EDUCATION	0	0	133	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	76,844	0	49,691	0	262,942	30.00
31.00	03100	INTENSIVE CARE UNIT	4,075	0	3,218	0	15,263	31.00
32.00	03200	CORONARY CARE UNIT	5,579	0	4,685	0	16,784	32.00
43.00	04300	NURSERY	8,474	0	7,056	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	3,743	0	759	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	6,917	0	1,333	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	17,295	0	23,670	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	1,084	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	4,824	0	3,107	0	0	50.04
51.00	05100	RECOVERY ROOM	1,415	0	1,782	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,846	0	2,399	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	55	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,728	0	16,879	0	0	54.00
54.01	05401	TDOC RADIOLOGY	0	0	1,010	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	0	0	54.02
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	1,399	0	0	57.00
57.01	05701	TDOC CT SCAN	0	0	491	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,464	0	1,571	0	0	58.00
58.01	05801	TDOC - MRI	0	0	854	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	1,691	0	3,588	0	0	59.00
60.00	06000	LABORATORY	0	0	7,128	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	870	0	1,847	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	100	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	639	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	2	0	65.01
66.00	06600	PHYSICAL THERAPY	526	0	4,285	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	102	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	12	0	1,382	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	29	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,657	0	1,479	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	1,692	0	0	69.01

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		Cost Center Description	LAUNDRY & LINEN SERVICE	LAUNDRY & LINEN SERVICE - SURREY	HOUSEKEEPING	HOUSEKEEPING - SURREY	DIETARY	
			8.00	8.01	9.00	9.01	10.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	420	0	753	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	3,133	0	77	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,850	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	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.01
76.02	03952	CARDIAC REHAB	0	0	4,598	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	791	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	12,445	0	3,666	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	496	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	493	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	180	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	151,337	10,660	179,118	2,508	561,607	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	586	9	6,872	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	640	0	2,108	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	611	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	467	0	0	194.02
194.03	07953	FOUNTAIN CAFE	0	0	82	0	17,590	194.03
194.04	07954	SLEEP RESEARCH	0	0	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	18,283	194.05
194.06	07956	GUEST MEALS	0	0	0	0	10,370	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	117	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	1,281	0	0	194.09
194.10	07960	TV STORAGE	0	0	35	0	0	194.10
194.11	07961	MARKETING	0	0	590	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	0	503	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	0	593	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	178	0	0	194.16
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17
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)	151,977	10,660	186,269	2,517	614,722	202.00

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		Cost Center Description	DIETARY - SURREY	CAFETERIA	CAFETERIA - SURREY	NURSING ADMINISTRATION	NURSING ADMINISTRATION - SURREY	
			10.01	11.00	11.01	13.00	13.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY - SURREY	33,883					10.01
11.00	01100	CAFETERIA	0	798,799				11.00
11.01	01101	CAFETERIA - SURREY	732	0	41,801			11.01
13.00	01300	NURSING ADMINISTRATION	0	9,867	645	91,317		13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	0	0	0	3,734	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	18,558	0	0	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	2,588	0	0	16.01
17.00	01700	SOCIAL SERVICE	0	2,913	0	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	1,064	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	21,032	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	583	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	887	0	0	0	23.01
23.02	02302	PHARMACY EDUCATION	0	1,304	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	214,274	0	59,664	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	19,909	0	7,206	0	31.00
32.00	03200	CORONARY CARE UNIT	0	23,311	0	8,448	0	32.00
43.00	04300	NURSERY	0	28,667	0	11,489	0	43.00
44.00	04400	SKILLED NURSING FACILITY	10,102	0	15,002	0	1,311	44.00
46.00	04600	OTHER LONG TERM CARE	17,498	0	14,544	0	2,423	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	88,609	0	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	2,758	0	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	9,944	0	0	0	50.04
51.00	05100	RECOVERY ROOM	0	8,841	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	9,124	0	2,969	0	52.00
53.00	05300	ANESTHESIOLOGY	0	3,675	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	57,210	0	160	0	54.00
54.01	05401	TDOC RADIOLOGY	0	3,067	0	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	0	0	54.02
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	4,542	0	0	0	57.00
57.01	05701	TDOC CT SCAN	0	1,144	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,681	0	0	0	58.00
58.01	05801	TDOC - MRI	0	1,691	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	8,908	0	0	0	59.00
60.00	06000	LABORATORY	0	40,291	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	16,455	0	945	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	737	0	272	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	17,563	0	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	24,533	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	6,189	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	1,000	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	5,304	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,469	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	10,186	0	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	5,418	0	0	0	69.01

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		Cost Center Description	DIETARY - SURREY	CAFETERIA	CAFETERIA - SURREY	NURSING ADMINISTRATION	NURSING ADMINISTRATION - SURREY	
			10.01	11.00	11.01	13.00	13.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,696	0	17	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	17,300	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	20,599	399	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	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	5,109	0	27	0	76.01
76.02	03952	CARDIAC REHAB	0	12,460	0	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	2,273	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	175	0	0	0	90.00
91.00	09100	EMERGENCY	0	33,224	0	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	1,052	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	28,332	760,343	40,431	91,197	3,734	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	21,589	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	1,588	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	361	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	0	546	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	0	871	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	259	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	2,382	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	546	0	120	0	194.12
194.13	07963	VOLUNTEERS	0	2,222	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	5,959	0	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	5,292	0	1,022	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	0	0	0	194.16
194.17	07967	VALET SERVICES	0	2,392	348	0	0	194.17
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)	33,883	798,799	41,801	91,317	3,734	202.00

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		Cost Center Description	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY - SURREY	SOCIAL SERVICE	SOCIAL SERVICE - SURREY	
			14.00	16.00	16.01	17.00	17.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY - SURREY						10.01
11.00	01100	CAFETERIA						11.00
11.01	01101	CAFETERIA - SURREY						11.01
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01301	NURSING ADMINISTRATION - SURREY						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	682,013					14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	276,542				16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	4,934			16.01
17.00	01700	SOCIAL SERVICE	4	0	0	79,390		17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	0	0	4,287	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02	02302	PHARMACY EDUCATION	0	0	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	36,120	18,237	0	40,348	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,450	2,290	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	5,738	2,753	0	0	0	32.00
43.00	04300	NURSERY	10,006	1,541	0	1,423	0	43.00
44.00	04400	SKILLED NURSING FACILITY	1,789	0	976	0	1,505	44.00
46.00	04600	OTHER LONG TERM CARE	1,290	0	1,568	0	2,782	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	19,310	21,482	0	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	11,051	1,535	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	1,498	859	0	2,812	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	13,895	4,268	0	0	0	50.04
51.00	05100	RECOVERY ROOM	1,066	1,954	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,749	1,217	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	6,776	2,467	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,564	18,885	19	34,807	0	54.00
54.01	05401	TDOC RADIOLOGY	201	2,529	0	0	0	54.01
54.02	05402	CDI RADIOLOGY	137	9,821	0	0	0	54.02
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	644	13,624	1	0	0	57.00
57.01	05701	TDOC CT SCAN	372	2,317	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	767	3,655	0	0	0	58.00
58.01	05801	TDOC - MRI	262	3,590	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	40,247	9,591	0	0	0	59.00
60.00	06000	LABORATORY	73,921	35,632	158	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	12,493	20,404	8	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	265	139	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	1,179	3,103	0	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	5	0	0	65.01
66.00	06600	PHYSICAL THERAPY	883	4,780	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	82	0	1,371	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	49	540	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	30	728	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	31	254	2	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	704	7,444	3	0	0	69.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/24/2015 9:36 am

		Cost Center Description	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY - SURREY	SOCIAL SERVICE	SOCIAL SERVICE - SURREY	
			14.00	16.00	16.01	17.00	17.01	
69.01	06901	TDOC - ELECTROCARDIOLOGY	652	5,318	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	598	969	0	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	526	1,533	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	385,893	8,024	92	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,688	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,877	28,172	731	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	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	580	0	0	0	76.01
76.02	03952	CARDIAC REHAB	292	1,254	0	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	306	413	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	5	0	0	0	90.00
91.00	09100	EMERGENCY	10,150	11,779	0	0	0	91.00
91.01	09101	URGENT CARE CENTERS	3,294	8,163	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	1	2	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	3,702	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3,513	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	681,378	276,539	4,934	79,390	4,287	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	538	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	52	0	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	5	0	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	2	0	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	1	0	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	29	0	0	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	1	0	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	6	3	0	0	0	194.16
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17
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)	682,013	276,542	4,934	79,390	4,287	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/24/2015 9:36 am

		Cost Center Description	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	CLINICAL PASTORAL EDUCATION	
			19.00	21.00	22.00	23.00	23.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY - SURREY						10.01
11.00	01100	CAFETERIA						11.00
11.01	01101	CAFETERIA - SURREY						11.01
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01301	NURSING ADMINISTRATION - SURREY						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY						16.01
17.00	01700	SOCIAL SERVICE						17.00
17.01	01701	SOCIAL SERVICE - SURREY						17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0					19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		42,349				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			201,684			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				0		23.00
23.01	02301	CLINICAL PASTORAL EDUCATION					54,030	23.01
23.02	02302	PHARMACY EDUCATION						23.02
		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
43.00	04300	NURSERY						43.00
44.00	04400	SKILLED NURSING FACILITY						44.00
46.00	04600	OTHER LONG TERM CARE						46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM						50.00
50.01	03650	VASCULAR ACCESS CENTER						50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE						50.02
50.03	05002	PAIN MGMT CENTER						50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS						50.04
51.00	05100	RECOVERY ROOM						51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
54.01	05401	TDOC RADIOLOGY						54.01
54.02	05402	CDI RADIOLOGY						54.02
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
56.00	05600	RADIOISOTOPE						56.00
57.00	05700	CT SCAN						57.00
57.01	05701	TDOC CT SCAN						57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)						58.00
58.01	05801	TDOC - MRI						58.01
59.00	05900	CARDIAC CATHETERIZATION						59.00
60.00	06000	LABORATORY						60.00
64.00	06400	INTRAVENOUS THERAPY						64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER						64.01
65.00	06500	RESPIRATORY THERAPY						65.00
65.01	06501	RESPIRATORY THERAPY - SURREY						65.01
66.00	06600	PHYSICAL THERAPY						66.00
66.01	06601	PHYSICAL THERAPY - SURREY						66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE						66.02
67.00	06700	OCCUPATIONAL THERAPY						67.00
68.00	06800	SPEECH PATHOLOGY						68.00

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		Cost Center Description	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	CLINICAL PASTORAL EDUCATION	
			19.00	21.00	22.00	23.00	23.01	
69.00	06900	ELECTROCARDIOLOGY						69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY						69.01
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
70.01	07001	SLEEP MEDICINE CLINIC						70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
74.00	07400	RENAL DIALYSIS						74.00
75.00	07500	ASC (NON-DISTINCT PART)						75.00
76.00	03020	NUTRITION/DIABETES EDUCATION						76.00
76.01	03951	NUTRITION/DIABETES EDUCATION						76.01
76.02	03952	CARDIAC REHAB						76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY						76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC						90.00
91.00	09100	EMERGENCY						91.00
91.01	09101	URGENT CARE CENTERS						91.01
91.02	04950	ADULT DOWN SYNDROME CENTER						91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY						101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE						116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
191.00	19100	RESEARCH						191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
193.00	19300	NONPAID WORKERS						193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS						194.00
194.01	07951	DEVELOPMENT						194.01
194.02	07952	COMMUNITY OUTREACH						194.02
194.03	07953	FOUNTAIN CAFE						194.03
194.04	07954	SLEEP RESEARCH						194.04
194.05	07955	MEALS ON WHEELS						194.05
194.06	07956	GUEST MEALS						194.06
194.07	07957	PHYSICIAN REFERRAL						194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS						194.08
194.09	07959	VACANT SPACE						194.09
194.10	07960	TV STORAGE						194.10
194.11	07961	MARKETING						194.11
194.12	07962	CHILDBIRTH INSTRUCTION						194.12
194.13	07963	VOLUNTEERS						194.13
194.14	07964	RETAIL PHARMACY						194.14
194.15	07965	REHAB HOSPITAL COVERAGE						194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM						194.16
194.17	07967	VALET SERVICES						194.17
200.00		Cross Foot Adjustments	0	42,349	201,684	0	54,030	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	42,349	201,684	0	54,030	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/24/2015 9:36 am

		Cost Center Description	PHARMACY EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.02	24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY - SURREY						10.01
11.00	01100	CAFETERIA						11.00
11.01	01101	CAFETERIA - SURREY						11.01
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01301	NURSING ADMINISTRATION - SURREY						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY						16.01
17.00	01700	SOCIAL SERVICE						17.00
17.01	01701	SOCIAL SERVICE - SURREY						17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)						23.00
23.01	02301	CLINICAL PASTORAL EDUCATION						23.01
23.02	02302	PHARMACY EDUCATION	17,315					23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		6,357,380	0	6,357,380		30.00
31.00	03100	INTENSIVE CARE UNIT		431,856	0	431,856		31.00
32.00	03200	CORONARY CARE UNIT		603,776	0	603,776		32.00
43.00	04300	NURSERY		869,731	0	869,731		43.00
44.00	04400	SKILLED NURSING FACILITY		216,311	0	216,311		44.00
46.00	04600	OTHER LONG TERM CARE		348,494	0	348,494		46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM		2,902,996	0	2,902,996		50.00
50.01	03650	VASCULAR ACCESS CENTER		297,405	0	297,405		50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE		128,717	0	128,717		50.02
50.03	05002	PAIN MGMT CENTER		0	0	0		50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS		463,865	0	463,865		50.04
51.00	05100	RECOVERY ROOM		218,528	0	218,528		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		292,994	0	292,994		52.00
53.00	05300	ANESTHESIOLOGY		24,318	0	24,318		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		2,051,214	0	2,051,214		54.00
54.01	05401	TDOC RADIOLOGY		120,263	0	120,263		54.01
54.02	05402	CDI RADIOLOGY		1,832,077	0	1,832,077		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0		55.00
56.00	05600	RADIOISOTOPE		0	0	0		56.00
57.00	05700	CT SCAN		179,825	0	179,825		57.00
57.01	05701	TDOC CT SCAN		59,441	0	59,441		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		184,647	0	184,647		58.00
58.01	05801	TDOC - MRI		101,438	0	101,438		58.01
59.00	05900	CARDIAC CATHETERIZATION		478,355	0	478,355		59.00
60.00	06000	LABORATORY		1,108,838	0	1,108,838		60.00
64.00	06400	INTRAVENOUS THERAPY		391,559	0	391,559		64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER		13,979	0	13,979		64.01
65.00	06500	RESPIRATORY THERAPY		110,517	0	110,517		65.00
65.01	06501	RESPIRATORY THERAPY - SURREY		574	0	574		65.01
66.00	06600	PHYSICAL THERAPY		728,350	0	728,350		66.00
66.01	06601	PHYSICAL THERAPY - SURREY		40,715	0	40,715		66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE		156,738	0	156,738		66.02
67.00	06700	OCCUPATIONAL THERAPY		11,952	0	11,952		67.00
68.00	06800	SPEECH PATHOLOGY		7,063	0	7,063		68.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/24/2015 9:36 am

		Cost Center Description	PHARMACY EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.02	24.00	25.00	26.00		
69.00	06900	ELECTROCARDIOLOGY		254,904	0	254,904		69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY		203,527	0	203,527		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		87,766	0	87,766		70.00
70.01	07001	SLEEP MEDICINE CLINIC		417,922	0	417,922		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		505,559	0	505,559		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		209,827	0	209,827		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		367,570	0	367,570		73.00
74.00	07400	RENAL DIALYSIS		67	0	67		74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0		75.00
76.00	03020	NUTRITION/DIABETES EDUCATION		0	0	0		76.00
76.01	03951	NUTRITION/DIABETES EDUCATION		10,880	0	10,880		76.01
76.02	03952	CARDIAC REHAB		544,416	0	544,416		76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY		91,620	0	91,620		76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC		316	0	316		90.00
91.00	09100	EMERGENCY		518,001	0	518,001		91.00
91.01	09101	URGENT CARE CENTERS		1,535,721	0	1,535,721		91.01
91.02	04950	ADULT DOWN SYNDROME CENTER		55,884	0	55,884		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY		95,436	0	95,436		101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE		40,815	0	40,815		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	25,674,147	0	25,674,147		118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		72,606	0	72,606		190.00
191.00	19100	RESEARCH		0	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES		343,690	0	343,690		192.00
193.00	19300	NONPAID WORKERS		0	0	0		193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS		0	0	0		194.00
194.01	07951	DEVELOPMENT		72,391	0	72,391		194.01
194.02	07952	COMMUNITY OUTREACH		58,214	0	58,214		194.02
194.03	07953	FOUNTAIN CAFE		27,499	0	27,499		194.03
194.04	07954	SLEEP RESEARCH		2,404	0	2,404		194.04
194.05	07955	MEALS ON WHEELS		18,283	0	18,283		194.05
194.06	07956	GUEST MEALS		10,629	0	10,629		194.06
194.07	07957	PHYSICIAN REFERRAL		18,260	0	18,260		194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS		0	0	0		194.08
194.09	07959	VACANT SPACE		139,169	0	139,169		194.09
194.10	07960	TV STORAGE		3,854	0	3,854		194.10
194.11	07961	MARKETING		79,539	0	79,539		194.11
194.12	07962	CHILDBIRTH INSTRUCTION		1,497	0	1,497		194.12
194.13	07963	VOLUNTEERS		59,577	0	59,577		194.13
194.14	07964	RETAIL PHARMACY		111,641	0	111,641		194.14
194.15	07965	REHAB HOSPITAL COVERAGE		9,126	0	9,126		194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM		20,484	0	20,484		194.16
194.17	07967	VALET SERVICES		4,129	0	4,129		194.17
200.00		Cross Foot Adjustments	17,315	315,378	0	315,378		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	17,315	27,042,517	0	27,042,517		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/24/2015 9:36 am

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF PHONES)	
			1.00	2.00	2.01	4.00	5.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	635,567					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		635,567				2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP		0	56,552			2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,292	5,292	0	167,749,898		4.00
5.01	00591	NONPATIENT TELEPHONES	1,307	1,307	0	397,837	2,057	5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	5.02
5.03	00592	NONPATIENT TELEPHONES	0	0	0	0	62	5.03
5.04	00540	ADMITTING	1,452	1,452	0	902,032	21	5.04
5.05	00593	ADMIN & GENERAL - SURREY	0	0	2,824	494,977	0	5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	56,793	56,793	0	18,392,505	321	5.06
6.00	00600	MAINTENANCE & REPAIRS	72,977	72,977	0	1,751,620	34	6.00
6.01	00601	PURCHASING	2,086	2,086	0	612,909	12	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	0	0	1,832	217,843	0	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	3,490	3,490	0	71,697	1	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	0	0	940	22,500	0	8.01
9.00	00900	HOUSEKEEPING	3,796	3,796	0	2,704,705	37	9.00
9.01	00901	HOUSEKEEPING - SURREY	0	0	0	230,467	0	9.01
10.00	01000	DIETARY	14,414	14,414	0	1,908,511	26	10.00
10.01	01001	DIETARY - SURREY	0	0	2,108	660,891	0	10.01
11.00	01100	CAFETERIA	12,666	12,666	0	466,406	7	11.00
11.01	01101	CAFETERIA - SURREY	0	0	3,897	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	1,599	1,599	0	1,463,317	21	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	0	184	188,584	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	15,519	15,519	0	1,312,523	23	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,743	5,743	0	2,768,618	48	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	246,183	0	16.01
17.00	01700	SOCIAL SERVICE	1,742	1,742	0	352,766	11	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	132	192,726	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	2,324,100	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,496	4,496	0	1,802,743	8	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	1,252	1,252	0	87,640	2	23.01
23.02	02302	PHARMACY EDUCATION	349	349	0	165,885	1	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	130,281	130,281	0	28,298,873	338	30.00
31.00	03100	INTENSIVE CARE UNIT	8,437	8,437	0	3,834,704	17	31.00
32.00	03200	CORONARY CARE UNIT	12,284	12,284	0	3,866,529	28	32.00
43.00	04300	NURSERY	18,500	18,500	0	3,947,299	64	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	15,356	2,057,774	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	26,991	1,766,211	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	62,059	62,059	0	13,075,040	162	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	344,355	5	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	2,843	2,843	0	262,163	4	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	8,146	8,146	0	1,224,451	22	50.04
51.00	05100	RECOVERY ROOM	4,672	4,672	0	1,108,273	21	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,289	6,289	0	1,107,575	20	52.00
53.00	05300	ANESTHESIOLOGY	145	145	0	301,907	5	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	44,255	44,255	0	6,440,270	113	54.00
54.01	05401	TDOC RADIOLOGY	2,649	2,649	0	400,668	11	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	1,560,296	0	54.02
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	3,669	3,669	0	591,480	11	57.00
57.01	05701	TDOC CT SCAN	1,288	1,288	0	161,343	2	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,120	4,120	0	349,926	5	58.00
58.01	05801	TDOC - MRI	2,238	2,238	0	231,433	2	58.01
59.00	05900	CARDIAC CATHETERIZATION	9,406	9,406	0	1,332,524	26	59.00
60.00	06000	LABORATORY	18,690	18,690	0	4,404,208	63	60.00
64.00	06400	INTRAVENOUS THERAPY	4,842	4,842	0	2,904,604	19	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	263	263	0	322,126	1	64.01
65.00	06500	RESPIRATORY THERAPY	1,675	1,675	0	1,850,633	20	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	48	0	0	65.01
66.00	06600	PHYSICAL THERAPY	11,234	11,234	0	3,532,680	42	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	2,060	1,217,802	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	3,623	3,623	0	64,232	9	66.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/24/2015 9:36 am

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF PHONES)	
			1.00	2.00	2.01	4.00	5.01	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	597,244	9	67.00
68.00	06800	SPEECH PATHOLOGY	75	75	0	220,540	4	68.00
69.00	06900	ELECTROCARDIOLOGY	3,878	3,878	0	1,316,874	23	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	4,437	4,437	0	608,394	18	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,974	1,974	0	176,523	8	70.00
70.01	07001	SLEEP MEDICINE CLINIC	8,215	8,215	0	2,764,729	53	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,851	4,851	0	3,584,044	37	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	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	0	541,757	2	76.01
76.02	03952	CARDIAC REHAB	12,056	12,056	0	2,999,242	54	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	2,073	2,073	0	251,110	7	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	11,375	1	90.00
91.00	09100	EMERGENCY	9,613	9,613	0	8,864,323	35	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	8,488,440	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	1,300	1,300	0	93,953	3	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	1,293	1,293	0	3,714,071	16	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	473	473	0	1,208,464	14	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	616,819	616,819	56,372	161,740,447	1,929	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,536	1,536	180	0	7	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,526	5,526	0	2,326,104	56	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	1,602	1,602	0	267,188	8	194.01
194.02	07952	COMMUNITY OUTREACH	1,224	1,224	0	493,501	12	194.02
194.03	07953	FOUNTAIN CAFE	215	215	0	24,281	1	194.03
194.04	07954	SLEEP RESEARCH	0	0	0	152,134	4	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	306	306	0	329,150	5	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	3,358	3,358	0	0	0	194.09
194.10	07960	TV STORAGE	93	93	0	0	0	194.10
194.11	07961	MARKETING	1,547	1,547	0	678,412	11	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	63,657	1	194.12
194.13	07963	VOLUNTEERS	1,320	1,320	0	228,386	14	194.13
194.14	07964	RETAIL PHARMACY	1,555	1,555	0	897,881	7	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	279,729	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	466	466	0	117,532	2	194.16
194.17	07967	VALET SERVICES	0	0	0	151,496	0	194.17
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)	9,791,469	12,741,103	564,476	43,670,572	808,713	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	15.405880	20.046829	9.981539	0.260331	393.151677	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)				187,616	46,781	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)				0.001118	22.742343	205.00

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		Cost Center Description	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	NONPATIENT TELEPHONES (# OF PHONES)	ADMITTING (GROSS CHARGES)	Reconciliation	
			5A.02	5.02	5.03	5.04	5A.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL	0	368,163,490				5.02
5.03	00592	NONPATIENT TELEPHONES	0	44,374	62			5.03
5.04	00540	ADMITTING	0	1,213,909	0	1,231,295,025		5.04
5.05	00593	ADMIN & GENERAL - SURREY	0	798,435	13	0	-807,739	5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	0	43,374,344	0	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	14,025,544	0	0	0	6.00
6.01	00601	PURCHASING	0	1,151,043	0	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	0	685,494	4	0	0	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,463,877	0	0	0	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	0	125,513	1	0	0	8.01
9.00	00900	HOUSEKEEPING	0	4,202,077	0	0	0	9.00
9.01	00901	HOUSEKEEPING - SURREY	0	340,119	1	0	0	9.01
10.00	01000	DIETARY	0	2,694,011	0	0	0	10.00
10.01	01001	DIETARY - SURREY	0	1,537,838	6	0	0	10.01
11.00	01100	CAFETERIA	0	1,122,230	0	0	0	11.00
11.01	01101	CAFETERIA - SURREY	0	38,898	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	0	1,989,893	0	0	0	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	241,007	2	0	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,272,412	0	0	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,570,227	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	311,040	3	0	0	16.01
17.00	01700	SOCIAL SERVICE	0	629,104	0	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	245,385	2	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	2,929,135	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	2,113,120	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	218,356	0	0	0	23.01
23.02	02302	PHARMACY EDUCATION	0	221,836	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	36,491,921	0	81,052,086	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,815,052	0	10,175,804	0	31.00
32.00	03200	CORONARY CARE UNIT	0	4,524,475	0	12,237,423	0	32.00
43.00	04300	NURSERY	0	6,058,417	0	6,847,557	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	2,845,767	15	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	2,562,453	11	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	21,697,752	0	95,474,044	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	791,479	0	6,822,369	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	461,733	0	3,815,563	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	2,487,401	0	18,970,433	0	50.04
51.00	05100	RECOVERY ROOM	0	1,634,624	0	8,684,939	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,824,022	0	5,410,804	0	52.00
53.00	05300	ANESTHESIOLOGY	0	628,804	0	10,965,633	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	11,140,359	0	83,934,476	0	54.00
54.01	05401	TDOC RADIOLOGY	0	626,272	0	11,240,173	0	54.01
54.02	05402	CDI RADIOLOGY	0	8,086,989	0	43,650,976	0	54.02
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	915,303	0	60,552,023	0	57.00
57.01	05701	TDOC CT SCAN	0	275,376	0	10,296,803	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	611,347	0	16,243,759	0	58.00
58.01	05801	TDOC - MRI	0	396,362	0	15,957,193	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	2,227,805	0	42,627,204	0	59.00
60.00	06000	LABORATORY	0	12,668,261	0	160,582,103	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	20,641,454	0	90,684,063	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	202,365	0	616,802	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	2,538,861	0	13,792,082	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	8,514	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	5,181,712	0	21,246,303	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	1,566,745	4	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	844,994	0	2,401,718	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	759,645	0	3,234,517	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	284,559	0	1,128,574	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,122,193	0	33,084,045	0	69.00

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		Cost Center Description	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	NONPATIENT TELEPHONES (# OF PHONES)	ADMITTING (GROSS CHARGES)	Reconciliation	
			5A.02	5.02	5.03	5.04	5A.05	
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	1,088,532	0	23,636,774	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	324,280	0	4,304,489	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	3,031,717	0	6,813,653	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	13,896,757	0	35,663,540	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	30,002,066	0	65,280,642	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	16,166,877	0	125,208,376	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	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	686,346	0	2,577,163	0	76.01
76.02	03952	CARDIAC REHAB	0	4,465,237	0	5,572,226	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	408,919	0	1,836,026	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	15,315	0	20,756	0	90.00
91.00	09100	EMERGENCY	0	6,255,425	0	52,350,102	0	91.00
91.01	09101	URGENT CARE CENTERS	0	10,223,945	0	36,282,171	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	166,049	0	8,245	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	5,270,564	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	2,491,390	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	341,975,656	62	1,231,283,632	-807,739	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	59,110	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	13,837,695	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	662,981	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	1,004,971	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	0	47,450	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	0	198,361	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	434,884	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	119,050	0	0	0	194.09
194.10	07960	TV STORAGE	0	3,297	0	0	0	194.10
194.11	07961	MARKETING	0	2,281,728	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	109,489	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	369,807	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	6,307,674	0	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	390,045	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	170,313	0	11,393	0	194.16
194.17	07967	VALET SERVICES	0	190,979	0	0	0	194.17
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)		0	44,374	1,213,909		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)		0.000000	715.709677	0.000986		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		0	1,410	52,963		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.000000	22.741935	0.000043		205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/24/2015 9:36 am

		Cost Center Description	ADMIN & GENERAL - SURREY (ACCUM. COST)	Reconciliation	ADMIN & GENERAL - HOSPITAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	PURCHASING (PURCHASES)	
			5.05	5A.06	5.06	6.00	6.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY	367,355,751					5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	43,374,344	-43,469,649	324,693,841			5.06
6.00	00600	MAINTENANCE & REPAIRS	14,025,544	0	14,056,386	497,746		6.00
6.01	00601	PURCHASING	1,151,043	0	1,153,574	2,086	60,261,173	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	688,357	0	689,871	0	15,352	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	1,463,877	0	1,467,096	3,490	12	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	126,229	0	126,507	0	3,296	8.01
9.00	00900	HOUSEKEEPING	4,202,077	0	4,211,317	3,796	343,780	9.00
9.01	00901	HOUSEKEEPING - SURREY	340,835	0	341,584	0	37,057	9.01
10.00	01000	DIETARY	2,694,011	0	2,699,935	14,414	431,948	10.00
10.01	01001	DIETARY - SURREY	1,542,132	0	1,545,523	0	689,906	10.01
11.00	01100	CAFETERIA	1,122,230	0	1,124,698	12,666	1,510,496	11.00
11.01	01101	CAFETERIA - SURREY	38,898	0	38,984	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	1,989,893	0	1,994,269	1,599	43,064	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	242,438	0	242,971	0	673	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	3,272,412	0	3,279,608	15,519	465,587	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,570,227	0	5,582,476	5,743	28,988	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	313,187	0	313,876	0	730	16.01
17.00	01700	SOCIAL SERVICE	629,104	0	630,487	1,742	4,442	17.00
17.01	01701	SOCIAL SERVICE - SURREY	246,816	0	247,359	0	1,138	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,929,135	0	2,935,576	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,113,120	0	2,117,767	4,496	53,521	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	218,356	0	218,836	1,252	0	23.01
23.02	02302	PHARMACY EDUCATION	221,836	0	222,324	349	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	36,571,838	0	36,652,259	130,281	1,688,187	30.00
31.00	03100	INTENSIVE CARE UNIT	3,825,085	0	3,833,496	8,437	227,924	31.00
32.00	03200	CORONARY CARE UNIT	4,536,541	0	4,546,517	12,284	237,781	32.00
43.00	04300	NURSERY	6,065,169	0	6,078,506	18,500	439,509	43.00
44.00	04400	SKILLED NURSING FACILITY	2,856,503	0	2,862,784	0	82,907	44.00
46.00	04600	OTHER LONG TERM CARE	2,570,326	0	2,575,978	0	59,221	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	21,791,889	0	21,839,809	62,059	23,665,536	50.00
50.01	03650	VASCULAR ACCESS CENTER	798,206	0	799,961	0	412,216	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	465,495	0	466,519	2,843	55,662	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	2,506,106	0	2,511,617	8,146	553,134	50.04
51.00	05100	RECOVERY ROOM	1,643,187	0	1,646,800	4,672	58,477	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,829,357	0	1,833,380	6,289	162,585	52.00
53.00	05300	ANESTHESIOLOGY	639,616	0	641,023	145	264,515	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,223,118	0	11,247,798	44,255	1,064,909	54.00
54.01	05401	TDOC RADIOLOGY	637,355	0	638,757	2,649	17,569	54.01
54.02	05402	CDI RADIOLOGY	8,130,029	0	8,147,907	0	7,354	54.02
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	975,007	0	977,151	3,669	26,590	57.00
57.01	05701	TDOC CT SCAN	285,529	0	286,157	1,288	17,457	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	627,363	0	628,743	4,120	32,554	58.00
58.01	05801	TDOC - MRI	412,096	0	413,002	2,238	16,924	58.01
59.00	05900	CARDIAC CATHETERIZATION	2,269,835	0	2,274,826	9,406	7,606,142	59.00
60.00	06000	LABORATORY	12,826,452	0	12,854,657	18,690	2,752,508	60.00
64.00	06400	INTRAVENOUS THERAPY	20,730,868	0	20,776,455	4,842	477,956	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	202,973	0	203,419	263	12,486	64.01
65.00	06500	RESPIRATORY THERAPY	2,552,460	0	2,558,073	1,675	130,928	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	8,514	0	8,533	0	8,035	65.01
66.00	06600	PHYSICAL THERAPY	5,202,661	0	5,214,102	11,234	71,653	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	1,569,608	0	1,573,060	0	6,679	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	847,362	0	849,225	3,623	6,144	66.02
67.00	06700	OCCUPATIONAL THERAPY	762,834	0	764,511	0	1,932	67.00
68.00	06800	SPEECH PATHOLOGY	285,672	0	286,300	75	1,396	68.00
69.00	06900	ELECTROCARDIOLOGY	2,154,814	0	2,159,552	3,878	41,356	69.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/24/2015 9:36 am

		Cost Center Description	ADMIN & GENERAL - SURREY (ACCUM. COST)	Reconciliation	ADMIN & GENERAL - HOSPITAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	PURCHASING (PURCHASES)	
			5.05	5A.06	5.06	6.00	6.01	
69.01	06901	TDOC - ELECTROCARDIOLOGY	1,111,838	0	1,114,283	4,437	29,941	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	328,524	0	329,246	1,974	25,116	70.00
70.01	07001	SLEEP MEDICINE CLINIC	3,038,435	0	3,045,117	8,215	52,149	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,931,921	0	13,962,557	0	13,517,388	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	30,066,433	0	30,132,549	0	117,467	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,290,332	0	16,326,154	4,851	325,343	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	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	688,887	0	690,402	0	259	76.01
76.02	03952	CARDIAC REHAB	4,470,731	0	4,480,562	12,056	63,088	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	410,729	0	411,632	2,073	26,147	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	15,335	0	15,369	0	575	90.00
91.00	09100	EMERGENCY	6,307,042	0	6,320,911	9,613	589,567	91.00
91.01	09101	URGENT CARE CENTERS	10,259,719	0	10,282,280	0	419,941	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	166,057	0	166,422	1,300	7,202	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	5,270,564	0	5,282,154	1,293	154,703	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,491,390	0	2,496,869	473	139,023	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	341,167,906	-43,469,649	298,448,408	478,998	59,306,125	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	59,110	0	59,240	1,536	94	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	13,837,695	0	13,868,124	5,526	544,487	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	662,981	0	664,439	1,602	35,375	194.01
194.02	07952	COMMUNITY OUTREACH	1,004,971	0	1,007,181	1,224	66,697	194.02
194.03	07953	FOUNTAIN CAFE	47,450	0	47,554	215	92,934	194.03
194.04	07954	SLEEP RESEARCH	198,361	0	198,797	0	1,170	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	434,884	0	435,840	306	3,158	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	119,050	0	119,312	3,358	0	194.09
194.10	07960	TV STORAGE	3,297	0	3,304	93	0	194.10
194.11	07961	MARKETING	2,281,728	0	2,286,746	1,547	119,757	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	109,489	0	109,730	0	23,555	194.12
194.13	07963	VOLUNTEERS	369,807	0	370,620	1,320	7,319	194.13
194.14	07964	RETAIL PHARMACY	6,307,674	0	6,321,545	1,555	55,730	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	390,045	0	390,903	0	3,086	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	170,324	0	170,699	466	1,686	194.16
194.17	07967	VALET SERVICES	190,979	0	191,399	0	0	194.17
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)	807,739		43,469,649	15,938,241	1,374,808	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.002199		0.133879	32.020832	0.022814	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	29,037		2,044,771	2,679,598	93,499	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000079		0.006298	5.383465	0.001552	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/24/2015 9:36 am

		Cost Center Description	MAINTENANCE & REPAIRS - SURREY (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	LAUNDRY & LINEN SERVICE - SURREY (TOTAL DAYS)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING - SURREY (SQUARE FEET)	
			6.02	8.00	8.01	9.00	9.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	51,896					6.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,157,785				8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	940	0	40,884			8.01
9.00	00900	HOUSEKEEPING	0	0	0	488,374		9.00
9.01	00901	HOUSEKEEPING - SURREY	0	0	0	0	50,956	9.01
10.00	01000	DIETARY	0	0	0	14,414	0	10.00
10.01	01001	DIETARY - SURREY	2,108	0	0	0	2,108	10.01
11.00	01100	CAFETERIA	0	0	0	12,666	0	11.00
11.01	01101	CAFETERIA - SURREY	3,897	0	0	0	3,897	11.01
13.00	01300	NURSING ADMINISTRATION	0	0	0	1,599	0	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	184	0	0	0	184	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,446	0	15,519	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	5,743	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	0	0	16.01
17.00	01700	SOCIAL SERVICE	0	0	0	1,742	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	132	0	0	0	132	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	4,496	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	0	1,252	0	23.01
23.02	02302	PHARMACY EDUCATION	0	0	0	349	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	1,090,997	0	130,281	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	57,855	0	8,437	0	31.00
32.00	03200	CORONARY CARE UNIT	0	79,215	0	12,284	0	32.00
43.00	04300	NURSERY	0	120,314	0	18,500	0	43.00
44.00	04400	SKILLED NURSING FACILITY	15,356	0	14,355	0	15,356	44.00
46.00	04600	OTHER LONG TERM CARE	26,991	0	26,529	0	26,991	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	245,563	0	62,059	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	0	2,843	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	68,489	0	8,146	0	50.04
51.00	05100	RECOVERY ROOM	0	20,092	0	4,672	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	40,411	0	6,289	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	145	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	138,121	0	44,255	0	54.00
54.01	05401	TDOC RADIOLOGY	0	0	0	2,649	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	0	0	54.02
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	3,669	0	57.00
57.01	05701	TDOC CT SCAN	0	0	0	1,288	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	34,978	0	4,120	0	58.00
58.01	05801	TDOC - MRI	0	0	0	2,238	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	24,016	0	9,406	0	59.00
60.00	06000	LABORATORY	0	0	0	18,690	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	12,355	0	4,842	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	0	263	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	1,675	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	48	0	0	0	48	65.01
66.00	06600	PHYSICAL THERAPY	0	7,472	0	11,234	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	2,060	0	0	0	2,060	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	174	0	3,623	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	75	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	23,524	0	3,878	0	69.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/24/2015 9:36 am

		Cost Center Description	MAINTENANCE & REPAIRS - SURREY (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	LAUNDRY & LINEN SERVICE - SURREY (TOTAL DAYS)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING - SURREY (SQUARE FEET)	
			6.02	8.00	8.01	9.00	9.01	
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	0	4,437	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,970	0	1,974	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	0	8,215	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,851	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	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.01
76.02	03952	CARDIAC REHAB	0	0	0	12,056	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	0	2,073	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	176,701	0	9,613	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	0	1,300	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	1,293	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	473	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	51,716	2,148,693	40,884	469,626	50,776	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	180	0	0	1,536	180	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	9,092	0	5,526	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	1,602	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	0	1,224	0	194.02
194.03	07953	FOUNTAIN CAFE	0	0	0	215	0	194.03
194.04	07954	SLEEP RESEARCH	0	0	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	0	306	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	3,358	0	194.09
194.10	07960	TV STORAGE	0	0	0	93	0	194.10
194.11	07961	MARKETING	0	0	0	1,547	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	0	0	1,320	0	194.13
194.14	07964	RETAIL PHARMACY	0	0	0	1,555	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	0	466	0	194.16
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17
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)	782,580	1,775,262	157,694	4,904,518	388,160	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	15.079775	0.822724	3.857108	10.042545	7.617552	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	23,044	151,977	10,660	186,269	2,517	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.444042	0.070432	0.260738	0.381406	0.049396	205.00

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		Cost Center Description	DIETARY (MEALS SERVED)	DIETARY - SURREY (MEALS SERVED)	CAFETERIA (FTE'S)	CAFETERIA - SURREY (FTE'S)	NURSING ADMINISTRATION (NURSING FTE'S)	
			10.00	10.01	11.00	11.01	13.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY	519,560					10.00
10.01	01001	DIETARY - SURREY	0	149,343				10.01
11.00	01100	CAFETERIA	225,279	0	154,957			11.00
11.01	01101	CAFETERIA - SURREY	0	3,226	0	13,083		11.01
13.00	01300	NURSING ADMINISTRATION	0	0	1,914	202	43,367	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	0	0	0	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	3,600	0	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	810	0	16.01
17.00	01700	SOCIAL SERVICE	0	0	565	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	0	333	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	4,080	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	113	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	172	0	0	23.01
23.02	02302	PHARMACY EDUCATION	0	0	253	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	222,237	0	41,567	0	28,335	30.00
31.00	03100	INTENSIVE CARE UNIT	12,900	0	3,862	0	3,422	31.00
32.00	03200	CORONARY CARE UNIT	14,186	0	4,522	0	4,012	32.00
43.00	04300	NURSERY	0	0	5,561	0	5,456	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44,524	0	4,695	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	77,123	0	4,552	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	17,189	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	535	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	1,929	0	0	50.04
51.00	05100	RECOVERY ROOM	0	0	1,715	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	1,770	0	1,410	52.00
53.00	05300	ANESTHESIOLOGY	0	0	713	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	11,098	0	76	54.00
54.01	05401	TDOC RADIOLOGY	0	0	595	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	0	0	54.02
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	881	0	0	57.00
57.01	05701	TDOC CT SCAN	0	0	222	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	520	0	0	58.00
58.01	05801	TDOC - MRI	0	0	328	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	1,728	0	0	59.00
60.00	06000	LABORATORY	0	0	7,816	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	3,192	0	449	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	143	0	129	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	3,407	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	4,759	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	1,937	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	194	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,029	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	285	0	0	68.00

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		Cost Center Description	DIETARY (MEALS SERVED)	DIETARY - SURREY (MEALS SERVED)	CAFETERIA (FTE'S)	CAFETERIA - SURREY (FTE'S)	NURSING ADMINISTRATION (NURSING FTE'S)	
			10.00	10.01	11.00	11.01	13.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	1,976	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	1,051	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	329	0	8	70.00
70.01	07001	SLEEP MEDICINE CLINIC	65	0	3,356	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	3,996	125	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	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	991	0	13	76.01
76.02	03952	CARDIAC REHAB	0	0	2,417	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	441	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	34	0	0	90.00
91.00	09100	EMERGENCY	0	0	6,445	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	204	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	474,667	124,873	147,497	12,654	43,310	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,808	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	4,188	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	308	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	70	0	0	194.02
194.03	07953	FOUNTAIN CAFE	14,867	0	106	0	0	194.03
194.04	07954	SLEEP RESEARCH	0	0	169	0	0	194.04
194.05	07955	MEALS ON WHEELS	15,453	0	0	0	0	194.05
194.06	07956	GUEST MEALS	8,765	1,143	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	462	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	106	0	57	194.12
194.13	07963	VOLUNTEERS	0	0	431	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	0	1,156	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	23,327	0	320	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	0	0	0	194.16
194.17	07967	VALET SERVICES	0	0	464	109	0	194.17
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)	3,677,555	1,816,022	3,437,078	171,883	2,374,609	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	7.078210	12.160074	22.180850	13.137889	54.756128	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	614,722	33,883	798,799	41,801	91,317	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.183159	0.226880	5.154972	3.195062	2.105679	205.00

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		Cost Center Description	NURSING ADMINISTRATION - SURREY (TOTAL DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	MEDICAL RECORDS & LIBRARY - SURREY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
			13.01	14.00	16.00	16.01	17.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY - SURREY						10.01
11.00	01100	CAFETERIA						11.00
11.01	01101	CAFETERIA - SURREY						11.01
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	40,884					13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	24,560,483				14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,231,295,025			16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	18,726,507		16.01
17.00	01700	SOCIAL SERVICE	0	140	0	0	4,799	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	46	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02	02302	PHARMACY EDUCATION	0	0	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	1,300,736	81,052,086	0	2,439	30.00
31.00	03100	INTENSIVE CARE UNIT	0	196,254	10,175,804	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	206,646	12,237,423	0	0	32.00
43.00	04300	NURSERY	0	360,342	6,847,557	0	86	43.00
44.00	04400	SKILLED NURSING FACILITY	14,355	64,429	0	3,712,877	0	44.00
46.00	04600	OTHER LONG TERM CARE	26,529	46,451	0	5,927,626	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	695,389	95,474,044	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	397,969	6,822,369	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	53,944	3,815,563	0	170	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	500,364	18,970,433	0	0	50.04
51.00	05100	RECOVERY ROOM	0	38,402	8,684,939	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	134,998	5,410,804	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	244,021	10,965,633	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	704,524	83,934,476	73,823	2,104	54.00
54.01	05401	TDOC RADIOLOGY	0	7,239	11,240,173	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	4,931	43,650,976	0	0	54.02
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	23,195	60,552,023	4,848	0	57.00
57.01	05701	TDOC CT SCAN	0	13,404	10,296,803	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	27,605	16,243,759	0	0	58.00
58.01	05801	TDOC - MRI	0	9,444	15,957,193	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	1,449,355	42,627,204	0	0	59.00
60.00	06000	LABORATORY	0	2,661,989	160,582,103	602,343	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	449,908	90,684,063	29,549	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	9,534	616,802	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	42,472	13,792,082	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	19,130	0	65.01
66.00	06600	PHYSICAL THERAPY	0	31,806	21,246,303	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	2,940	0	5,212,164	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	1,779	2,401,718	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	1,069	3,234,517	0	0	67.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/24/2015 9:36 am

		Cost Center Description	NURSING ADMINISTRATION - SURREY (TOTAL DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	MEDICAL RECORDS & LIBRARY - SURREY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
			13.01	14.00	16.00	16.01	17.00	
68.00	06800	SPEECH PATHOLOGY	0	1,111	1,128,574	5,821	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	25,336	33,084,045	9,556	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	23,485	23,636,774	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	21,531	4,304,489	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	18,954	6,813,653	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	13,896,757	35,663,540	350,108	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	65,280,642	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	103,594	125,208,376	2,778,646	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	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	2,577,163	16	0	76.01
76.02	03952	CARDIAC REHAB	0	10,505	5,572,226	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	11,014	1,836,026	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	3	20,756	0	0	90.00
91.00	09100	EMERGENCY	0	365,510	52,350,102	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0	118,619	36,282,171	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	42	8,245	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	133,329	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	126,515	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	40,884	24,537,630	1,231,283,632	18,726,507	4,799	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	21	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	19,365	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	1,868	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	0	165	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	0	67	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	14	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	26	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	1,050	0	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	44	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	233	11,393	0	0	194.16
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17
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)	279,692	4,463,945	6,572,083	366,556	800,828	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.841111	0.181753	0.005338	0.019574	166.873932	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	3,734	682,013	276,542	4,934	79,390	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.091332	0.027769	0.000225	0.000263	16.543030	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/24/2015 9:36 am

		Cost Center Description	SOCIAL SERVICE - SURREY (TOTAL DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	
			17.01	19.00	21.00	22.00	23.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY - SURREY						10.01
11.00	01100	CAFETERIA						11.00
11.01	01101	CAFETERIA - SURREY						11.01
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01301	NURSING ADMINISTRATION - SURREY						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY						16.01
17.00	01700	SOCIAL SERVICE						17.00
17.01	01701	SOCIAL SERVICE - SURREY	40,884					17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	100				19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0		1,641			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0			1,641		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0				0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0					23.01
23.02	02302	PHARMACY EDUCATION	0					23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	915	915	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	164	164	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	1	1	0	32.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	14,355	0	92	92	0	44.00
46.00	04600	OTHER LONG TERM CARE	26,529	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	32	32	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	4	4	0	50.04
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	100	15	15	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	67	67	0	54.00
54.01	05401	TDOC RADIOLOGY	0	0	0	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	0	0	54.02
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
57.01	05701	TDOC CT SCAN	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801	TDOC - MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	25	25	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	50	50	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/24/2015 9:36 am

		Cost Center Description	SOCIAL SERVICE - SURREY (TOTAL DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	
			17.01	19.00	21.00	22.00	23.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	63	63	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	33	33	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.01
76.02	03952	CARDIAC REHAB	0	0	0	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	21	21	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	93	93	0	90.00
91.00	09100	EMERGENCY	0	0	62	62	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	40,884	100	1,637	1,637	0	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	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	0	0	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	0	0	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	4	4	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	0	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	0	0	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	0	0	0	194.16
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17
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)	287,873	0	3,419,086	2,594,144	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	7.041214	0.000000	2,083.538087	1,580.831200	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	4,287	0	42,349	201,684	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.104858	0.000000	25.806825	122.903108	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/24/2015 9:36 am

		Cost Center Description	CLINICAL PASTORAL EDUCATION (TOTAL DAYS)	PHARMACY EDUCATION (ASSIGNED TIME)		
			23.01	23.02		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP				2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00591	NONPATIENT TELEPHONES				5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL				5.02
5.03	00592	NONPATIENT TELEPHONES				5.03
5.04	00540	ADMITTING				5.04
5.05	00593	ADMIN & GENERAL - SURREY				5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
6.01	00601	PURCHASING				6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY				6.02
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY				8.01
9.00	00900	HOUSEKEEPING				9.00
9.01	00901	HOUSEKEEPING - SURREY				9.01
10.00	01000	DIETARY				10.00
10.01	01001	DIETARY - SURREY				10.01
11.00	01100	CAFETERIA				11.00
11.01	01101	CAFETERIA - SURREY				11.01
13.00	01300	NURSING ADMINISTRATION				13.00
13.01	01301	NURSING ADMINISTRATION - SURREY				13.01
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY				16.01
17.00	01700	SOCIAL SERVICE				17.00
17.01	01701	SOCIAL SERVICE - SURREY				17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	104,368			23.01
23.02	02302	PHARMACY EDUCATION		100		23.02
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	56,467	0		30.00
31.00	03100	INTENSIVE CARE UNIT	3,342	0		31.00
32.00	03200	CORONARY CARE UNIT	3,675	0		32.00
43.00	04300	NURSERY	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	14,355	0		44.00
46.00	04600	OTHER LONG TERM CARE	26,529	0		46.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0		50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0		50.02
50.03	05002	PAIN MGMT CENTER	0	0		50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0		50.04
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	TDOC RADIOLOGY	0	0		54.01
54.02	05402	CDI RADIOLOGY	0	0		54.02
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
57.01	05701	TDOC CT SCAN	0	0		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
58.01	05801	TDOC - MRI	0	0		58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0		64.01
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0		65.01
66.00	06600	PHYSICAL THERAPY	0	0		66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0		66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0		66.02
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

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/24/2015 9:36 am

		Cost Center Description	CLINICAL PASTORAL EDUCATION (TOTAL DAYS)	PHARMACY EDUCATION (ASSIGNED TIME)		
			23.01	23.02		
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	100		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0		76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0		76.01
76.02	03952	CARDIAC REHAB	0	0		76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0		76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	URGENT CARE CENTERS	0	0		91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
		OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY	0	0		101.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	104,368	100		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
191.00	19100	RESEARCH	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0		193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0		194.00
194.01	07951	DEVELOPMENT	0	0		194.01
194.02	07952	COMMUNITY OUTREACH	0	0		194.02
194.03	07953	FOUNTAIN CAFE	0	0		194.03
194.04	07954	SLEEP RESEARCH	0	0		194.04
194.05	07955	MEALS ON WHEELS	0	0		194.05
194.06	07956	GUEST MEALS	0	0		194.06
194.07	07957	PHYSICIAN REFERRAL	0	0		194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0		194.08
194.09	07959	VACANT SPACE	0	0		194.09
194.10	07960	TV STORAGE	0	0		194.10
194.11	07961	MARKETING	0	0		194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0		194.12
194.13	07963	VOLUNTEERS	0	0		194.13
194.14	07964	RETAIL PHARMACY	0	0		194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0		194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0		194.16
194.17	07967	VALET SERVICES	0	0		194.17
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)	304,612	272,381		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2.918634	2,723.810000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	54,030	17,315		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.517687	173.150000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet C Part I Date/Time Prepared: 11/24/2015 9:36 am

Title XVIII | Hospital | PPS

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	53,262,787		53,262,787	207,601	53,470,388	30.00
31.00	03100	INTENSIVE CARE UNIT	5,218,497		5,218,497	17,130	5,235,627	31.00
32.00	03200	CORONARY CARE UNIT	6,276,507		6,276,507	12,602	6,289,109	32.00
43.00	04300	NURSERY	8,317,967		8,317,967	0	8,317,967	43.00
44.00	04400	SKILLED NURSING FACILITY	4,580,512		4,580,512	0	4,580,512	44.00
46.00	04600	OTHER LONG TERM CARE	5,204,958		5,204,958	0	5,204,958	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	29,133,358		29,133,358	250,430	29,383,788	50.00
50.01	03650	VASCULAR ACCESS CENTER	1,025,213		1,025,213	0	1,025,213	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	720,239		720,239	20	720,259	50.02
50.03	05002	PAIN MGMT CENTER	0		0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	3,494,480		3,494,480	0	3,494,480	50.04
51.00	05100	RECOVERY ROOM	2,173,036		2,173,036	0	2,173,036	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,550,209		2,550,209	0	2,550,209	52.00
53.00	05300	ANESTHESIOLOGY	857,679		857,679	0	857,679	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,932,050		15,932,050	0	15,932,050	54.00
54.01	05401	TDOC RADIOLOGY	910,614		910,614	0	910,614	54.01
54.02	05402	CDI RADIOLOGY	9,472,814		9,472,814	0	9,472,814	54.02
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	1,609,987		1,609,987	0	1,609,987	57.00
57.01	05701	TDOC CT SCAN	441,367		441,367	0	441,367	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,018,999		1,018,999	0	1,018,999	58.00
58.01	05801	TDOC - MRI	656,988		656,988	0	656,988	58.01
59.00	05900	CARDIAC CATHETERIZATION	3,697,609		3,697,609	0	3,697,609	59.00
60.00	06000	LABORATORY	16,950,186		16,950,186	7,281	16,957,467	60.00
64.00	06400	INTRAVENOUS THERAPY	24,444,535		24,444,535	262,051	24,706,586	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	257,261		257,261	21,366	278,627	64.01
65.00	06500	RESPIRATORY THERAPY	3,130,899	0	3,130,899	0	3,130,899	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	11,322	0	11,322	0	11,322	65.01
66.00	06600	PHYSICAL THERAPY	6,617,236	0	6,617,236	0	6,617,236	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	1,958,573	0	1,958,573	0	1,958,573	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	1,133,042	0	1,133,042	0	1,133,042	66.02
67.00	06700	OCCUPATIONAL THERAPY	907,191	0	907,191	0	907,191	67.00
68.00	06800	SPEECH PATHOLOGY	340,479	0	340,479	0	340,479	68.00
69.00	06900	ELECTROCARDIOLOGY	2,857,314		2,857,314	3,075	2,860,389	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	1,604,533		1,604,533	0	1,604,533	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	496,468		496,468	0	496,468	70.00
70.01	07001	SLEEP MEDICINE CLINIC	3,914,250		3,914,250	81,393	3,995,643	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,863,242		18,863,242	0	18,863,242	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	34,517,813		34,517,813	0	34,517,813	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,827,592		19,827,592	0	19,827,592	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	03020	NUTRITION/DIABETES EDUCATION	0		0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	819,288		819,288	0	819,288	76.01
76.02	03952	CARDIAC REHAB	5,674,235		5,674,235	0	5,674,235	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	576,120		576,120	0	576,120	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	18,306		18,306	0	18,306	90.00
91.00	09100	EMERGENCY	8,219,163		8,219,163	170,556	8,389,719	91.00
91.01	09101	URGENT CARE CENTERS	11,883,675		11,883,675	0	11,883,675	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	248,125		248,125	0	248,125	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,442,835		4,442,835		4,442,835	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	6,071,473		6,071,473		6,071,473	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,877,209		2,877,209		2,877,209	116.00
200.00		Subtotal (see instructions)	335,218,235	0	335,218,235	1,033,505	336,251,740	200.00
201.00		Less Observation Beds	4,442,835		4,442,835		4,442,835	201.00
202.00		Total (see instructions)	330,775,400	0	330,775,400	1,033,505	331,808,905	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet C Part I Date/Time Prepared: 11/24/2015 9:36 am

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		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	58,865,971		58,865,971			30.00
31.00	03100	INTENSIVE CARE UNIT	9,970,311		9,970,311			31.00
32.00	03200	CORONARY CARE UNIT	12,179,844		12,179,844			32.00
43.00	04300	NURSERY	6,860,624		6,860,624			43.00
44.00	04400	SKILLED NURSING FACILITY	3,712,877		3,712,877			44.00
46.00	04600	OTHER LONG TERM CARE	5,927,626		5,927,626			46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	33,985,961	61,488,084	95,474,045	0.305144	0.000000	50.00
50.01	03650	VASCULAR ACCESS CENTER	3,141	6,819,228	6,822,369	0.150272	0.000000	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	3,778	3,811,785	3,815,563	0.188763	0.000000	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0.000000	0.000000	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	2,896,635	16,073,798	18,970,433	0.184207	0.000000	50.04
51.00	05100	RECOVERY ROOM	2,959,465	5,725,473	8,684,938	0.250207	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,410,403	1,960,080	7,370,483	0.346003	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	4,844,850	6,120,783	10,965,633	0.078215	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,242,200	69,766,099	84,008,299	0.189649	0.000000	54.00
54.01	05401	TDOC RADIOLOGY	95,485	11,144,688	11,240,173	0.081014	0.000000	54.01
54.02	05402	CDI RADIOLOGY	202,628	43,448,348	43,650,976	0.217013	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	18,903,852	41,653,019	60,556,871	0.026586	0.000000	57.00
57.01	05701	TDOC CT SCAN	62,780	10,234,022	10,296,802	0.042864	0.000000	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,128,495	11,115,264	16,243,759	0.062732	0.000000	58.00
58.01	05801	TDOC - MRI	69,804	15,887,389	15,957,193	0.041172	0.000000	58.01
59.00	05900	CARDIAC CATHETERIZATION	14,667,957	27,959,248	42,627,205	0.086743	0.000000	59.00
60.00	06000	LABORATORY	62,960,271	98,224,175	161,184,446	0.105160	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	2,355,420	88,358,193	90,713,613	0.269469	0.000000	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	1,326	615,476	616,802	0.417088	0.000000	64.01
65.00	06500	RESPIRATORY THERAPY	12,844,414	947,668	13,792,082	0.227007	0.000000	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	19,130	0	19,130	0.591845	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	6,811,975	14,434,328	21,246,303	0.311454	0.000000	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	5,057,760	154,404	5,212,164	0.375770	0.000000	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	95	2,401,623	2,401,718	0.471763	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	2,898,238	336,279	3,234,517	0.280472	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	817,638	316,757	1,134,395	0.300141	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	17,625,106	15,468,495	33,093,601	0.086340	0.000000	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	159,081	23,477,693	23,636,774	0.067883	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	649,522	3,654,967	4,304,489	0.115337	0.000000	70.00
70.01	07001	SLEEP MEDICINE CLINIC	35,913	6,777,740	6,813,653	0.574472	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,944,282	17,069,366	36,013,648	0.523780	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	32,354,348	32,926,294	65,280,642	0.528760	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	81,895,672	46,091,349	127,987,021	0.154919	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	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0.000000	0.000000	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	2,113,167	464,012	2,577,179	0.317901	0.000000	76.01
76.02	03952	CARDIAC REHAB	994,413	4,577,813	5,572,226	1.018307	0.000000	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	61,882	1,774,144	1,836,026	0.313786	0.000000	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	20,756	20,756	0.881962	0.000000	90.00
91.00	09100	EMERGENCY	16,259,896	26,275,417	42,535,313	0.193232	0.000000	91.00
91.01	09101	URGENT CARE CENTERS	16,394	30,069,440	30,085,834	0.394992	0.000000	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	8,245	8,245	30.093996	0.000000	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,849,037	18,627,405	20,476,442	0.216973	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	6,842,486	6,842,486			101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	3,901,038	3,901,038			116.00
200.00		Subtotal (see instructions)	467,719,667	777,022,871	1,244,742,538			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	467,719,667	777,022,871	1,244,742,538			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet C Part I Date/Time Prepared: 11/24/2015 9:36 am

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		Cost Center Description	PPS Inpatient Ratio 11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
46.00	04600	OTHER LONG TERM CARE			46.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.307767		50.00
50.01	03650	VASCULAR ACCESS CENTER	0.150272		50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.188769		50.02
50.03	05002	PAIN MGMT CENTER	0.000000		50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.184207		50.04
51.00	05100	RECOVERY ROOM	0.250207		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.346003		52.00
53.00	05300	ANESTHESIOLOGY	0.078215		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.189649		54.00
54.01	05401	TDOC RADIOLOGY	0.081014		54.01
54.02	05402	CDI RADIOLOGY	0.217013		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.026586		57.00
57.01	05701	TDOC CT SCAN	0.042864		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.062732		58.00
58.01	05801	TDOC - MRI	0.041172		58.01
59.00	05900	CARDIAC CATHETERIZATION	0.086743		59.00
60.00	06000	LABORATORY	0.105205		60.00
64.00	06400	INTRAVENOUS THERAPY	0.272358		64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.451728		64.01
65.00	06500	RESPIRATORY THERAPY	0.227007		65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.591845		65.01
66.00	06600	PHYSICAL THERAPY	0.311454		66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.375770		66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.471763		66.02
67.00	06700	OCCUPATIONAL THERAPY	0.280472		67.00
68.00	06800	SPEECH PATHOLOGY	0.300141		68.00
69.00	06900	ELECTROCARDIOLOGY	0.086433		69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.067883		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.115337		70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.586417		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.523780		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.528760		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.154919		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0.000000		76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0.317901		76.01
76.02	03952	CARDIAC REHAB	1.018307		76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.313786		76.03
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.881962		90.00
91.00	09100	EMERGENCY	0.197241		91.00
91.01	09101	URGENT CARE CENTERS	0.394992		91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	30.093996		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.216973		92.00
		OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY			101.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet C Part I Date/Time Prepared: 11/24/2015 9:36 am

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	53,262,787		53,262,787	207,601	53,470,388	30.00
31.00	03100	INTENSIVE CARE UNIT	5,218,497		5,218,497	17,130	5,235,627	31.00
32.00	03200	CORONARY CARE UNIT	6,276,507		6,276,507	12,602	6,289,109	32.00
43.00	04300	NURSERY	8,317,967		8,317,967	0	8,317,967	43.00
44.00	04400	SKILLED NURSING FACILITY	4,580,512		4,580,512	0	4,580,512	44.00
46.00	04600	OTHER LONG TERM CARE	5,204,958		5,204,958	0	5,204,958	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	29,133,358		29,133,358	250,430	29,383,788	50.00
50.01	03650	VASCULAR ACCESS CENTER	1,025,213		1,025,213	0	1,025,213	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	720,239		720,239	20	720,259	50.02
50.03	05002	PAIN MGMT CENTER	0		0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	3,494,480		3,494,480	0	3,494,480	50.04
51.00	05100	RECOVERY ROOM	2,173,036		2,173,036	0	2,173,036	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,550,209		2,550,209	0	2,550,209	52.00
53.00	05300	ANESTHESIOLOGY	857,679		857,679	0	857,679	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,932,050		15,932,050	0	15,932,050	54.00
54.01	05401	TDOC RADIOLOGY	910,614		910,614	0	910,614	54.01
54.02	05402	CDI RADIOLOGY	9,472,814		9,472,814	0	9,472,814	54.02
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	1,609,987		1,609,987	0	1,609,987	57.00
57.01	05701	TDOC CT SCAN	441,367		441,367	0	441,367	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,018,999		1,018,999	0	1,018,999	58.00
58.01	05801	TDOC - MRI	656,988		656,988	0	656,988	58.01
59.00	05900	CARDIAC CATHETERIZATION	3,697,609		3,697,609	0	3,697,609	59.00
60.00	06000	LABORATORY	16,950,186		16,950,186	7,281	16,957,467	60.00
64.00	06400	INTRAVENOUS THERAPY	24,444,535		24,444,535	262,051	24,706,586	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	257,261		257,261	21,366	278,627	64.01
65.00	06500	RESPIRATORY THERAPY	3,130,899	0	3,130,899	0	3,130,899	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	11,322	0	11,322	0	11,322	65.01
66.00	06600	PHYSICAL THERAPY	6,617,236	0	6,617,236	0	6,617,236	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	1,958,573	0	1,958,573	0	1,958,573	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	1,133,042	0	1,133,042	0	1,133,042	66.02
67.00	06700	OCCUPATIONAL THERAPY	907,191	0	907,191	0	907,191	67.00
68.00	06800	SPEECH PATHOLOGY	340,479	0	340,479	0	340,479	68.00
69.00	06900	ELECTROCARDIOLOGY	2,857,314		2,857,314	3,075	2,860,389	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	1,604,533		1,604,533	0	1,604,533	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	496,468		496,468	0	496,468	70.00
70.01	07001	SLEEP MEDICINE CLINIC	3,914,250		3,914,250	81,393	3,995,643	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,863,242		18,863,242	0	18,863,242	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	34,517,813		34,517,813	0	34,517,813	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,827,592		19,827,592	0	19,827,592	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	03020	NUTRITION/DIABETES EDUCATION	0		0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	819,288		819,288	0	819,288	76.01
76.02	03952	CARDIAC REHAB	5,674,235		5,674,235	0	5,674,235	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	576,120		576,120	0	576,120	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	18,306		18,306	0	18,306	90.00
91.00	09100	EMERGENCY	8,219,163		8,219,163	170,556	8,389,719	91.00
91.01	09101	URGENT CARE CENTERS	11,883,675		11,883,675	0	11,883,675	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	248,125		248,125	0	248,125	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,442,835		4,442,835		4,442,835	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	6,071,473		6,071,473		6,071,473	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,877,209		2,877,209		2,877,209	116.00
200.00		Subtotal (see instructions)	335,218,235	0	335,218,235	1,033,505	336,251,740	200.00
201.00		Less Observation Beds	4,442,835		4,442,835		4,442,835	201.00
202.00		Total (see instructions)	330,775,400	0	330,775,400	1,033,505	331,808,905	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet C Part I Date/Time Prepared: 11/24/2015 9:36 am

Title XIX | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	58,865,971		58,865,971			30.00
31.00	03100	INTENSIVE CARE UNIT	9,970,311		9,970,311			31.00
32.00	03200	CORONARY CARE UNIT	12,179,844		12,179,844			32.00
43.00	04300	NURSERY	6,860,624		6,860,624			43.00
44.00	04400	SKILLED NURSING FACILITY	3,712,877		3,712,877			44.00
46.00	04600	OTHER LONG TERM CARE	5,927,626		5,927,626			46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	33,985,961	61,488,084	95,474,045	0.305144	0.000000	50.00
50.01	03650	VASCULAR ACCESS CENTER	3,141	6,819,228	6,822,369	0.150272	0.000000	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	3,778	3,811,785	3,815,563	0.188763	0.000000	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0.000000	0.000000	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	2,896,635	16,073,798	18,970,433	0.184207	0.000000	50.04
51.00	05100	RECOVERY ROOM	2,959,465	5,725,473	8,684,938	0.250207	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,410,403	1,960,080	7,370,483	0.346003	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	4,844,850	6,120,783	10,965,633	0.078215	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,242,200	69,766,099	84,008,299	0.189649	0.000000	54.00
54.01	05401	TDOC RADIOLOGY	95,485	11,144,688	11,240,173	0.081014	0.000000	54.01
54.02	05402	CDI RADIOLOGY	202,628	43,448,348	43,650,976	0.217013	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	18,903,852	41,653,019	60,556,871	0.026586	0.000000	57.00
57.01	05701	TDOC CT SCAN	62,780	10,234,022	10,296,802	0.042864	0.000000	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,128,495	11,115,264	16,243,759	0.062732	0.000000	58.00
58.01	05801	TDOC - MRI	69,804	15,887,389	15,957,193	0.041172	0.000000	58.01
59.00	05900	CARDIAC CATHETERIZATION	14,667,957	27,959,248	42,627,205	0.086743	0.000000	59.00
60.00	06000	LABORATORY	62,960,271	98,224,175	161,184,446	0.105160	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	2,355,420	88,358,193	90,713,613	0.269469	0.000000	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	1,326	615,476	616,802	0.417088	0.000000	64.01
65.00	06500	RESPIRATORY THERAPY	12,844,414	947,668	13,792,082	0.227007	0.000000	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	19,130	0	19,130	0.591845	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	6,811,975	14,434,328	21,246,303	0.311454	0.000000	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	5,057,760	154,404	5,212,164	0.375770	0.000000	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	95	2,401,623	2,401,718	0.471763	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	2,898,238	336,279	3,234,517	0.280472	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	817,638	316,757	1,134,395	0.300141	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	17,625,106	15,468,495	33,093,601	0.086340	0.000000	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	159,081	23,477,693	23,636,774	0.067883	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	649,522	3,654,967	4,304,489	0.115337	0.000000	70.00
70.01	07001	SLEEP MEDICINE CLINIC	35,913	6,777,740	6,813,653	0.574472	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,944,282	17,069,366	36,013,648	0.523780	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	32,354,348	32,926,294	65,280,642	0.528760	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	81,895,672	46,091,349	127,987,021	0.154919	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	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0.000000	0.000000	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	2,113,167	464,012	2,577,179	0.317901	0.000000	76.01
76.02	03952	CARDIAC REHAB	994,413	4,577,813	5,572,226	1.018307	0.000000	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	61,882	1,774,144	1,836,026	0.313786	0.000000	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	20,756	20,756	0.881962	0.000000	90.00
91.00	09100	EMERGENCY	16,259,896	26,275,417	42,535,313	0.193232	0.000000	91.00
91.01	09101	URGENT CARE CENTERS	16,394	30,069,440	30,085,834	0.394992	0.000000	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	8,245	8,245	30.093996	0.000000	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,849,037	18,627,405	20,476,442	0.216973	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	6,842,486	6,842,486			101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	3,901,038	3,901,038			116.00
200.00		Subtotal (see instructions)	467,719,667	777,022,871	1,244,742,538			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	467,719,667	777,022,871	1,244,742,538			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet C Part I Date/Time Prepared: 11/24/2015 9:36 am

		Cost Center Description	PPS Inpatient Ratio 11.00	Title XIX	Hospital	Cost
		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
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
46.00	04600	OTHER LONG TERM CARE				46.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.000000			50.00
50.01	03650	VASCULAR ACCESS CENTER	0.000000			50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.000000			50.02
50.03	05002	PAIN MGMT CENTER	0.000000			50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.000000			50.04
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	05401	TDOC RADIOLOGY	0.000000			54.01
54.02	05402	CDI RADIOLOGY	0.000000			54.02
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
57.01	05701	TDOC CT SCAN	0.000000			57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
58.01	05801	TDOC - MRI	0.000000			58.01
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.000000			64.01
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.000000			65.01
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.000000			66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.000000			66.02
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
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.000000			69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.000000			70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0.000000			76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0.000000			76.01
76.02	03952	CARDIAC REHAB	0.000000			76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.000000			76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000			90.00
91.00	09100	EMERGENCY	0.000000			91.00
91.01	09101	URGENT CARE CENTERS	0.000000			91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0.000000			91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
		OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY				101.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet D Part I Date/Time Prepared: 11/24/2015 9:36 am

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	6,357,380	0	6,357,380	61,584	103.23	30.00
31.00	INTENSIVE CARE UNIT	431,856		431,856	3,342	129.22	31.00
32.00	CORONARY CARE UNIT	603,776		603,776	3,675	164.29	32.00
43.00	NURSERY	869,731		869,731	5,654	153.83	43.00
44.00	SKILLED NURSING FACILITY	216,311		216,311	14,355	15.07	44.00
200.00	Total (lines 30-199)	8,479,054		8,479,054	88,610		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	29,200	3,014,316	30.00
31.00	INTENSIVE CARE UNIT	1,907	246,423	31.00
32.00	CORONARY CARE UNIT	2,157	354,374	32.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	8,724	131,471	44.00
200.00	Total (lines 30-199)	41,988	3,746,584	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet D Part II Date/Time Prepared: 11/24/2015 9:36 am

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,902,996	95,474,045	0.030406	30,656,838	932,152	50.00
50.01	03650	VASCULAR ACCESS CENTER	297,405	6,822,369	0.043593	1,932	84	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	128,717	3,815,563	0.033735	1,847	62	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0.000000	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	463,865	18,970,433	0.024452	1,756,430	42,948	50.04
51.00	05100	RECOVERY ROOM	218,528	8,684,938	0.025162	1,617,926	40,710	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	292,994	7,370,483	0.039752	602	24	52.00
53.00	05300	ANESTHESIOLOGY	24,318	10,965,633	0.002218	3,782,586	8,390	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,051,214	84,008,299	0.024417	8,125,947	198,411	54.00
54.01	05401	TDOC RADIOLOGY	120,263	11,240,173	0.010699	45,554	487	54.01
54.02	05402	CDI RADIOLOGY	1,832,077	43,650,976	0.041971	36,614	1,537	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	179,825	60,556,871	0.002970	10,926,766	32,452	57.00
57.01	05701	TDOC CT SCAN	59,441	10,296,802	0.005773	41,457	239	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	184,647	16,243,759	0.011367	2,595,233	29,500	58.00
58.01	05801	TDOC - MRI	101,438	15,957,193	0.006357	39,590	252	58.01
59.00	05900	CARDIAC CATHETERIZATION	478,355	42,627,205	0.011222	11,162,476	125,265	59.00
60.00	06000	LABORATORY	1,108,838	161,184,446	0.006879	34,388,846	236,561	60.00
64.00	06400	INTRAVENOUS THERAPY	391,559	90,713,613	0.004316	1,168,963	5,045	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	13,979	616,802	0.022664	533	12	64.01
65.00	06500	RESPIRATORY THERAPY	110,517	13,792,082	0.008013	9,190,570	73,644	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	574	19,130	0.030005	17,631	529	65.01
66.00	06600	PHYSICAL THERAPY	728,350	21,246,303	0.034281	2,915,352	99,941	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	40,715	5,212,164	0.007812	2,116,300	16,533	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	156,738	2,401,718	0.065261	41	3	66.02
67.00	06700	OCCUPATIONAL THERAPY	11,952	3,234,517	0.003695	1,152,593	4,259	67.00
68.00	06800	SPEECH PATHOLOGY	7,063	1,134,395	0.006226	356,427	2,219	68.00
69.00	06900	ELECTROCARDIOLOGY	254,904	33,093,601	0.007703	9,649,518	74,330	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	203,527	23,636,774	0.008611	81,838	705	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	87,766	4,304,489	0.020389	551,899	11,253	70.00
70.01	07001	SLEEP MEDICINE CLINIC	417,922	6,813,653	0.061336	510	31	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	505,559	36,013,648	0.014038	1,766,084	24,792	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	209,827	65,280,642	0.003214	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	367,570	127,987,021	0.002872	42,363,300	121,667	73.00
74.00	07400	RENAL DIALYSIS	67	0	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0.000000	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	10,880	2,577,179	0.004222	1,257,483	5,309	76.01
76.02	03952	CARDIAC REHAB	544,416	5,572,226	0.097702	533,471	52,121	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	91,620	1,836,026	0.049901	54,313	2,710	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	316	20,756	0.015225	0	0	90.00
91.00	09100	EMERGENCY	518,001	42,535,313	0.012178	8,271,608	100,732	91.00
91.01	09101	URGENT CARE CENTERS	1,535,721	30,085,834	0.051045	3,658	187	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	55,884	8,245	6.777926	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	528,231	20,476,442	0.025797	0	0	92.00
200.00		Total (lines 50-199)	17,238,579	1,136,481,761		186,632,736	2,245,096	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet D Part III Date/Time Prepared: 11/24/2015 9:36 am

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		Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	164,807	0	0	164,807	30.00
31.00	03100	INTENSIVE CARE UNIT	0	9,754	0		9,754	31.00
32.00	03200	CORONARY CARE UNIT	0	10,726	0		10,726	32.00
43.00	04300	NURSERY	0	0	0		0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	41,897	0		41,897	44.00
200.00		Total (lines 30-199)	0	227,184	0		227,184	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)	PSA Adj. Nursing School	
			6.00	7.00	8.00	9.00	11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	61,584	2.68	29,200	78,256	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,342	2.92	1,907	5,568	0	31.00
32.00	03200	CORONARY CARE UNIT	3,675	2.92	2,157	6,298	0	32.00
43.00	04300	NURSERY	5,654	0.00	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	14,355	2.92	8,724	25,474	0	44.00
200.00		Total (lines 30-199)	88,610		41,988	115,596	0	200.00

		Cost Center Description	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost	
			12.00	13.00	
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
43.00	04300	NURSERY	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
200.00		Total (lines 30-199)	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet D Part IV Date/Time Prepared: 11/24/2015 9:36 am

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		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	0	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	0	0	0	50.04
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	TDOC RADIOLOGY	0	0	0	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	0	0	54.02
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
57.01	05701	TDOC CT SCAN	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801	TDOC - MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	0	0	0	66.02
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
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	272,381	0	272,381	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	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.01
76.02	03952	CARDIAC REHAB	0	0	0	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	13,693	0	13,693	92.00
200.00		Total (lines 50-199)	0	0	286,074	0	286,074	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet D Part IV Date/Time Prepared: 11/24/2015 9:36 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	95,474,045	0.000000	0.000000	30,656,838	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	6,822,369	0.000000	0.000000	1,932	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	3,815,563	0.000000	0.000000	1,847	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0.000000	0.000000	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	18,970,433	0.000000	0.000000	1,756,430	50.04
51.00	05100	RECOVERY ROOM	0	8,684,938	0.000000	0.000000	1,617,926	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,370,483	0.000000	0.000000	602	52.00
53.00	05300	ANESTHESIOLOGY	0	10,965,633	0.000000	0.000000	3,782,586	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	84,008,299	0.000000	0.000000	8,125,947	54.00
54.01	05401	TDOC RADIOLOGY	0	11,240,173	0.000000	0.000000	45,554	54.01
54.02	05402	CDI RADIOLOGY	0	43,650,976	0.000000	0.000000	36,614	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	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	60,556,871	0.000000	0.000000	10,926,766	57.00
57.01	05701	TDOC CT SCAN	0	10,296,802	0.000000	0.000000	41,457	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	16,243,759	0.000000	0.000000	2,595,233	58.00
58.01	05801	TDOC - MRI	0	15,957,193	0.000000	0.000000	39,590	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	42,627,205	0.000000	0.000000	11,162,476	59.00
60.00	06000	LABORATORY	0	161,184,446	0.000000	0.000000	34,388,846	60.00
64.00	06400	INTRAVENOUS THERAPY	0	90,713,613	0.000000	0.000000	1,168,963	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	616,802	0.000000	0.000000	533	64.01
65.00	06500	RESPIRATORY THERAPY	0	13,792,082	0.000000	0.000000	9,190,570	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	19,130	0.000000	0.000000	17,631	65.01
66.00	06600	PHYSICAL THERAPY	0	21,246,303	0.000000	0.000000	2,915,352	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	5,212,164	0.000000	0.000000	2,116,300	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	2,401,718	0.000000	0.000000	41	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	3,234,517	0.000000	0.000000	1,152,593	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,134,395	0.000000	0.000000	356,427	68.00
69.00	06900	ELECTROCARDIOLOGY	0	33,093,601	0.000000	0.000000	9,649,518	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	23,636,774	0.000000	0.000000	81,838	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,304,489	0.000000	0.000000	551,899	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	6,813,653	0.000000	0.000000	510	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	36,013,648	0.000000	0.000000	1,766,084	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	65,280,642	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	272,381	127,987,021	0.002128	0.002128	42,363,300	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	03020	NUTRITION/DIABETES EDUCATION	0	0	0.000000	0.000000	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	2,577,179	0.000000	0.000000	1,257,483	76.01
76.02	03952	CARDIAC REHAB	0	5,572,226	0.000000	0.000000	533,471	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	1,836,026	0.000000	0.000000	54,313	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	20,756	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	42,535,313	0.000000	0.000000	8,271,608	91.00
91.01	09101	URGENT CARE CENTERS	0	30,085,834	0.000000	0.000000	3,658	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	8,245	0.000000	0.000000	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	13,693	20,476,442	0.000669	0.000669	0	92.00
200.00		Total (lines 50-199)	286,074	1,136,481,761			186,632,736	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet D Part IV Date/Time Prepared: 11/24/2015 9:36 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)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	22,517,874	0	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	9,301,407	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	3,187,761	0	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	5,023,310	0	0	0	50.04
51.00	05100	RECOVERY ROOM	0	16,799	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	4,008	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	21,151,667	0	0	0	54.00
54.01	05401	TDOC RADIOLOGY	0	3,382,805	0	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	30,718,005	0	0	0	54.02
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	1,734,162	0	0	0	57.00
57.01	05701	TDOC CT SCAN	0	7,743,358	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	179,729	0	0	0	58.00
58.01	05801	TDOC - MRI	0	2,653,958	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	18,769,152	0	0	0	59.00
60.00	06000	LABORATORY	0	13,247,901	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	39,551,590	0	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	243,203	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	252,245	0	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	25,420	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	325	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	6,702	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	97	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	8,622,994	0	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	5,603,054	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,893,930	0	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	717,648	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	130,914	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	90,149	13,315,194	28,335	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	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	2,678	0	0	0	76.01
76.02	03952	CARDIAC REHAB	0	2,464,411	0	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	741,071	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	294	0	0	0	90.00
91.00	09100	EMERGENCY	0	7,147,490	0	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0	2,350,275	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	55,395	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,767,006	1,182	0	0	92.00
200.00		Total (lines 50-199)	90,149	225,523,832	29,517	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet D Part IV Date/Time Prepared: 11/24/2015 9:36 am

Title XVIII | Hospital | PPS

		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
			23.00	24.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0		50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0		50.02
50.03	05002	PAIN MGMT CENTER	0	0		50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0		50.04
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	TDOC RADIOLOGY	0	0		54.01
54.02	05402	CDI RADIOLOGY	0	0		54.02
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
57.01	05701	TDOC CT SCAN	0	0		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
58.01	05801	TDOC - MRI	0	0		58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0		64.01
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0		65.01
66.00	06600	PHYSICAL THERAPY	0	0		66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0		66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0		66.02
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
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0		76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0		76.01
76.02	03952	CARDIAC REHAB	0	0		76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0		76.03
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	URGENT CARE CENTERS	0	0		91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet D Part V Date/Time Prepared: 11/24/2015 9:36 am

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.305144	22,517,874	139	0	6,871,194	50.00
50.01	03650	VASCULAR ACCESS CENTER	0.150272	9,301,407	0	264	1,397,741	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.188763	3,187,761	0	0	601,731	50.02
50.03	05002	PAIN MGMT CENTER	0.000000	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.184207	5,023,310	0	0	925,329	50.04
51.00	05100	RECOVERY ROOM	0.250207	16,799	0	3	4,203	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.346003	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.078215	4,008	0	0	313	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.189649	21,151,667	1,290	7,095	4,011,392	54.00
54.01	05401	TDOC RADIOLOGY	0.081014	3,382,805	0	296	274,055	54.01
54.02	05402	CDI RADIOLOGY	0.217013	30,718,005	17,316	956	6,666,206	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.026586	1,734,162	0	14	46,104	57.00
57.01	05701	TDOC CT SCAN	0.042864	7,743,358	0	15	331,911	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.062732	179,729	0	3	11,275	58.00
58.01	05801	TDOC - MRI	0.041172	2,653,958	0	497	109,269	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.086743	18,769,152	0	0	1,628,093	59.00
60.00	06000	LABORATORY	0.105160	13,247,901	37,696	0	1,393,149	60.00
64.00	06400	INTRAVENOUS THERAPY	0.269469	39,551,590	0	152,651	10,657,927	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.417088	243,203	0	0	101,437	64.01
65.00	06500	RESPIRATORY THERAPY	0.227007	252,245	0	0	57,261	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.591845	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.311454	25,420	0	0	7,917	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.375770	325	0	0	122	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.471763	6,702	0	0	3,162	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.280472	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.300141	97	0	0	29	68.00
69.00	06900	ELECTROCARDIOLOGY	0.086340	8,622,994	0	80	744,509	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.067883	5,603,054	0	181	380,352	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.115337	2,893,930	0	0	333,777	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.574472	717,648	0	0	412,269	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.523780	130,914	0	2	68,570	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.528760	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.154919	13,315,194	0	2,294	2,062,777	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0.000000	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0.317901	2,678	0	0	851	76.01
76.02	03952	CARDIAC REHAB	1.018307	2,464,411	0	0	2,509,527	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.313786	741,071	7	54	232,538	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.881962	294	0	0	259	90.00
91.00	09100	EMERGENCY	0.193232	7,147,490	0	0	1,381,124	91.00
91.01	09101	URGENT CARE CENTERS	0.394992	2,350,275	0	11	928,340	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	30.093996	55,395	0	0	1,667,057	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.216973	1,767,006	0	0	383,393	92.00
200.00		Subtotal (see instructions)		225,523,832	56,448	164,416	46,205,163	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		225,523,832	56,448	164,416	46,205,163	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet D Part V Date/Time Prepared: 11/24/2015 9:36 am

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	42	0		50.00
50.01	03650	VASCULAR ACCESS CENTER	0	40		50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0		50.02
50.03	05002	PAIN MGMT CENTER	0	0		50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0		50.04
51.00	05100	RECOVERY ROOM	0	1		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	245	1,346		54.00
54.01	05401	TDOC RADIOLOGY	0	24		54.01
54.02	05402	CDI RADIOLOGY	3,758	207		54.02
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
57.01	05701	TDOC CT SCAN	0	1		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
58.01	05801	TDOC - MRI	0	20		58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	3,964	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	41,135		64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0		64.01
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0		65.01
66.00	06600	PHYSICAL THERAPY	0	0		66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0		66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0		66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	7		69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	12		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	355		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0		76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0		76.01
76.02	03952	CARDIAC REHAB	0	0		76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	2	17		76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	URGENT CARE CENTERS	0	4		91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Subtotal (see instructions)	8,011	43,170		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	8,011	43,170		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260179
Component CCN: 265414

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

Worksheet D
Part IV
Date/Time Prepared:
11/24/2015 9:36 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
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	0	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	0	0	0	50.04
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	TDOC RADIOLOGY	0	0	0	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	0	0	54.02
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
57.01	05701	TDOC CT SCAN	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801	TDOC - MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	0	0	0	66.02
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
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	272,381	0	272,381	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	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.01
76.02	03952	CARDIAC REHAB	0	0	0	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	272,381	0	272,381	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260179
Component CCN: 265414

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

Worksheet D Part IV
Date/Time Prepared: 11/24/2015 9:36 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	95,474,045	0.000000	0.000000	41,429	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	6,822,369	0.000000	0.000000	21	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	3,815,563	0.000000	0.000000	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0.000000	0.000000	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	18,970,433	0.000000	0.000000	1,934	50.04
51.00	05100	RECOVERY ROOM	0	8,684,938	0.000000	0.000000	9,437	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,370,483	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	10,965,633	0.000000	0.000000	35,116	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	84,008,299	0.000000	0.000000	57,952	54.00
54.01	05401	TDOC RADIOLOGY	0	11,240,173	0.000000	0.000000	172	54.01
54.02	05402	CDI RADIOLOGY	0	43,650,976	0.000000	0.000000	14	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	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	60,556,871	0.000000	0.000000	3,996	57.00
57.01	05701	TDOC CT SCAN	0	10,296,802	0.000000	0.000000	17	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	16,243,759	0.000000	0.000000	0	58.00
58.01	05801	TDOC - MRI	0	15,957,193	0.000000	0.000000	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	42,627,205	0.000000	0.000000	9,786	59.00
60.00	06000	LABORATORY	0	161,184,446	0.000000	0.000000	374,426	60.00
64.00	06400	INTRAVENOUS THERAPY	0	90,713,613	0.000000	0.000000	8,585	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	616,802	0.000000	0.000000	9	64.01
65.00	06500	RESPIRATORY THERAPY	0	13,792,082	0.000000	0.000000	18,702	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	19,130	0.000000	0.000000	367	65.01
66.00	06600	PHYSICAL THERAPY	0	21,246,303	0.000000	0.000000	1,133,127	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	5,212,164	0.000000	0.000000	1,040,038	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	2,401,718	0.000000	0.000000	16	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	3,234,517	0.000000	0.000000	719,370	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,134,395	0.000000	0.000000	190,278	68.00
69.00	06900	ELECTROCARDIOLOGY	0	33,093,601	0.000000	0.000000	7,952	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	23,636,774	0.000000	0.000000	120	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,304,489	0.000000	0.000000	33	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	6,813,653	0.000000	0.000000	1	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	36,013,648	0.000000	0.000000	33,728	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	65,280,642	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	272,381	127,987,021	0.002128	0.002128	1,584,137	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	03020	NUTRITION/DIABETES EDUCATION	0	0	0.000000	0.000000	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	2,577,179	0.000000	0.000000	1,311	76.01
76.02	03952	CARDIAC REHAB	0	5,572,226	0.000000	0.000000	283	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	1,836,026	0.000000	0.000000	13	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	20,756	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	42,535,313	0.000000	0.000000	263	91.00
91.01	09101	URGENT CARE CENTERS	0	30,085,834	0.000000	0.000000	31	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	8,245	0.000000	0.000000	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	20,476,442	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	272,381	1,136,481,761			5,272,664	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260179
Component CCN: 265414

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

Worksheet D Part IV
Date/Time Prepared: 11/24/2015 9:36 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)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	0	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	0	0	0	50.04
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	TDOC RADIOLOGY	0	0	0	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	0	0	54.02
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
57.01	05701	TDOC CT SCAN	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801	TDOC - MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	0	0	0	66.02
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
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,371	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	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.01
76.02	03952	CARDIAC REHAB	0	0	0	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	3,371	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260179
Component CCN: 265414

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

Worksheet D Part IV
Date/Time Prepared: 11/24/2015 9:36 am

Title XVIII | Skilled Nursing Facility | PPS

		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
			23.00	24.00	
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	50.04
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401	TDOC RADIOLOGY	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	54.02
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
57.01	05701	TDOC CT SCAN	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
58.01	05801	TDOC - MRI	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	66.02
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
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	76.01
76.02	03952	CARDIAC REHAB	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 260179
Component CCN: 265414

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

Worksheet D Part V
Date/Time Prepared: 11/24/2015 9:36 am

Title XVIII | Skilled Nursing Facility | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.305144	0	0	4	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0.150272	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.188763	0	0	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0.000000	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.184207	0	0	0	0	50.04
51.00	05100	RECOVERY ROOM	0.250207	0	0	2	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.346003	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.078215	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.189649	0	0	93	0	54.00
54.01	05401	TDOC RADIOLOGY	0.081014	0	0	3	0	54.01
54.02	05402	CDI RADIOLOGY	0.217013	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.026586	0	0	53	0	57.00
57.01	05701	TDOC CT SCAN	0.042864	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.062732	0	0	16	0	58.00
58.01	05801	TDOC - MRI	0.041172	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.086743	0	0	69	0	59.00
60.00	06000	LABORATORY	0.105160	0	0	8	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.269469	0	0	62	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.417088	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0.227007	0	0	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.591845	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.311454	0	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.375770	0	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.471763	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.280472	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.300141	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.086340	0	0	37	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.067883	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.115337	0	0	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.574472	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.523780	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.528760	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.154919	0	0	8,017	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0.000000	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0.317901	0	0	0	0	76.01
76.02	03952	CARDIAC REHAB	1.018307	0	0	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.313786	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.881962	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.193232	0	0	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0.394992	0	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	30.093996	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.216973	0	0	0	0	92.00
200.00		Subtotal (see instructions)		0	0	8,364	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		0	0	8,364	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 260179 Component CCN: 265414	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part V Date/Time Prepared: 11/24/2015 9:36 am
	Title XVIII	Skilled Nursing Facility	PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
			6.00	7.00	
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0	1	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	50.04
51.00	05100	RECOVERY ROOM	0	1	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	18	54.00
54.01	05401	TDOC RADIOLOGY	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	1	57.00
57.01	05701	TDOC CT SCAN	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1	58.00
58.01	05801	TDOC - MRI	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	6	59.00
60.00	06000	LABORATORY	0	1	60.00
64.00	06400	INTRAVENOUS THERAPY	0	17	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,242	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	76.01
76.02	03952	CARDIAC REHAB	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Subtotal (see instructions)	0	1,291	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	0	1,291	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet D Part V Date/Time Prepared: 11/24/2015 9:36 am

Title XIX | Hospital | Cost

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.305144	0	964,591	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0.150272	0	400,780	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.188763	0	0	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0.000000	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.184207	0	45,532	0	0	50.04
51.00	05100	RECOVERY ROOM	0.250207	0	85,266	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.346003	0	296,648	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.078215	0	115,359	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.189649	0	956,475	0	0	54.00
54.01	05401	TDOC RADIOLOGY	0.081014	0	114,180	0	0	54.01
54.02	05402	CDI RADIOLOGY	0.217013	0	403,384	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.026586	0	612,567	0	0	57.00
57.01	05701	TDOC CT SCAN	0.042864	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.062732	0	86,096	0	0	58.00
58.01	05801	TDOC - MRI	0.041172	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.086743	0	318,175	0	0	59.00
60.00	06000	LABORATORY	0.105160	0	1,037,130	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.269469	0	271,232	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.417088	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0.227007	0	23,089	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.591845	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.311454	0	30,645	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.375770	0	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.471763	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.280472	0	1,160	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.300141	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.086340	0	126,985	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.067883	0	95,818	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.115337	0	13,463	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.574472	0	57,998	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.523780	0	485,727	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.528760	0	535,543	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.154919	0	482,455	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0.000000	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0.317901	0	7,481	0	0	76.01
76.02	03952	CARDIAC REHAB	1.018307	0	23,351	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.313786	0	12,947	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.881962	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.193232	0	1,081,159	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0.394992	0	1,039,902	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	30.093996	0	1,173	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.216973	0	301,341	0	0	92.00
200.00		Subtotal (see instructions)		0	10,027,652	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		0	10,027,652	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet D Part V Date/Time Prepared: 11/24/2015 9:36 am

Title XIX | Hospital | Cost

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	294,339	0		50.00
50.01	03650	VASCULAR ACCESS CENTER	60,226	0		50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0		50.02
50.03	05002	PAIN MGMT CENTER	0	0		50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	8,387	0		50.04
51.00	05100	RECOVERY ROOM	21,334	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	102,641	0		52.00
53.00	05300	ANESTHESIOLOGY	9,023	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	181,395	0		54.00
54.01	05401	TDOC RADIOLOGY	9,250	0		54.01
54.02	05402	CDI RADIOLOGY	87,540	0		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	16,286	0		57.00
57.01	05701	TDOC CT SCAN	0	0		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,401	0		58.00
58.01	05801	TDOC - MRI	0	0		58.01
59.00	05900	CARDIAC CATHETERIZATION	27,599	0		59.00
60.00	06000	LABORATORY	109,065	0		60.00
64.00	06400	INTRAVENOUS THERAPY	73,089	0		64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0		64.01
65.00	06500	RESPIRATORY THERAPY	5,241	0		65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0		65.01
66.00	06600	PHYSICAL THERAPY	9,545	0		66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0		66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0		66.02
67.00	06700	OCCUPATIONAL THERAPY	325	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	10,964	0		69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	6,504	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,553	0		70.00
70.01	07001	SLEEP MEDICINE CLINIC	33,318	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	254,414	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	283,174	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	74,741	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0		76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	2,378	0		76.01
76.02	03952	CARDIAC REHAB	23,778	0		76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	4,063	0		76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	208,915	0		91.00
91.01	09101	URGENT CARE CENTERS	410,753	0		91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	35,300	0		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	65,383	0		92.00
200.00		Subtotal (see instructions)	2,435,924	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	2,435,924	0		202.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260179	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1 Date/Time Prepared: 11/24/2015 9:36 am
	Title XVIII	Hospital	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	61,584	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	61,584	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.	27,703	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	28,764	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)	29,200	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)	53,470,388	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)	53,470,388	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	80,422,268	28.00
29.00	Private room charges (excluding swing-bed charges)	39,487,110	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	40,935,158	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.664870	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	1,425.37	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	1,423.14	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	2.23	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	1.48	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	41,000	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	53,429,388	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)	868.25	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	25,352,900	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)	25,352,900	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet D-1 | Date/Time Prepared: 11/24/2015 9:36 am

Title XVIII | Hospital | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	5,235,627	3,342	1,566.61	1,907	2,987,525	43.00
44.00	CORONARY CARE UNIT	6,289,109	3,675	1,711.32	2,157	3,691,317	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)	32,589,126	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	64,620,868	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)	3,705,235	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	2,335,245	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	6,040,480	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	58,580,388	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)	5,117	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	868.25	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	4,442,835	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 260179

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

Worksheet D-1

Date/Time Prepared: 11/24/2015 9:36 am

Title XVIII Hospital 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	6,357,380	53,470,388	0.118895	4,442,835	528,231	90.00
91.00	Nursing School cost	0	53,470,388	0.000000	4,442,835	0	91.00
92.00	Allied health cost	164,807	53,470,388	0.003082	4,442,835	13,693	92.00
93.00	All other Medical Education	0	53,470,388	0.000000	4,442,835	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260179 Component CCN: 265414	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1 Date/Time Prepared: 11/24/2015 9:36 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)	14,355	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	14,355	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.	3,895	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	10,460	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)	8,724	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)	4,580,512	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)	4,580,512	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	2,611,890	28.00
29.00	Private room charges (excluding swing-bed charges)	1,100,987	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	1,510,903	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	1.753716	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	282.67	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	144.45	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	138.22	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	242.40	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	944,148	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	3,636,364	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: 260179 Component CCN: 265414	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1 Date/Time Prepared: 11/24/2015 9:36 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)	3,636,364	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)	253.32	71.00
72.00	Program routine service cost (line 9 x line 71)	2,209,964	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)	2,209,964	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)	2,209,964	83.00
84.00	Program inpatient ancillary services (see instructions)	1,343,391	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)	3,553,355	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: 260179 Component CCN: 265414	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1 Date/Time Prepared: 11/24/2015 9:36 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: 260179	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1 Date/Time Prepared: 11/24/2015 9:36 am
	Title XIX	Hospital	Cost

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	61,584	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	61,584	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.	27,703	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	28,764	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)	664	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)	5,654	15.00
16.00	Nursery days (title V or XIX only)	217	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)	53,262,787	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)	53,262,787	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	80,422,268	28.00
29.00	Private room charges (excluding swing-bed charges)	39,487,110	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	40,935,158	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.662289	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	1,425.37	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	1,423.14	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	2.23	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	1.48	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	41,000	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	53,221,787	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)	864.21	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	573,835	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)	573,835	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet D-1 | Date/Time Prepared: 11/24/2015 9:36 am

	Cost Center Description	Title XIX Total Inpatient Cost	Title XIX Total Inpatient Days	Title XIX Average Per Diem (col. 1 ÷ col. 2)	Hospital Program Days	Cost Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	8,317,967	5,654	1,471.17	217	319,244	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	5,218,497	3,342	1,561.49	70	109,304	43.00
44.00	CORONARY CARE UNIT	6,276,507	3,675	1,707.89	48	81,979	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)	1,457,391	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	2,541,753	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	5,117	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	864.88	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	4,425,591	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260179	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1 Date/Time Prepared: 11/24/2015 9:36 am
	Title XIX	Hospital	Cost

	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	6,357,380	53,262,787	0.119359	4,425,591	528,234	90.00
91.00	Nursing School cost	0	53,262,787	0.000000	4,425,591	0	91.00
92.00	Allied health cost	0	53,262,787	0.000000	4,425,591	0	92.00
93.00	All other Medical Education	0	53,262,787	0.000000	4,425,591	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260179 Component CCN: 265414	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1 Date/Time Prepared: 11/24/2015 9:36 am
	Title XIX	Skilled Nursing Facility	Cost

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	14,355	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	14,355	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.	3,895	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	10,460	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	0	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	5,654	15.00
16.00	Nursery days (title V or XIX only)	217	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)	4,580,512	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)	4,580,512	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	2,611,890	28.00
29.00	Private room charges (excluding swing-bed charges)	1,100,987	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	1,510,903	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	1.753716	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	282.67	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	144.45	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	138.22	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	242.40	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	944,148	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	3,636,364	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: 260179 Component CCN: 265414	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1 Date/Time Prepared: 11/24/2015 9:36 am
	Title XIX	Skilled Nursing Facility	Cost

	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)	3,636,364	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)	253.32	71.00
72.00	Program routine service cost (line 9 x line 71)	0	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)	0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)	0	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)	216,311	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)	15.07	76.00
77.00	Program capital-related costs (line 9 x line 76)	0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)	0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)	0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)	0	80.00
81.00	Inpatient routine service cost per diem limitation	0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)	0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)	0	83.00
84.00	Program inpatient ancillary services (see instructions)	1,675	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)	1,675	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: 260179 Component CCN: 265414	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1 Date/Time Prepared: 11/24/2015 9:36 am
	Title XIX	Skilled Nursing Facility	Cost

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet D-3 | Date/Time Prepared: 11/24/2015 9:36 am

Title XVIII | Hospital | 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		35,293,363		30.00
31.00	03100	INTENSIVE CARE UNIT		5,606,406		31.00
32.00	03200	CORONARY CARE UNIT		6,797,514		32.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.307767	30,656,838	9,435,163	50.00
50.01	03650	VASCULAR ACCESS CENTER	0.150272	1,932	290	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.188769	1,847	349	50.02
50.03	05002	PAIN MGMT CENTER	0.000000	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.184207	1,756,430	323,547	50.04
51.00	05100	RECOVERY ROOM	0.250207	1,617,926	404,816	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.346003	602	208	52.00
53.00	05300	ANESTHESIOLOGY	0.078215	3,782,586	295,855	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.189649	8,125,947	1,541,078	54.00
54.01	05401	TDOC RADIOLOGY	0.081014	45,554	3,691	54.01
54.02	05402	CDI RADIOLOGY	0.217013	36,614	7,946	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700	CT SCAN	0.026586	10,926,766	290,499	57.00
57.01	05701	TDOC CT SCAN	0.042864	41,457	1,777	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.062732	2,595,233	162,804	58.00
58.01	05801	TDOC - MRI	0.041172	39,590	1,630	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.086743	11,162,476	968,267	59.00
60.00	06000	LABORATORY	0.105205	34,388,846	3,617,879	60.00
64.00	06400	INTRAVENOUS THERAPY	0.272358	1,168,963	318,376	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.451728	533	241	64.01
65.00	06500	RESPIRATORY THERAPY	0.227007	9,190,570	2,086,324	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.591845	17,631	10,435	65.01
66.00	06600	PHYSICAL THERAPY	0.311454	2,915,352	907,998	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.375770	2,116,300	795,242	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.471763	41	19	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.280472	1,152,593	323,270	67.00
68.00	06800	SPEECH PATHOLOGY	0.300141	356,427	106,978	68.00
69.00	06900	ELECTROCARDIOLOGY	0.086433	9,649,518	834,037	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.067883	81,838	5,555	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.115337	551,899	63,654	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.586417	510	299	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.523780	1,766,084	925,039	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.528760	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.154919	42,363,300	6,562,880	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0.000000	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0.317901	1,257,483	399,755	76.01
76.02	03952	CARDIAC REHAB	1.018307	533,471	543,237	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.313786	54,313	17,043	76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.881962	0	0	90.00
91.00	09100	EMERGENCY	0.197241	8,271,608	1,631,500	91.00
91.01	09101	URGENT CARE CENTERS	0.394992	3,658	1,445	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	30.093996	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.216973	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		186,632,736	32,589,126	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)		186,632,736		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 260179
Component CCN: 265414

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

Worksheet D-3
Date/Time Prepared: 11/24/2015 9:36 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
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.305144	41,429	12,642	50.00
50.01	03650	VASCULAR ACCESS CENTER	0.150272	21	3	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.188763	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0.000000	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.184207	1,934	356	50.04
51.00	05100	RECOVERY ROOM	0.250207	9,437	2,361	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.346003	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.078215	35,116	2,747	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.189649	57,952	10,991	54.00
54.01	05401	TDOC RADIOLOGY	0.081014	172	14	54.01
54.02	05402	CDI RADIOLOGY	0.217013	14	3	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700	CT SCAN	0.026586	3,996	106	57.00
57.01	05701	TDOC CT SCAN	0.042864	17	1	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.062732	0	0	58.00
58.01	05801	TDOC - MRI	0.041172	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.086743	9,786	849	59.00
60.00	06000	LABORATORY	0.105160	374,426	39,375	60.00
64.00	06400	INTRAVENOUS THERAPY	0.269469	8,585	2,313	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.417088	9	4	64.01
65.00	06500	RESPIRATORY THERAPY	0.227007	18,702	4,245	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.591845	367	217	65.01
66.00	06600	PHYSICAL THERAPY	0.311454	1,133,127	352,917	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.375770	1,040,038	390,815	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.471763	16	8	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.280472	719,370	201,763	67.00
68.00	06800	SPEECH PATHOLOGY	0.300141	190,278	57,110	68.00
69.00	06900	ELECTROCARDIOLOGY	0.086340	7,952	687	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.067883	120	8	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.115337	33	4	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.574472	1	1	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.523780	33,728	17,666	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.528760	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.154919	1,584,137	245,413	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0.000000	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0.317901	1,311	417	76.01
76.02	03952	CARDIAC REHAB	1.018307	283	288	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.313786	13	4	76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.881962	0	0	90.00
91.00	09100	EMERGENCY	0.193232	263	51	91.00
91.01	09101	URGENT CARE CENTERS	0.394992	31	12	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	30.093996	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.216973	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		5,272,664	1,343,391	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)		5,272,664		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet D-3 | Date/Time Prepared: 11/24/2015 9:36 am

Title XIX | Hospital | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		1,303,933		30.00
31.00	03100	INTENSIVE CARE UNIT		220,826		31.00
32.00	03200	CORONARY CARE UNIT		164,136		32.00
43.00	04300	NURSERY		1,083,886		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.305144	212,146	64,735	50.00
50.01	03650	VASCULAR ACCESS CENTER	0.150272	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.188763	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0.000000	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.184207	55,072	10,145	50.04
51.00	05100	RECOVERY ROOM	0.250207	32,242	8,067	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.346003	615,280	212,889	52.00
53.00	05300	ANESTHESIOLOGY	0.078215	74,014	5,789	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.189649	237,547	45,051	54.00
54.01	05401	TDOC RADIOLOGY	0.081014	0	0	54.01
54.02	05402	CDI RADIOLOGY	0.217013	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700	CT SCAN	0.026586	452,556	12,032	57.00
57.01	05701	TDOC CT SCAN	0.042864	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.062732	107,389	6,737	58.00
58.01	05801	TDOC - MRI	0.041172	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.086743	408,780	35,459	59.00
60.00	06000	LABORATORY	0.105160	1,483,558	156,011	60.00
64.00	06400	INTRAVENOUS THERAPY	0.269469	48,397	13,041	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.417088	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0.227007	225,380	51,163	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.591845	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.311454	62,016	19,315	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.375770	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.471763	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.280472	27,379	7,679	67.00
68.00	06800	SPEECH PATHOLOGY	0.300141	5,902	1,771	68.00
69.00	06900	ELECTROCARDIOLOGY	0.086340	304,815	26,318	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.067883	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.115337	15,588	1,798	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.574472	1,145	658	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.523780	513,776	269,106	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.528760	278,252	147,129	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.154919	1,790,725	277,417	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0.000000	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0.317901	41,419	13,167	76.01
76.02	03952	CARDIAC REHAB	1.018307	9,065	9,231	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.313786	361	113	76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.881962	0	0	90.00
91.00	09100	EMERGENCY	0.193232	306,938	59,310	91.00
91.01	09101	URGENT CARE CENTERS	0.394992	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	30.093996	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.216973	15,026	3,260	92.00
200.00		Total (sum of lines 50-94 and 96-98)		7,324,768	1,457,391	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)		7,324,768		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 260179
Component CCN: 265414

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

Worksheet D-3
Date/Time Prepared: 11/24/2015 9:36 am

Title XIX | Skilled Nursing Facility | Cost

		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
43.00	04300	NURSERY		0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.305144	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0.150272	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.188763	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0.000000	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.184207	0	0	50.04
51.00	05100	RECOVERY ROOM	0.250207	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.346003	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.078215	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.189649	0	0	54.00
54.01	05401	TDOC RADIOLOGY	0.081014	0	0	54.01
54.02	05402	CDI RADIOLOGY	0.217013	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700	CT SCAN	0.026586	0	0	57.00
57.01	05701	TDOC CT SCAN	0.042864	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.062732	0	0	58.00
58.01	05801	TDOC - MRI	0.041172	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.086743	0	0	59.00
60.00	06000	LABORATORY	0.105160	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.269469	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.417088	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0.227007	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.591845	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.311454	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.375770	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.471763	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.280472	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.300141	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.086340	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.067883	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.115337	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.574472	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.523780	3,124	1,636	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.528760	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.154919	254	39	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0.000000	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0.317901	0	0	76.01
76.02	03952	CARDIAC REHAB	1.018307	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.313786	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.881962	0	0	90.00
91.00	09100	EMERGENCY	0.193232	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0.394992	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	30.093996	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.216973	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		3,378	1,675	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)		3,378		202.00

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			before 1/1	on/after 1/1		
		0	1.00	1.01	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)		13,646,117			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		43,046,971			1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		649,247			1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		1,434,421			1.04
2.00	Outlier payments for discharges. (see instructions)		2,123,378			2.00
2.01	Outlier reconciliation amount		0			2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		20,153			2.02
3.00	Managed Care Simulated Payments		17,365,453			3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		375.28			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)		40.04			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)		2.33			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)		37.71			9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		38.26			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)		37.71			12.00
13.00	Total allowable FTE count for the prior year.		37.71			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.		37.71			14.00
15.00	Sum of lines 12 through 14 divided by 3.		37.71			15.00
16.00	Adjustment for residents in initial years of the program		0.00			16.00
17.00	Adjusment for residents displaced by program or hospital closure		0.00			17.00
18.00	Adjusted rolling average FTE count		37.71			18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.100485			19.00
20.00	Prior year resident to bed ratio (see instructions)		0.113564			20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.100485			21.00
22.00	IME payment adjustment (see instructions)		4,064,471			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)		0.55			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)		4,064,471			29.00

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		before 1/1	on/after 1/1		
		0	1.00	1.01	2.00	
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	0			29.01
	Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	1.18			30.00
31.00	Percentage of Medicaid patient days (see instructions)	3.21			31.00
32.00	Sum of lines 30 and 31	4.39			32.00
33.00	Allowable disproportionate share percentage (see instructions)	0.00			33.00
34.00	Disproportionate share adjustment (see instructions)	0			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		7,647,644,855	35.00
35.01	Factor 3 (see instructions)	0.000082460		0.000086475	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	0		0	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	0		0	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	0			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 an 685. (see instructions)	0	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 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 an 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)	62,901,090			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)	62,901,090			49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	5,249,898			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).	1,644,271			52.00
53.00	Nursing and Allied Health Managed Care payment	157,500			53.00
54.00	Special add-on payments for new technologies	2,104			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 intructions)	0			56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).	90,122			57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)	90,149			58.00
59.00	Total (sum of amounts on lines 49 through 58)	70,135,134			59.00
60.00	Primary payer payments	121,089			60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	70,014,045			61.00
62.00	Deductibles billed to program beneficiaries	5,691,824			62.00

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			Prior to October 1		On/After October 1	
		0	1.00	1.01	2.00	
63.00	Coinsurance billed to program beneficiaries		235,274			63.00
64.00	Allowable bad debts (see instructions)		617,141			64.00
65.00	Adjusted reimbursable bad debts (see instructions)		401,142			65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		423,330			66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		64,488,089			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)		434,229			70.93
70.94	HRR adjustment amount (see instructions)		-198,017			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)		64,724,301			71.00
71.01	Sequestration adjustment (see instructions)		1,294,486			71.01
72.00	Interim payments		63,579,588			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)		-149,773			74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		115,488			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: 260179	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Date/Time Prepared: 11/24/2015 9:36 am
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		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)	1.005953		1.0082	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)	1.0000		0.9954	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0		0	104.00

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet DSH | Date/Time Prepared: 11/24/2015 9:36 am

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		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
	CALCULATION OF THE DSH PAYMENT PERCENTAGE						
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	1.18	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	3.21	0.00			3.21	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	4.39	0.00			3.21	3.00
4.00	Provider Type * (urban, rural,SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	375.28	0.00			375.28	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	0.00	0.00			0.00	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	No				No	7.00
8.00	S-2, Line 22	No				No	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 geater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	1.18	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	No				No	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	14.00
	CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS						
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	977	0			977	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	0	0			0	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	21	0			21	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	0	0			0	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	1,256	0			1,256	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	0	0			0	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	2,254	0			2,254	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	69,138	0			69,138	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	1,106	0			1,106	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	70,244	0			70,244	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	3.21	0.00			3.21	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE	Provider CCN: 260179	Period: From 07/01/2014 To 06/30/2015	Worksheet DSH Date/Time Prepared: 11/24/2015 9:36 am
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		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
	CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE						
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	False	0.00		0.00	False	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	True	9.40		0.00	True	29.00
30.00	Line 28 or 29 as applicable		9.40		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		0.00		0.00		31.00

		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
	DETERMINATION OF PROVIDER TYPE						
32.00	Does the hospital qualify under the Pickle ammendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Cummunity hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE	Provider CCN: 260179	Period: From 07/01/2014 To 06/30/2015	Worksheet DSH Date/Time Prepared: 11/24/2015 9:36 am
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		Revised Percentage 6.00		
	CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE			
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	0.00		28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	10.16		29.00
30.00	Line 28 or 29 as applicable	10.16		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	0.00		31.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet E Part A Exhibit 4 Date/Time Prepared: 11/24/2015 9:36 am

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		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	13,646,117	0	13,646,117	0	13,646,117	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	43,046,971	0	0	43,046,971	43,046,971	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	649,247	0	649,247	0	649,247	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	1,434,421	0	0	1,434,421	1,434,421	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	2,123,378	0	811,974	1,311,404	2,123,378	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	20,153	0	20,153	0	20,153	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	17,365,453	0	3,968,597	13,396,857	17,365,454	4.00
	Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.100485	0.100485	0.100485	0.100485		5.00
6.00	IME payment adjustment (see instructions)	22.00	4,064,471	0	974,930	3,089,541	4,064,471	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	4,064,471	0	974,930	3,089,541	4,064,471	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
	Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0000	0.0000	0.0000	0.0000		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	0	0	0	0	0	11.00
11.01	Uncompensated care payments	36.00	0	0	0	0	0	11.01
	Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	62,901,090	0	15,453,174	47,447,916	62,901,090	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	62,901,090	0	15,453,174	47,447,916	62,901,090	15.00
16.00	Payment for inpatient program capital	50.00	5,249,898	0	1,313,155	3,936,743	5,249,898	16.00
17.00	Special add-on payments for new technologies	54.00	2,104	0	2,104	0	2,104	17.00
17.01	Net organ aquisition cost	55.00	0	0	0	0	0	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4	Provider CCN: 260179	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Exhibit 4 Date/Time Prepared: 11/24/2015 9:36 am
	Title XVIII	Hospital	PPS

		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	16,768,433	51,384,659	68,153,092	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	4,504,461	0	1,083,609	3,420,853	4,504,462	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	165,546	0	51,555	113,991	165,546	20.01
21.00	Capital DRG outlier payments	2.00	246,558	0	95,278	151,281	246,559	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	2,230	0	2,230	0	2,230	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0620	0.0620	0.0620	0.0620		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	289,540	0	70,380	219,160	289,540	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0089	0.0089	0.0089	0.0089		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	41,563	0	10,103	31,460	41,563	25.00
26.00	Total prospective capital payments (see instructions)	12.00	5,249,898	0	1,313,155	3,936,743	5,249,898	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260179	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part B Date/Time Prepared: 11/24/2015 9:36 am
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	51,181	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	46,175,646	2.00
3.00	PPS payments	48,532,740	3.00
4.00	Outlier payment (see instructions)	5,839	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	29,517	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	51,181	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	220,864	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)	220,864	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 chargebasis 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)	220,864	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	169,683	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)	51,181	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)	48,568,096	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	78	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	9,573,890	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)	39,045,309	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	1,076,222	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)	40,121,531	30.00
31.00	Primary payer payments	34,797	31.00
32.00	Subtotal (line 30 minus line 31)	40,086,734	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)	569,986	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	370,491	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	197,789	36.00
37.00	Subtotal (see instructions)	40,457,225	37.00
38.00	MSP-LCC reconciliation amount from PS&R	937	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)	40,456,288	40.00
40.01	Sequestration adjustment (see instructions)	809,126	40.01
41.00	Interim payments	39,505,951	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	141,211	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
		Overrides	
		1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260179 Component CCN: 265414	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part B Date/Time Prepared: 11/24/2015 9:36 am
	Title XVIII	Skilled Nursing Facility	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	1,291	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	0	2.00
3.00	PPS payments		3.00
4.00	Outlier payment (see instructions)		4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	1,291	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	8,364	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)	8,364	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 chargebasis 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)	8,364	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	7,073	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)	1,291	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	0	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		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)	1,291	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)	1,291	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	1,291	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Wkst. I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	36.00
37.00	Subtotal (see instructions)	1,291	37.00
38.00	MSP-LCC reconciliation amount from PS&R		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)	1,291	40.00
40.01	Sequestration adjustment (see instructions)	26	40.01
41.00	Interim payments	1,803	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	-538	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)		90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		91.00
92.00	The rate used to calculate the Time Value of Money		92.00
93.00	Time Value of Money (see instructions)		93.00
94.00	Total (sum of lines 91 and 93)		94.00
		Overrides 1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CCN: 260179	Period: From 07/01/2014 To 06/30/2015	Worksheet E-1 Part I Date/Time Prepared: 11/24/2015 9:36 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		63,579,588		39,459,951	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0	01/26/2015	46,000	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		46,000	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)		63,579,588		39,505,951	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		141,211	6.01
6.02	SETTLEMENT TO PROGRAM		149,773		0	6.02
7.00	Total Medicare program liability (see instructions)		63,429,815		39,647,162	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: 260179 Component CCN: 265414	Period: From 07/01/2014 To 06/30/2015	Worksheet E-1 Part I Date/Time Prepared: 11/24/2015 9:36 am
	Title XVIII	Skilled Nursing Facility	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		3,417,739		1,803	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,417,739		1,803	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		10,778		538	6.02
7.00	Total Medicare program liability (see instructions)		3,406,961		1,265	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: 260179	Period: From 07/01/2014 To 06/30/2015	Worksheet E-1 Part II Date/Time Prepared: 11/24/2015 9:36 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	14,587	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	33,264	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	9,864	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	63,484	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	1,244,742,538	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	11,101,181	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168	0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	1,606,675	8.00
9.00	Sequestration adjustment amount (see instructions)	32,134	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	1,574,541	10.00
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	1,582,067	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)	-7,526	32.00
		Overrides	
		1.00	
	CONTRACTOR OVERRIDES		
108.00	Override of HIT payment	0	108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260179 Component CCN: 265414	Period: From 07/01/2014 To 06/30/2015	Worksheet E-3 Part VI Date/Time Prepared: 11/24/2015 9:36 am
	Title XVIII	Skilled Nursing Facility	PPS

		1.00	
	PART VI - CALCULATION OF REIMBURSEMENT SETTLEMEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES		
	PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)		
1.00	Resource Utilization Group Payment (RUGS)	3,884,510	1.00
2.00	Routine service other pass through costs	25,474	2.00
3.00	Ancillary service other pass through costs	3,371	3.00
4.00	Subtotal (sum of lines 1 through 3)	3,913,355	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	450,917	7.00
8.00	Allowable bad debts (see instructions)	21,363	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	1,520	9.00
10.00	Adjusted reimbursable bad debts (see instructions)	14,053	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)	3,476,491	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	3,476,491	15.00
15.01	Sequestration adjustment (see instructions)	69,530	15.01
16.00	Interim payments	3,417,739	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)	-10,778	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: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet E-3 Part VII Date/Time Prepared: 11/24/2015 9:36 am

		Title XIX	Hospital	Cost
			Inpatient	Outpatient
			1.00	2.00
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES			
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services		2,541,753	1.00
2.00	Medical and other services			2,435,924	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		2,541,753	2,435,924	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)		2,541,753	2,435,924	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges		0	8.00
9.00	Ancillary service charges		7,324,768	10,027,652	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)		7,324,768	10,027,652	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)		7,324,768	10,027,652	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		4,783,015	7,591,728	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		2,541,753	2,435,924	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)		2,541,753	2,435,924	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		2,541,753	2,435,924	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinsurance		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)		2,541,753	2,435,924	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		2,541,753	2,435,924	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		122,195	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		2,663,948	2,435,924	40.00
41.00	Interim payments		1,801,357	1,929,054	41.00
42.00	Balance due provider/program (line 40 minus line 41)		862,591	506,870	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
	OVERRIDES			
109.00	Override Ancillary service charges (line 9)		0	0	109.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260179 Component CCN: 265414	Period: From 07/01/2014 To 06/30/2015	Worksheet E-3 Part VII Date/Time Prepared: 11/24/2015 9:36 am
	Title XIX	Skilled Nursing Facility	Cost

		Inpatient	Outpatient	
		1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES			
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services	1,675		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)	1,675	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)	1,675	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	3,378	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)	3,378	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)	3,378	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	1,703	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	1,675	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)	1,675	0	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	1,675	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	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)	1,675	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	1,675	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)	1,675	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	1,675	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
	OVERRIDES			
109.00	Override Ancillary service charges (line 9)	0	0	109.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 260179	Period: From 07/01/2014 To 06/30/2015	Worksheet E-4 Date/Time Prepared: 11/24/2015 9:36 am
	Title XVIII	Hospital	PPS

				1.00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			39.33	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			1.81	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts			37.52	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			38.26	6.00
7.00	Enter the lesser of line 5 or line 6			37.52	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	37.99	0.00	37.99	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	37.26	0.00	37.26	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	37.26	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	36.57	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	36.60	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	36.81	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	36.81	0.00		17.00
18.00	Per resident amount	114,381.30	0.00		18.00
19.00	Approved amount for resident costs	4,210,376	0	4,210,376	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.74	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			104,318.15	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			4,210,376	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days (see instructions)	33,264	9,864		26.00
27.00	Total Inpatient Days (see instructions)	64,590	64,590		27.00
28.00	Ratio of inpatient days to total inpatient days	0.515002	0.152717		28.00
29.00	Program direct GME amount	2,168,352	642,996		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		90,855		30.00
31.00	Net Program direct GME amount			2,720,493	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 260179	Period: From 07/01/2014 To 06/30/2015	Worksheet E-4 Date/Time Prepared: 11/24/2015 9:36 am
	Title XVIII	Hospital	PPS

		1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)		
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)	0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)	0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)	0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)	0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)	0	36.00
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY		
	Part A Reasonable Cost		
37.00	Reasonable cost (see instructions)	70,744,187	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)	0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)	0	39.00
40.00	Primary payer payments (see instructions)	121,089	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	70,623,098	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	46,259,538	42.00
43.00	Primary payer payments (see instructions)	34,797	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	46,224,741	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	116,847,839	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.604402	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.395598	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	2,720,493	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)	1,644,271	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	1,076,222	50.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 260179	Period: From 07/01/2014 To 06/30/2015	Worksheet E-4 Date/Time Prepared: 11/24/2015 9:36 am
	Title XIX	Hospital	Cost

				1.00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			39.33	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			1.81	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts			37.52	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			38.26	6.00
7.00	Enter the lesser of line 5 or line 6			37.52	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	37.99	0.00	37.99	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	37.26	0.00	37.26	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	37.26	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	36.57	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	36.60	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	36.81	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	36.81	0.00		17.00
18.00	Per resident amount	114,381.30	0.00		18.00
19.00	Approved amount for resident costs	4,210,376	0	4,210,376	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.74	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			104,318.15	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			4,210,376	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days (see instructions)	796	1,256		26.00
27.00	Total Inpatient Days (see instructions)	64,590	64,590		27.00
28.00	Ratio of inpatient days to total inpatient days	0.012324	0.019446		28.00
29.00	Program direct GME amount	51,889	81,875		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		11,569		30.00
31.00	Net Program direct GME amount			122,195	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 260179	Period: From 07/01/2014 To 06/30/2015	Worksheet E-4 Date/Time Prepared: 11/24/2015 9:36 am
	Title XIX	Hospital	Cost

		1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)		
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)	0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)	0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)	0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)	0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)	0	36.00
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY		
	Part A Reasonable Cost		
37.00	Reasonable cost (see instructions)	0	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)	0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)	0	39.00
40.00	Primary payer payments (see instructions)	0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	0	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	0	42.00
43.00	Primary payer payments (see instructions)	0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	0	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	0	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.000000	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.000000	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	122,195	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)	0	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	0	50.00

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

Provider CCN: 260179

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

Worksheet G

Date/Time Prepared: 11/24/2015 9:36 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	53,153,839	0	0	0	1.00
2.00	Temporary investments	17,624,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	111,468,624	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-61,356,643	0	0	0	6.00
7.00	Inventory	6,658,296	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	7,881,238	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)	135,429,354	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	15,758,236	0	0	0	12.00
13.00	Land improvements	11,599,119	0	0	0	13.00
14.00	Accumulated depreciation	-6,331,229	0	0	0	14.00
15.00	Buildings	302,925,045	0	0	0	15.00
16.00	Accumulated depreciation	-180,954,199	0	0	0	16.00
17.00	Leasehold improvements	9,292,669	0	0	0	17.00
18.00	Accumulated depreciation	-5,293,886	0	0	0	18.00
19.00	Fixed equipment	620,195	0	0	0	19.00
20.00	Accumulated depreciation	-555,547	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	218,401,665	0	0	0	23.00
24.00	Accumulated depreciation	-167,149,320	0	0	0	24.00
25.00	Minor equipment depreciable	402,590	0	0	0	25.00
26.00	Accumulated depreciation	-402,590	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	198,312,748	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	0	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	227,948,321	4,636,690	18,254,330	29,240	34.00
35.00	Total other assets (sum of lines 31-34)	227,948,321	4,636,690	18,254,330	29,240	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	561,690,423	4,636,690	18,254,330	29,240	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	8,839,104	0	0	0	37.00
38.00	Salaries, wages, and fees payable	29,297,533	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	3,525,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	9,301,721	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	50,963,358	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	83,365,414	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	30,799,562	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49	114,164,976	0	0	0	50.00
51.00	Total liabilites (sum of lines 45 and 50)	165,128,334	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	396,562,089				52.00
53.00	Specific purpose fund		4,636,690			53.00
54.00	Donor created - endowment fund balance - restricted			18,254,330		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				29,240	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	396,562,089	4,636,690	18,254,330	29,240	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	561,690,423	4,636,690	18,254,330	29,240	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet G-1 | Date/Time Prepared: 11/24/2015 9:36 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		371,310,304		5,636,540		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		27,236,541				2.00
3.00	Total (sum of line 1 and line 2)		398,546,845		5,636,540		3.00
4.00	ADDITIONS	454,000		1,019,848		6,518,672	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		454,000		1,019,848		10.00
11.00	Subtotal (line 3 plus line 10)		399,000,845		6,656,388		11.00
12.00	DEDUCTIONS	2,438,756		2,019,698		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		2,438,756		2,019,698		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		396,562,089		4,636,690		19.00

		Endowment Fund	Plant Fund		
		6.00	7.00	8.00	
1.00	Fund balances at beginning of period	11,735,658		29,240	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)	11,735,658		29,240	3.00
4.00	ADDITIONS		0		4.00
5.00			0		5.00
6.00			0		6.00
7.00			0		7.00
8.00			0		8.00
9.00			0		9.00
10.00	Total additions (sum of line 4-9)	6,518,672		0	10.00
11.00	Subtotal (line 3 plus line 10)	18,254,330		29,240	11.00
12.00	DEDUCTIONS		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)	18,254,330		29,240	19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 260179 | Period: From 07/01/2014 To 06/30/2015 | Worksheet G-2 Parts I & II Date/Time Prepared: 11/24/2015 9:36 am

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	62,943,431		62,943,431	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	3,712,877		3,712,877	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE	5,927,626		5,927,626	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	72,583,934		72,583,934	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	9,970,311		9,970,311	11.00
12.00	CORONARY CARE UNIT	12,179,844		12,179,844	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	22,150,155		22,150,155	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	94,734,089		94,734,089	17.00
18.00	Ancillary services	372,592,993	766,671,930	1,139,264,923	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		6,842,486	6,842,486	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	3,901,038	3,901,038	26.00
27.00	MEDICAL GROUP	0	111,645,533	111,645,533	27.00
27.01	NON-REIMB/PRO FEES	0	29,165,580	29,165,580	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	467,327,082	918,226,567	1,385,553,649	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		395,590,879		29.00
30.00	MEDICAL GROUP EXPENSE	68,145,210			30.00
31.00	FRA EXPENSE	21,313,230			31.00
32.00	MISCELLANEOUS	681			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)		89,459,121		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)		485,050,000		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 260179	Period: From 07/01/2014 To 06/30/2015	Worksheet G-3 Date/Time Prepared: 11/24/2015 9:36 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,385,553,649	1.00
2.00	Less contractual allowances and discounts on patients' accounts	903,963,649	2.00
3.00	Net patient revenues (line 1 minus line 2)	481,590,000	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	485,050,000	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-3,460,000	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	1,969,000	6.00
7.00	Income from investments	3,592,992	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	1,897,771	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	57	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	290,632	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	9,269,778	22.00
23.00	Governmental appropriations	0	23.00
24.00	PHYSICIAN MEALS	4,578	24.00
24.01	JOINT VENTURE REVENUE	2,451,148	24.01
24.02	OTHER OPERATING	674,272	24.02
24.03	RETAIL PHARMACY	6,199,430	24.03
24.04	MEDICAL GROUP OTHER INCOME	6,586,980	24.04
24.05	ASSETS RELEASED FROM RESTRICTIONS	499,996	24.05
24.06	GAIN ON SALE OF ASSETS, NET	-247,164	24.06
24.07	MEANINGFUL USE INCOME	1,507,067	24.07
25.00	Total other income (sum of lines 6-24)	34,696,537	25.00
26.00	Total (line 5 plus line 25)	31,236,537	26.00
27.00	SHARED EXPENSES	3,999,996	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	3,999,996	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	27,236,541	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 260179
HHA CCN: 267561

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

Worksheet H
Date/Time Prepared: 11/24/2015 9:36 am

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		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00	Capital Related - Movable Equipment			0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	782,976	195,744	1,226	0	305,588	1,285,534	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,447,283	361,821	78,867	0	0	1,887,971	6.00
7.00	Physical Therapy	1,046,207	261,552	57,885	0	0	1,365,644	7.00
8.00	Occupational Therapy	314,016	78,504	23,237	0	0	415,757	8.00
9.00	Speech Pathology	29,557	7,389	3,261	0	0	40,207	9.00
10.00	Medical Social Services	95,455	23,864	2,256	0	0	121,575	10.00
11.00	Home Health Aide	40,117	10,029	10,428	0	0	60,574	11.00
12.00	Supplies (see instructions)	0	0	0	0	86,796	86,796	12.00
13.00	Drugs	0	0	0	0	1,212	1,212	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	3,755,611	938,903	177,160	0	393,596	5,265,270	24.00

		Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
		7.00	8.00	9.00	10.00			
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	0	0			2.00
3.00	Plant Operation & Maintenance	0	0	0	0			3.00
4.00	Transportation	0	0	0	0			4.00
5.00	Administrative and General	-237,284	1,048,250	-33,282	1,014,968			5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	-361,821	1,526,150	0	1,526,150			6.00
7.00	Physical Therapy	-261,552	1,104,092	0	1,104,092			7.00
8.00	Occupational Therapy	-78,504	337,253	0	337,253			8.00
9.00	Speech Pathology	-7,389	32,818	0	32,818			9.00
10.00	Medical Social Services	-23,864	97,711	0	97,711			10.00
11.00	Home Health Aide	-10,029	50,545	0	50,545			11.00
12.00	Supplies (see instructions)	0	86,796	0	86,796			12.00
13.00	Drugs	0	1,212	0	1,212			13.00
14.00	DME	0	0	0	0			14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0			15.00
16.00	Respiratory Therapy	0	0	0	0			16.00
17.00	Private Duty Nursing	0	0	0	0			17.00
18.00	Clinic	0	0	0	0			18.00
19.00	Health Promotion Activities	0	0	0	0			19.00
20.00	Day Care Program	0	0	0	0			20.00
21.00	Home Delivered Meals Program	0	0	0	0			21.00
22.00	Homemaker Service	0	0	0	0			22.00
23.00	All Others (specify)	0	0	0	0			23.00
24.00	Total (sum of lines 1-23)	-980,443	4,284,827	-33,282	4,251,545			24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 260179
HHA CCN: 267561

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

Worksheet H-1 Part I
Date/Time Prepared: 11/24/2015 9:36 am

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		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs: Bldgs & Fixtures	Capital Related Costs: Movable Equipment	Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		0	1.00	2.00	3.00	4.00	4A.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	1,014,968	0	0	0	0	1,014,968	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,526,150	0	0	0	0	1,526,150	6.00
7.00	Physical Therapy	1,104,092	0	0	0	0	1,104,092	7.00
8.00	Occupational Therapy	337,253	0	0	0	0	337,253	8.00
9.00	Speech Pathology	32,818	0	0	0	0	32,818	9.00
10.00	Medical Social Services	97,711	0	0	0	0	97,711	10.00
11.00	Home Health Aide	50,545	0	0	0	0	50,545	11.00
12.00	Supplies (see instructions)	86,796	0	0	0	0	86,796	12.00
13.00	Drugs	1,212	0	0	0		1,212	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	4,251,545	0	0	0	0	4,251,545	24.00

		Administrative & General	Total (cols. 4A + 5)	
		5.00	6.00	
	GENERAL SERVICE COST CENTERS			
1.00	Capital Related - Bldg. & Fixtures			1.00
2.00	Capital Related - Movable Equipment			2.00
3.00	Plant Operation & Maintenance			3.00
4.00	Transportation			4.00
5.00	Administrative and General	1,014,968		5.00
	HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	478,590	2,004,740	6.00
7.00	Physical Therapy	346,236	1,450,328	7.00
8.00	Occupational Therapy	105,760	443,013	8.00
9.00	Speech Pathology	10,291	43,109	9.00
10.00	Medical Social Services	30,641	128,352	10.00
11.00	Home Health Aide	15,851	66,396	11.00
12.00	Supplies (see instructions)	27,219	114,015	12.00
13.00	Drugs	380	1,592	13.00
14.00	DME	0	0	14.00
	HHA NONREIMBURSABLE SERVICES			
15.00	Home Dialysis Aide Services	0	0	15.00
16.00	Respiratory Therapy	0	0	16.00
17.00	Private Duty Nursing	0	0	17.00
18.00	Clinic	0	0	18.00
19.00	Health Promotion Activities	0	0	19.00
20.00	Day Care Program	0	0	20.00
21.00	Home Delivered Meals Program	0	0	21.00
22.00	Homemaker Service	0	0	22.00
23.00	All Others (specify)	0	0	23.00
24.00	Total (sum of lines 1-23)		4,251,545	24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 260179
HHA CCN: 267561

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

Worksheet H-1
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Date/Time Prepared:
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		Capital Related Costs						
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)	Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
		1.00	2.00	3.00	4.00	5A.00	5.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	1,293				0		1.00
2.00	Capital Related - Movable Equipment		1,293			0		2.00
3.00	Plant Operation & Maintenance	0	0	1,293		0		3.00
4.00	Transportation (see instructions)	0	0	0	0			4.00
5.00	Administrative and General	804	804	804	0	-1,014,968	3,236,577	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	264	264	264	0	0	1,526,150	6.00
7.00	Physical Therapy	139	139	139	0	0	1,104,092	7.00
8.00	Occupational Therapy	45	45	45	0	0	337,253	8.00
9.00	Speech Pathology	4	4	4	0	0	32,818	9.00
10.00	Medical Social Services	22	22	22	0	0	97,711	10.00
11.00	Home Health Aide	15	15	15	0	0	50,545	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	86,796	12.00
13.00	Drugs	0	0	0		0	1,212	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	1,293	1,293	1,293	0	-1,014,968	3,236,577	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		1,014,968	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.313593	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 260179
HHA CCN: 267561

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

Worksheet H-2 Part I
Date/Time Prepared: 11/24/2015 9:36 am

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	Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS BLDG & FIXT	MVBLE EQUIP	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		0	1.00	2.00	2.01	4.00	5.01	
1.00	Administrative and General	0	12,387	16,118	0	193,019	1,179	1.00
2.00	Skilled Nursing Care	2,004,740	4,067	5,292	0	376,772	2,752	2.00
3.00	Physical Therapy	1,450,328	2,141	2,787	0	272,360	1,573	3.00
4.00	Occupational Therapy	443,013	693	902	0	81,748	393	4.00
5.00	Speech Pathology	43,109	62	80	0	7,695	0	5.00
6.00	Medical Social Services	128,352	339	441	0	24,850	393	6.00
7.00	Home Health Aide	66,396	231	301	0	10,444	0	7.00
8.00	Supplies (see instructions)	114,015	0	0	0	0	0	8.00
9.00	Drugs	1,592	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	4,251,545	19,920	25,921	0	966,888	6,290	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

	Cost Center Description	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	NONPATIENT TELEPHONES	ADMITTING	Subtotal	ADMIN & GENERAL - SURREY	
		5A.01	5.02	5.03	5.04	5A.04	5.05	
1.00	Administrative and General	222,703	0	0	0	222,703	490	1.00
2.00	Skilled Nursing Care	2,393,623	0	0	0	2,393,623	5,264	2.00
3.00	Physical Therapy	1,729,189	0	0	0	1,729,189	3,802	3.00
4.00	Occupational Therapy	526,749	0	0	0	526,749	1,158	4.00
5.00	Speech Pathology	50,946	0	0	0	50,946	112	5.00
6.00	Medical Social Services	154,375	0	0	0	154,375	339	6.00
7.00	Home Health Aide	77,372	0	0	0	77,372	170	7.00
8.00	Supplies (see instructions)	114,015	0	0	0	114,015	251	8.00
9.00	Drugs	1,592	0	0	0	1,592	4	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	5,270,564	0	0	0	5,270,564	11,590	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.	0.000000				0.000000		21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 260179
HHA CCN: 267561

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

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Part I
Date/Time Prepared:
11/24/2015 9:36 am

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	Cost Center Description	Subtotal	ADMIN & GENERAL - HOSPITAL	MAINTENANCE & REPAIRS	PURCHASING	MAINTENANCE & REPAIRS - SURREY	LAUNDRY & LINEN SERVICE	
		5A.05	5.06	6.00	6.01	6.02	8.00	
1.00	Administrative and General	223,193	29,881	25,745	1,549	0	0	1.00
2.00	Skilled Nursing Care	2,398,887	321,159	8,454	0	0	0	2.00
3.00	Physical Therapy	1,732,991	232,011	4,451	0	0	0	3.00
4.00	Occupational Therapy	527,907	70,676	1,441	0	0	0	4.00
5.00	Speech Pathology	51,058	6,836	128	0	0	0	5.00
6.00	Medical Social Services	154,714	20,713	704	0	0	0	6.00
7.00	Home Health Aide	77,542	10,381	480	0	0	0	7.00
8.00	Supplies (see instructions)	114,266	15,298	0	1,980	0	0	8.00
9.00	Drugs	1,596	214	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	5,282,154	707,169	41,403	3,529	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.	0.000000						21.00

	Cost Center Description	LAUNDRY & LINEN SERVICE - SURREY	HOUSEKEEPING	HOUSEKEEPING - SURREY	DIETARY	DIETARY - SURREY	CAFETERIA	
		8.01	9.00	9.01	10.00	10.01	11.00	
1.00	Administrative and General	0	8,074	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	2,651	0	0	0	0	2.00
3.00	Physical Therapy	0	1,396	0	0	0	0	3.00
4.00	Occupational Therapy	0	452	0	0	0	0	4.00
5.00	Speech Pathology	0	40	0	0	0	0	5.00
6.00	Medical Social Services	0	221	0	0	0	0	6.00
7.00	Home Health Aide	0	151	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	12,985	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 260179
HHA CCN: 267561

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

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Part I
Date/Time Prepared:
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	Cost Center Description	CAFETERIA - SURREY	NURSING ADMINISTRATION	NURSING ADMINISTRATION - SURREY	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY - SURREY	
		11.01	13.00	13.01	14.00	16.00	16.01	
1.00	Administrative and General	0	0	0	8,458	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	15,775	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	24,233	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

	Cost Center Description	SOCIAL SERVICE	SOCIAL SERVICE - SURREY	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	
		17.00	17.01	19.00	21.00	22.00	23.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 260179
HHA CCN: 267561

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

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Part I
Date/Time Prepared:
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	Cost Center Description	CLINICAL PASTORAL EDUCATION	PHARMACY EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	
		23.01	23.02	24.00	25.00	26.00	27.00	
1.00	Administrative and General	0	0	296,900	0	296,900		1.00
2.00	Skilled Nursing Care	0	0	2,731,151	0	2,731,151	140,424	2.00
3.00	Physical Therapy	0	0	1,970,849	0	1,970,849	101,331	3.00
4.00	Occupational Therapy	0	0	600,476	0	600,476	30,873	4.00
5.00	Speech Pathology	0	0	58,062	0	58,062	2,985	5.00
6.00	Medical Social Services	0	0	176,352	0	176,352	9,067	6.00
7.00	Home Health Aide	0	0	88,554	0	88,554	4,553	7.00
8.00	Supplies (see instructions)	0	0	147,319	0	147,319	7,574	8.00
9.00	Drugs	0	0	1,810	0	1,810	93	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	6,071,473	0	6,071,473	296,900	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						0.051415	21.00

	Cost Center Description	Total HHA Costs	
		28.00	
1.00	Administrative and General		1.00
2.00	Skilled Nursing Care	2,871,575	2.00
3.00	Physical Therapy	2,072,180	3.00
4.00	Occupational Therapy	631,349	4.00
5.00	Speech Pathology	61,047	5.00
6.00	Medical Social Services	185,419	6.00
7.00	Home Health Aide	93,107	7.00
8.00	Supplies (see instructions)	154,893	8.00
9.00	Drugs	1,903	9.00
10.00	DME	0	10.00
11.00	Home Dialysis Aide Services	0	11.00
12.00	Respiratory Therapy	0	12.00
13.00	Private Duty Nursing	0	13.00
14.00	Clinic	0	14.00
15.00	Health Promotion Activities	0	15.00
16.00	Day Care Program	0	16.00
17.00	Home Delivered Meals Program	0	17.00
18.00	Homemaker Service	0	18.00
19.00	All Others (specify)	0	19.00
20.00	Total (sum of lines 1-19) (2)	6,071,473	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 260179
HHA CCN: 267561

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

Worksheet H-2 Part II
Date/Time Prepared: 11/24/2015 9:36 am

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	Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF PHONES)	Reconciliation	
		1.00	2.00	2.01	4.00	5.01	5A.02	
1.00	Administrative and General	804	804	0	741,436	3	-222,703	1.00
2.00	Skilled Nursing Care	264	264	0	1,447,283	7	-2,393,623	2.00
3.00	Physical Therapy	139	139	0	1,046,207	4	-1,729,189	3.00
4.00	Occupational Therapy	45	45	0	314,016	1	-526,749	4.00
5.00	Speech Pathology	4	4	0	29,557	0	-50,946	5.00
6.00	Medical Social Services	22	22	0	95,455	1	-154,375	6.00
7.00	Home Health Aide	15	15	0	40,117	0	-77,372	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	-114,015	8.00
9.00	Drugs	0	0	0	0	0	-1,592	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	1,293	1,293	0	3,714,071	16		20.00
21.00	Total cost to be allocated	19,920	25,921	0	966,888	6,290		21.00
22.00	Unit cost multiplier	15.406032	20.047177	0.000000	0.260331	393.125000		22.00

	Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	NONPATIENT TELEPHONES (# OF PHONES)	ADMITTING (GROSS CHARGES)	Reconciliation	ADMIN & GENERAL - SURREY (ACCUM. COST)	Reconciliation	
		5.02	5.03	5.04	5A.05	5.05	5A.06	
1.00	Administrative and General	0	0	0	0	222,703	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	2,393,623	0	2.00
3.00	Physical Therapy	0	0	0	0	1,729,189	0	3.00
4.00	Occupational Therapy	0	0	0	0	526,749	0	4.00
5.00	Speech Pathology	0	0	0	0	50,946	0	5.00
6.00	Medical Social Services	0	0	0	0	154,375	0	6.00
7.00	Home Health Aide	0	0	0	0	77,372	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	114,015	0	8.00
9.00	Drugs	0	0	0	0	1,592	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0		5,270,564		20.00
21.00	Total cost to be allocated	0	0	0		11,590		21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000		0.002199		22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 260179
HHA CCN: 267561

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

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Date/Time Prepared: 11/24/2015 9:36 am

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	Cost Center Description	ADMIN & GENERAL - HOSPITAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	PURCHASING (PURCHASES)	MAINTENANCE & REPAIRS - SURREY (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	LAUNDRY & LINEN SERVICE - SURREY (TOTAL DAYS)	
		5.06	6.00	6.01	6.02	8.00	8.01	
1.00	Administrative and General	223,193	804	67,907	0	0	0	1.00
2.00	Skilled Nursing Care	2,398,887	264	0	0	0	0	2.00
3.00	Physical Therapy	1,732,991	139	0	0	0	0	3.00
4.00	Occupational Therapy	527,907	45	0	0	0	0	4.00
5.00	Speech Pathology	51,058	4	0	0	0	0	5.00
6.00	Medical Social Services	154,714	22	0	0	0	0	6.00
7.00	Home Health Aide	77,542	15	0	0	0	0	7.00
8.00	Supplies (see instructions)	114,266	0	86,796	0	0	0	8.00
9.00	Drugs	1,596	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	5,282,154	1,293	154,703	0	0	0	20.00
21.00	Total cost to be allocated	707,169	41,403	3,529	0	0	0	21.00
22.00	Unit cost multiplier	0.133879	32.020882	0.022811	0.000000	0.000000	0.000000	22.00

	Cost Center Description	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING - SURREY (SQUARE FEET)	DIETARY (MEALS SERVED)	DIETARY - SURREY (MEALS SERVED)	CAFETERIA (FTE'S)	CAFETERIA - SURREY (FTE'S)	
		9.00	9.01	10.00	10.01	11.00	11.01	
1.00	Administrative and General	804	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	264	0	0	0	0	0	2.00
3.00	Physical Therapy	139	0	0	0	0	0	3.00
4.00	Occupational Therapy	45	0	0	0	0	0	4.00
5.00	Speech Pathology	4	0	0	0	0	0	5.00
6.00	Medical Social Services	22	0	0	0	0	0	6.00
7.00	Home Health Aide	15	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	1,293	0	0	0	0	0	20.00
21.00	Total cost to be allocated	12,985	0	0	0	0	0	21.00
22.00	Unit cost multiplier	10.042537	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

	Cost Center Description	NURSING ADMINISTRATION (NURSING FTE'S)	NURSING ADMINISTRATION - SURREY (TOTAL DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	MEDICAL RECORDS & LIBRARY - SURREY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		13.00	13.01	14.00	16.00	16.01	17.00	
1.00	Administrative and General	0	0	46,533	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	86,796	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 260179
HHA CCN: 267561

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

Worksheet H-2 Part II
Date/Time Prepared: 11/24/2015 9:36 am

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	Cost Center Description	NURSING ADMINISTRATION (NURSING FTE'S)	NURSING ADMINISTRATION - SURREY (TOTAL DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	MEDICAL RECORDS & LIBRARY - SURREY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		13.00	13.01	14.00	16.00	16.01	17.00	
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	133,329	0	0	0	20.00
21.00	Total cost to be allocated	0	0	24,233	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.181753	0.000000	0.000000	0.000000	22.00

	Cost Center Description	SOCIAL SERVICE - SURREY (TOTAL DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	CLINICAL PASTORAL EDUCATION (TOTAL DAYS)	
		17.01	19.00	21.00	22.00	23.00	23.01	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

	Cost Center Description	PHARMACY EDUCATION (ASSIGNED TIME)	
		23.02	
1.00	Administrative and General	0	1.00
2.00	Skilled Nursing Care	0	2.00
3.00	Physical Therapy	0	3.00
4.00	Occupational Therapy	0	4.00
5.00	Speech Pathology	0	5.00
6.00	Medical Social Services	0	6.00
7.00	Home Health Aide	0	7.00
8.00	Supplies (see instructions)	0	8.00
9.00	Drugs	0	9.00
10.00	DME	0	10.00
11.00	Home Dialysis Aide Services	0	11.00
12.00	Respiratory Therapy	0	12.00
13.00	Private Duty Nursing	0	13.00
14.00	Clinic	0	14.00
15.00	Health Promotion Activities	0	15.00
16.00	Day Care Program	0	16.00
17.00	Home Delivered Meals Program	0	17.00
18.00	Homemaker Service	0	18.00
19.00	All Others (specify)	0	19.00
20.00	Total (sum of lines 1-19)	0	20.00
21.00	Total cost to be allocated	0	21.00
22.00	Unit cost multiplier	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 260179
HHA CCN: 267561

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

Worksheet H-3 Part I
Date/Time Prepared: 11/24/2015 9:36 am

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	Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	2,871,575		2,871,575	17,994	159.59	1.00
2.00	Physical Therapy	3.00	2,072,180	0	2,072,180	14,245	145.47	2.00
3.00	Occupational Therapy	4.00	631,349	0	631,349	4,151	152.10	3.00
4.00	Speech Pathology	5.00	61,047	0	61,047	491	124.33	4.00
5.00	Medical Social Services	6.00	185,419		185,419	255	727.13	5.00
6.00	Home Health Aide	7.00	93,107		93,107	1,311	71.02	6.00
7.00	Total (sum of lines 1-6)		5,914,677	0	5,914,677	38,447		7.00

	Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits Part B Not Subject to Deductibles & Coinsurance	Program Visits Part B Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care		41180	0	11,748			8.00
9.00	Physical Therapy		41180	0	7,931			9.00
10.00	Occupational Therapy		41180	0	2,565			10.00
11.00	Speech Pathology		41180	0	295			11.00
12.00	Medical Social Services		41180	0	137			12.00
13.00	Home Health Aide		41180	0	919			13.00
14.00	Total (sum of lines 8-13)			0	23,595			14.00

	Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Record)	Ratio (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	154,893	0	154,893	142,065	1.090297	15.00
16.00	Cost of Drugs	9.00	1,903	0	1,903	3,335	0.570615	16.00

	Cost Center Description	Program Visits Part A	Program Visits Part B Not Subject to Deductibles & Coinsurance	Program Visits Part B Subject to Deductibles & Coinsurance	Cost of Services Part A	Part B Not Subject to Deductibles & Coinsurance	Part B Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	11,748		0	1,874,863		1.00
2.00	Physical Therapy	0	7,931		0	1,153,723		2.00
3.00	Occupational Therapy	0	2,565		0	390,137		3.00
4.00	Speech Pathology	0	295		0	36,677		4.00
5.00	Medical Social Services	0	137		0	99,617		5.00
6.00	Home Health Aide	0	919		0	65,267		6.00
7.00	Total (sum of lines 1-6)	0	23,595		0	3,620,284		7.00

	Cost Center Description							
		6.00	7.00	8.00	9.00	10.00	11.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 260179 HHA CCN: 267561	Period: From 07/01/2014 To 06/30/2015	Worksheet H-3 Part I Date/Time Prepared: 11/24/2015 9:36 am
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	Cost Center Description	Program Covered Charges			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	142,065	0	0	154,893	0	15.00
16.00	Cost of Drugs		1,885	1,450		1,076	827	16.00

	Cost Center Description	Total Program Cost (sum of cols. 9-10)	
		12.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION		
	Cost Per Visit Computation		
1.00	Skilled Nursing Care	1,874,863	1.00
2.00	Physical Therapy	1,153,723	2.00
3.00	Occupational Therapy	390,137	3.00
4.00	Speech Pathology	36,677	4.00
5.00	Medical Social Services	99,617	5.00
6.00	Home Health Aide	65,267	6.00
7.00	Total (sum of lines 1-6)	3,620,284	7.00
	Cost Center Description		
		12.00	
	Limitation Cost Computation		
8.00	Skilled Nursing Care		8.00
9.00	Physical Therapy		9.00
10.00	Occupational Therapy		10.00
11.00	Speech Pathology		11.00
12.00	Medical Social Services		12.00
13.00	Home Health Aide		13.00
14.00	Total (sum of lines 8-13)		14.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 260179 HHA CCN: 267561	Period: From 07/01/2014 To 06/30/2015	Worksheet H-3 Part II Date/Time Prepared: 11/24/2015 9:36 am
	Title XVIII	Home Health Agency I	PPS

	Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
		0	1.00	2.00	3.00	4.00		
	PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy	66.00	0.311454	0	0	col. 2, line 2.00		1.00
1.01	Physical Therapy 1	66.01	0.375770	0	0	col. 2, line 2.01		1.01
1.02	Physical Therapy 2	66.02	0.471763	0	0	col. 2, line 2.02		1.02
2.00	Occupational Therapy	67.00	0.280472	0	0	col. 2, line 3.00		2.00
3.00	Speech Pathology	68.00	0.300141	0	0	col. 2, line 4.00		3.00
4.00	Cost of Medical Supplies	71.00	0.523780	0	0	col. 2, line 15.00		4.00
5.00	Cost of Drugs	73.00	0.154919	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT	Provider CCN: 260179 HHA CCN: 267561	Period: From 07/01/2014 To 06/30/2015	Worksheet H-4 Part I-II Date/Time Prepared: 11/24/2015 9:36 am
	Title XVIII	Home Health Agency I	PPS

		Part A	Part B Not Subject to Deductibles & Coinsurance	Part B Subject to Deductibles & Coinsurance	
		1.00	2.00	3.00	
	PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
	Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	1,076	827	1.00
2.00	Total charges	0	3,896,460	1,450	2.00
	Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	3,896,460	1,450	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	3,895,384	623	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	0	0	9.00

		Part A Services	Part B Services	
		1.00	2.00	
	PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT			
10.00	Total reasonable cost (see instructions)	0	1,903	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0	3,893,484	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	34,714	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	70,278	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	61,847	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	12,987	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	973	16.00
17.00	Total Other Payments	0	0	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	0	4,076,186	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	4,076,186	24.00
25.00	Coinsurance billed to program patients (from your records)		0	25.00
26.00	Net cost (line 24 minus line 25)	0	4,076,186	26.00
27.00	Reimbursable bad debts (from your records)			27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	0	4,076,186	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	30.50
31.00	Subtotal (see instructions)	0	4,076,186	31.00
31.01	Sequestration adjustment (see instructions)	0	81,486	31.01
32.00	Interim payments (see instructions)	0	3,992,798	32.00
33.00	Tentative settlement (for contractor use only)	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)	0	1,902	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	35.00

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 260179 HHA CCN: 267561	Period: From 07/01/2014 To 06/30/2015	Worksheet H-5 Date/Time Prepared: 11/24/2015 9:36 am
		Home Health Agency I	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		3,992,798	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		3,992,798	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		1,902	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		3,994,700	7.00

			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 260179
Hospice CCN: 261627

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

Worksheet K
Date/Time Prepared: 11/24/2015 9:36 am

Hospice I

		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	394,464	0	1,947	0	1,054,428	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	594,648	0	35,449	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	2,285	0	0	0	0	12.00
13.00	Occupational Therapy	2,549	0	176	0	0	13.00
14.00	Speech/ Language Pathology	331	0	48	0	0	14.00
15.00	Medical Social Services	94,664	0	7,976	0	0	15.00
16.00	Spiritual Counseling	48,798	0	4,968	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	86,934	0	16,839	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,224,673	0	67,403	0	1,054,428	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 260179
Hospice CCN: 261627

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

Worksheet K
Date/Time Prepared:
11/24/2015 9:36 am

Hospice I

		Total (cols. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	1,450,839	-167,388	1,283,451	-24,600	1,258,851	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	630,097	0	630,097	0	630,097	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	2,285	0	2,285	0	2,285	12.00
13.00	Occupational Therapy	2,725	0	2,725	0	2,725	13.00
14.00	Speech/ Language Pathology	379	0	379	0	379	14.00
15.00	Medical Social Services	102,640	0	102,640	0	102,640	15.00
16.00	Spiritual Counseling	53,766	0	53,766	0	53,766	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	103,773	0	103,773	0	103,773	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	2,346,504	-167,388	2,179,116	-24,600	2,154,516	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 260179
Hospice CCN: 261627

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

Worksheet K-1

Date/Time Prepared:
11/24/2015 9:36 am

Hospice I

		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	55,333	0	0	195,698	0	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	594,648	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	94,664	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	55,333	0	94,664	195,698	594,648	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 260179
Hospice CCN: 261627

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

Worksheet K-1

Date/Time Prepared:
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Hospice I

		Total Therapists	Aides	All-Other	Total (1)		
		6.00	7.00	8.00	9.00		
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance		0	0	0		3.00
4.00	Transportation - Staff		0	0	0		4.00
5.00	Volunteer Service Coordination		0	0	0		5.00
6.00	Administrative and General		0	143,433	394,464		6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0		7.00
8.00	Inpatient - Respite Care		0	0	0		8.00
	VISITING SERVICES						
9.00	Physician Services		0	0	0		9.00
10.00	Nursing Care		0	0	594,648		10.00
11.00	Nursing Care-Continuous Home Care		0	0	0		11.00
12.00	Physical Therapy	2,285	0	0	2,285		12.00
13.00	Occupational Therapy	2,549	0	0	2,549		13.00
14.00	Speech/ Language Pathology	331	0	0	331		14.00
15.00	Medical Social Services		0	0	94,664		15.00
16.00	Spiritual Counseling		0	48,798	48,798		16.00
17.00	Dietary Counseling		0	0	0		17.00
18.00	Counseling - Other		0	0	0		18.00
19.00	Home Health Aide and Homemaker		86,934	0	86,934		19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0		20.00
21.00	Other		0	0	0		21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation		0	0	0		27.00
28.00	Imaging Services		0	0	0		28.00
29.00	Labs and Diagnostics		0	0	0		29.00
30.00	Medical Supplies		0	0	0		30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0		31.00
32.00	Radiation Therapy		0	0	0		32.00
33.00	Chemotherapy		0	0	0		33.00
34.00	Other		0	0	0		34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0		35.00
36.00	Volunteer Program Costs		0	0	0		36.00
37.00	Fundraising		0	0	0		37.00
38.00	Other Program Costs		0	0	0		38.00
39.00	Total (sum of lines 1 thru 38)	5,165	86,934	192,231	1,224,673		39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 260179
Hospice CCN: 261627

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

Worksheet K-4
Part I
Date/Time Prepared:
11/24/2015 9:36 am

Hospice I

		NET EXPENSES FOR COST ALLOCATION	CAPITAL RELATED COST BUILDINGS & FIXTURES	CAPITAL RELATED COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
		0	1.00	2.00	3.00	4.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	1,258,851	0	0	0	0	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	630,097	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	2,285	0	0	0	0	12.00
13.00	Occupational Therapy	2,725	0	0	0	0	13.00
14.00	Speech/ Language Pathology	379	0	0	0	0	14.00
15.00	Medical Social Services	102,640	0	0	0	0	15.00
16.00	Spiritual Counseling	53,766	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	103,773	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	2,154,516	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 260179
Hospice CCN: 261627

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

Worksheet K-4
Part I
Date/Time Prepared:
11/24/2015 9:36 am

Hospice I

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (cols. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5A ± col. 6)		
		5.00	5A	6.00	7.00		
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance						3.00
4.00	Transportation - Staff						4.00
5.00	Volunteer Service Coordination	0					5.00
6.00	Administrative and General	0	1,258,851	1,258,851			6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0		7.00
8.00	Inpatient - Respite Care	0	0	0	0		8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0		9.00
10.00	Nursing Care	0	630,097	885,596	1,515,693		10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0		11.00
12.00	Physical Therapy	0	2,285	3,212	5,497		12.00
13.00	Occupational Therapy	0	2,725	3,830	6,555		13.00
14.00	Speech/ Language Pathology	0	379	533	912		14.00
15.00	Medical Social Services	0	102,640	144,260	246,900		15.00
16.00	Spiritual Counseling	0	53,766	75,568	129,334		16.00
17.00	Dietary Counseling	0	0	0	0		17.00
18.00	Counseling - Other	0	0	0	0		18.00
19.00	Home Health Aide and Homemaker	0	103,773	145,852	249,625		19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0		20.00
21.00	Other	0	0	0	0		21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0		22.00
23.00	Analgesics	0	0	0	0		23.00
24.00	Sedatives / Hypnotics	0	0	0	0		24.00
25.00	Other - Specify	0	0	0	0		25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0		26.00
27.00	Patient Transportation	0	0	0	0		27.00
28.00	Imaging Services	0	0	0	0		28.00
29.00	Labs and Diagnostics	0	0	0	0		29.00
30.00	Medical Supplies	0	0	0	0		30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0		31.00
32.00	Radiation Therapy	0	0	0	0		32.00
33.00	Chemotherapy	0	0	0	0		33.00
34.00	Other	0	0	0	0		34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0		35.00
36.00	Volunteer Program Costs	0	0	0	0		36.00
37.00	Fundraising	0	0	0	0		37.00
38.00	Other Program Costs	0	0	0	0		38.00
39.00	Total (sum of lines 1 thru 38)	0	2,154,516		2,154,516		39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260179
Hospice CCN: 261627

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

Worksheet K-4
Part II
Date/Time Prepared:
11/24/2015 9:36 am

Hospice I

		CAPITAL RELATED COST					
		BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT ($ VALUE)	PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	473					1.00
2.00	Capital Related Costs-Movable Equip.	473	473				2.00
3.00	Plant Operation and Maintenance	0	473	473			3.00
4.00	Transportation - Staff	0	0	473	0		4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	0	0	0	0	0	39.00
40.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	40.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260179
Hospice CCN: 261627

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

Worksheet K-4
Part II
Date/Time Prepared:
11/24/2015 9:36 am

Hospice I

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)		
		6A	6.00		
	GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0			1.00
2.00	Capital Related Costs-Movable Equip.	0			2.00
3.00	Plant Operation and Maintenance	0			3.00
4.00	Transportation - Staff	0			4.00
5.00	Volunteer Service Coordination				5.00
6.00	Administrative and General	-1,258,851	895,665		6.00
	INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	0		7.00
8.00	Inpatient - Respite Care	0	0		8.00
	VISITING SERVICES				
9.00	Physician Services	0	0		9.00
10.00	Nursing Care	0	630,097		10.00
11.00	Nursing Care-Continuous Home Care	0	0		11.00
12.00	Physical Therapy	0	2,285		12.00
13.00	Occupational Therapy	0	2,725		13.00
14.00	Speech/ Language Pathology	0	379		14.00
15.00	Medical Social Services	0	102,640		15.00
16.00	Spiritual Counseling	0	53,766		16.00
17.00	Dietary Counseling	0	0		17.00
18.00	Counseling - Other	0	0		18.00
19.00	Home Health Aide and Homemaker	0	103,773		19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0		20.00
21.00	Other	0	0		21.00
	OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	0		22.00
23.00	Analgesics	0	0		23.00
24.00	Sedatives / Hypnotics	0	0		24.00
25.00	Other - Specify	0	0		25.00
26.00	Durable Medical Equipment/Oxygen	0	0		26.00
27.00	Patient Transportation	0	0		27.00
28.00	Imaging Services	0	0		28.00
29.00	Labs and Diagnostics	0	0		29.00
30.00	Medical Supplies	0	0		30.00
31.00	Outpatient Services (including E/R Dept.)	0	0		31.00
32.00	Radiation Therapy	0	0		32.00
33.00	Chemotherapy	0	0		33.00
34.00	Other	0	0		34.00
	HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	0		35.00
36.00	Volunteer Program Costs	0	0		36.00
37.00	Fundraising	0	0		37.00
38.00	Other Program Costs	0	0		38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		1,258,851		39.00
40.00	Unit Cost Multiplier		1.405493		40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 260179
Hospice CCN: 261627

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

Worksheet K-5
Part I
Date/Time Prepared:
11/24/2015 9:36 am

Hospice I

	Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS BLDG & FIXT	MVBLE EQUIP	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	
		0	1.00	2.00	2.01	4.00	
1.00	Administrative and General		7,287	9,482	0	98,472	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	1,515,693	0	0	0	154,804	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	5,497	0	0	0	595	7.00
8.00	Occupational Therapy	6,555	0	0	0	664	8.00
9.00	Speech/ Language Pathology	912	0	0	0	86	9.00
10.00	Medical Social Services	246,900	0	0	0	24,644	10.00
11.00	Spiritual Counseling	129,334	0	0	0	12,704	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	249,625	0	0	0	22,632	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	2,154,516	7,287	9,482	0	314,601	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 260179
Hospice CCN: 261627

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

Worksheet K-5
Part I
Date/Time Prepared:
11/24/2015 9:36 am

Hospice I

	Cost Center Description	NONPATIENT TELEPHONES	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	NONPATIENT TELEPHONES	ADMITTING	
		5.01	5A.01	5.02	5.03	5.04	
1.00	Administrative and General	1,573	116,814	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	2,359	1,672,856	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	6,092	0	0	0	7.00
8.00	Occupational Therapy	0	7,219	0	0	0	8.00
9.00	Speech/ Language Pathology	0	998	0	0	0	9.00
10.00	Medical Social Services	393	271,937	0	0	0	10.00
11.00	Spiritual Counseling	393	142,431	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	786	273,043	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	5,504	2,491,390	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)		0.000000				35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 260179
Hospice CCN: 261627

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

Worksheet K-5
Part I
Date/Time Prepared:
11/24/2015 9:36 am

Hospice I

	Cost Center Description	Subtotal	ADMIN & GENERAL - SURREY	Subtotal	ADMIN & GENERAL - HOSPITAL	MAINTENANCE & REPAIRS	
		5A.04	5.05	5A.05	5.06	6.00	
1.00	Administrative and General	116,814	257	117,071	15,673	15,146	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	1,672,856	3,680	1,676,536	224,453	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	6,092	13	6,105	817	0	7.00
8.00	Occupational Therapy	7,219	16	7,235	969	0	8.00
9.00	Speech/ Language Pathology	998	2	1,000	134	0	9.00
10.00	Medical Social Services	271,937	598	272,535	36,487	0	10.00
11.00	Spiritual Counseling	142,431	313	142,744	19,110	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	273,043	600	273,643	36,635	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	2,491,390	5,479	2,496,869	334,278	15,146	34.00
35.00	Unit Cost Multiplier (see instructions)	0.000000		0.000000			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 260179
Hospice CCN: 261627

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

Worksheet K-5
Part I
Date/Time Prepared:
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Hospice I

	Cost Center Description	PURCHASING	MAINTENANCE & REPAIRS - SURREY	LAUNDRY & LINEN SERVICE	LAUNDRY & LINEN SERVICE - SURREY	HOUSEKEEPING	
		6.01	6.02	8.00	8.01	9.00	
1.00	Administrative and General	3,172	0	0	0	4,750	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	3,172	0	0	0	4,750	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 260179
Hospice CCN: 261627

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

Worksheet K-5
Part I
Date/Time Prepared:
11/24/2015 9:36 am

Hospice I

	Cost Center Description	HOUSEKEEPING - SURREY	DIETARY	DIETARY - SURREY	CAFETERIA	CAFETERIA - SURREY	
		9.01	10.00	10.01	11.00	11.01	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 260179
Hospice CCN: 261627

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

Worksheet K-5
Part I
Date/Time Prepared:
11/24/2015 9:36 am

Hospice I

	Cost Center Description	NURSING ADMINISTRATION	NURSING ADMINISTRATION - SURREY	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY - SURREY	
		13.00	13.01	14.00	16.00	16.01	
1.00	Administrative and General	0	0	22,994	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	22,994	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 260179
Hospice CCN: 261627

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

Worksheet K-5
Part I
Date/Time Prepared:
11/24/2015 9:36 am

Hospice I

	Cost Center Description	SOCIAL SERVICE	SOCIAL SERVICE - SURREY	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
		17.00	17.01	19.00	21.00	22.00	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 260179
Hospice CCN: 261627

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

Worksheet K-5
Part I
Date/Time Prepared:
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Hospice I

	Cost Center Description	PARAMED ED PRGM	CLINICAL PASTORAL EDUCATION	PHARMACY EDUCATION	Subtotal (cols. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	
		23.00	23.01	23.02	24.00	25.00	
1.00	Administrative and General	0	0	0	178,806		1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	1,900,989	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	6,922	0	7.00
8.00	Occupational Therapy	0	0	0	8,204	0	8.00
9.00	Speech/ Language Pathology	0	0	0	1,134	0	9.00
10.00	Medical Social Services	0	0	0	309,022	0	10.00
11.00	Spiritual Counseling	0	0	0	161,854	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	310,278	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	2,877,209	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 260179
Hospice CCN: 261627

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

Worksheet K-5
Part I
Date/Time Prepared:
11/24/2015 9:36 am

Hospice I

	Cost Center Description	Subtotal (cols. 24 ± 25)	Allocated Hospice A&G (See Part II)	Total Hospice Costs (cols. 26 ± 27)		
		26.00	27.00	28.00		
1.00	Administrative and General					1.00
2.00	Inpatient - General Care	0	0	0		2.00
3.00	Inpatient - Respite Care	0	0	0		3.00
4.00	Physician Services	0	0	0		4.00
5.00	Nursing Care	1,900,989	125,966	2,026,955		5.00
6.00	Nursing Care-Continuous Home Care	0	0	0		6.00
7.00	Physical Therapy	6,922	459	7,381		7.00
8.00	Occupational Therapy	8,204	544	8,748		8.00
9.00	Speech/ Language Pathology	1,134	75	1,209		9.00
10.00	Medical Social Services	309,022	20,477	329,499		10.00
11.00	Spiritual Counseling	161,854	10,725	172,579		11.00
12.00	Dietary Counseling	0	0	0		12.00
13.00	Counseling - Other	0	0	0		13.00
14.00	Home Health Aide and Homemaker	310,278	20,560	330,838		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0		15.00
16.00	Other	0	0	0		16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0		17.00
18.00	Analgesics	0	0	0		18.00
19.00	Sedatives / Hypnotics	0	0	0		19.00
20.00	Other - Specify	0	0	0		20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0		21.00
22.00	Patient Transportation	0	0	0		22.00
23.00	Imaging Services	0	0	0		23.00
24.00	Labs and Diagnostics	0	0	0		24.00
25.00	Medical Supplies	0	0	0		25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0		26.00
27.00	Radiation Therapy	0	0	0		27.00
28.00	Chemotherapy	0	0	0		28.00
29.00	Other	0	0	0		29.00
30.00	Bereavement Program Costs	0	0	0		30.00
31.00	Volunteer Program Costs	0	0	0		31.00
32.00	Fundraising	0	0	0		32.00
33.00	Other Program Costs	0	0	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	2,877,209		2,877,209		34.00
35.00	Unit Cost Multiplier (see instructions)		0.066264			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 260179
Hospice CCN: 261627

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

Worksheet K-5
Part II
Date/Time Prepared:
11/24/2015 9:36 am

Hospice I

	Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF PHONES)	
		1.00	2.00	2.01	4.00	5.01	
1.00	Administrative and General	473	473	0	378,256	4	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	594,648	6	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	2,285	0	7.00
8.00	Occupational Therapy	0	0	0	2,549	0	8.00
9.00	Speech/ Language Pathology	0	0	0	331	0	9.00
10.00	Medical Social Services	0	0	0	94,664	1	10.00
11.00	Spiritual Counseling	0	0	0	48,798	1	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	86,934	2	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	473	473	0	1,208,465	14	34.00
35.00	Total cost to be allocated	7,287	9,482	0	314,601	5,504	35.00
36.00	Unit Cost Multiplier (see instructions)	15.405920	20.046512	0.000000	0.260331	393.142857	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 260179
Hospice CCN: 261627

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

Worksheet K-5
Part II
Date/Time Prepared:
11/24/2015 9:36 am

Hospice I

	Cost Center Description	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	NONPATIENT TELEPHONES (# OF PHONES)	ADMITTING (GROSS CHARGES)	Reconciliation	
		5A.02	5.02	5.03	5.04	5A.05	
1.00	Administrative and General	-116,814	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	-1,672,856	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	-6,092	0	0	0	0	7.00
8.00	Occupational Therapy	-7,219	0	0	0	0	8.00
9.00	Speech/ Language Pathology	-998	0	0	0	0	9.00
10.00	Medical Social Services	-271,937	0	0	0	0	10.00
11.00	Spiritual Counseling	-142,431	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	-273,043	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)		0	0	0		34.00
35.00	Total cost to be allocated		0	0	0		35.00
36.00	Unit Cost Multiplier (see instructions)		0.000000	0.000000	0.000000		36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 260179
Hospice CCN: 261627

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

Worksheet K-5
Part II
Date/Time Prepared:
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Hospice I

	Cost Center Description	ADMIN & GENERAL - SURREY (ACCUM. COST)	Reconciliation	ADMIN & GENERAL - HOSPITAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	PURCHASING (PURCHASES)	
		5.05	5A.06	5.06	6.00	6.01	
1.00	Administrative and General	116,814	0	117,071	473	139,023	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	1,672,856	0	1,676,536	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	6,092	0	6,105	0	0	7.00
8.00	Occupational Therapy	7,219	0	7,235	0	0	8.00
9.00	Speech/ Language Pathology	998	0	1,000	0	0	9.00
10.00	Medical Social Services	271,937	0	272,535	0	0	10.00
11.00	Spiritual Counseling	142,431	0	142,744	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	273,043	0	273,643	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	2,491,390		2,496,869	473	139,023	34.00
35.00	Total cost to be allocated	5,479		334,278	15,146	3,172	35.00
36.00	Unit Cost Multiplier (see instructions)	0.002199		0.133879	32.021142	0.022816	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 260179
Hospice CCN: 261627

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

Worksheet K-5
Part II
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Hospice I

	Cost Center Description	MAINTENANCE & REPAIRS - SURREY (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	LAUNDRY & LINEN SERVICE - SURREY (TOTAL DAYS)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING - SURREY (SQUARE FEET)	
		6.02	8.00	8.01	9.00	9.01	
1.00	Administrative and General	0	473	0	473	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	473	0	473	0	34.00
35.00	Total cost to be allocated	0	0	0	4,750	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	10.042283	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 260179
Hospice CCN: 261627

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

Worksheet K-5
Part II
Date/Time Prepared:
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Hospice I

	Cost Center Description	DIETARY (MEALS SERVED)	DIETARY - SURREY (MEALS SERVED)	CAFETERIA (FTE'S)	CAFETERIA - SURREY (FTE'S)	NURSING ADMINISTRATION (NURSING FTE'S)	
		10.00	10.01	11.00	11.01	13.00	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00	Total cost to be allocated	0	0	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 260179
Hospice CCN: 261627

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

Worksheet K-5
Part II
Date/Time Prepared:
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Hospice I

	Cost Center Description	NURSING ADMINISTRATION - SURREY (TOTAL DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	MEDICAL RECORDS & LIBRARY - SURREY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		13.01	14.00	16.00	16.01	17.00	
1.00	Administrative and General	0	126,515	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	126,515	0	0	0	34.00
35.00	Total cost to be allocated	0	22,994	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.181749	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 260179
Hospice CCN: 261627

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

Worksheet K-5
Part II
Date/Time Prepared:
11/24/2015 9:36 am

Hospice I

	Cost Center Description	SOCIAL SERVICE - SURREY (TOTAL DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	
		17.01	19.00	21.00	22.00	23.00	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00	Total cost to be allocated	0	0	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 260179
Hospice CCN: 261627

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

Worksheet K-5
Part II
Date/Time Prepared:
11/24/2015 9:36 am

Hospice I

	Cost Center Description	CLINICAL PASTORAL EDUCATION (TOTAL DAYS)	PHARMACY EDUCATION (ASSIGNED TIME)		
		23.01	23.02		
1.00	Administrative and General	0	0		1.00
2.00	Inpatient - General Care	0	0		2.00
3.00	Inpatient - Respite Care	0	0		3.00
4.00	Physician Services	0	0		4.00
5.00	Nursing Care	0	0		5.00
6.00	Nursing Care-Continuous Home Care	0	0		6.00
7.00	Physical Therapy	0	0		7.00
8.00	Occupational Therapy	0	0		8.00
9.00	Speech/ Language Pathology	0	0		9.00
10.00	Medical Social Services	0	0		10.00
11.00	Spiritual Counseling	0	0		11.00
12.00	Dietary Counseling	0	0		12.00
13.00	Counseling - Other	0	0		13.00
14.00	Home Health Aide and Homemaker	0	0		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0		15.00
16.00	Other	0	0		16.00
17.00	Drugs, Biological and Infusion Therapy	0	0		17.00
18.00	Analgesics	0	0		18.00
19.00	Sedatives / Hypnotics	0	0		19.00
20.00	Other - Specify	0	0		20.00
21.00	Durable Medical Equipment/Oxygen	0	0		21.00
22.00	Patient Transportation	0	0		22.00
23.00	Imaging Services	0	0		23.00
24.00	Labs and Diagnostics	0	0		24.00
25.00	Medical Supplies	0	0		25.00
26.00	Outpatient Services (including E/R Dept.)	0	0		26.00
27.00	Radiation Therapy	0	0		27.00
28.00	Chemotherapy	0	0		28.00
29.00	Other	0	0		29.00
30.00	Bereavement Program Costs	0	0		30.00
31.00	Volunteer Program Costs	0	0		31.00
32.00	Fundraising	0	0		32.00
33.00	Other Program Costs	0	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0		34.00
35.00	Total cost to be allocated	0	0		35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000		36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS

Provider CCN: 260179
Hospice CCN: 261627

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

Worksheet K-5
Part III
Date/Time Prepared:
11/24/2015 9:36 am

Hospice I

	Cost Center Description	Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)	
		0	1.00	2.00	3.00	
	ANCILLARY SERVICE COST CENTERS					
1.00	PHYSICAL THERAPY	66.00	0.311454	0	0	1.00
1.01	PHYSICAL THERAPY - SURREY	66.01	0.375770	0	0	1.01
1.02	THERAPY SVCS - BRAIN & SPINE	66.02	0.471763	0	0	1.02
2.00	OCCUPATIONAL THERAPY	67.00	0.280472	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.300141	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.154919	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00				5.00
6.00	LABORATORY	60.00	0.105205	0	0	6.00
6.01	BLOOD LABORATORY	60.01				6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.523780	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00				8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	9.00
10.00	NUTRITION/DIABETES EDUCATION	76.00	0.000000	0	0	10.00
10.01	NUTRITION/DIABETES EDUCATION	76.01	0.317901	0	0	10.01
10.02	CARDIAC REHAB	76.02	1.018307	0	0	10.02
10.03	HYPERBARIC OXYGEN THERAPY	76.03	0.313786	0	0	10.03
11.00	Totals (sum of lines 1-10)				0	11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 260179
Hospice CCN: 261627

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

Worksheet K-6
Date/Time Prepared:
11/24/2015 9:36 am

Hospice I

		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				2,877,209	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				20,412	2.00
3.00	Average cost per diem (line 1 divided by line 2)				140.96	3.00
4.00	Upduplicated Medicare Days (Worksheet S-9, column 1, line 5)	18,462				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	2,602,404				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		398			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		56,102			7.00
8.00	Upduplicated SNF Days (Worksheet S-9, column 3, line 5)	0				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	0				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		0			10.00
11.00	Aggregate NF cost (line 3 times line 10)		0			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			1,552		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			218,770		13.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 260179	Period: From 07/01/2014 To 06/30/2015	Worksheet L Parts I-III Date/Time Prepared: 11/24/2015 9:36 am
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	4,504,461	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	165,546	1.01
2.00	Capital DRG outlier payments	246,558	2.00
2.01	Model 4 BPCI Capital DRG outlier payments	2,230	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)	176.96	3.00
4.00	Number of interns & residents (see instructions)	37.71	4.00
5.00	Indirect medical education percentage (see instructions)	6.20	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)	289,540	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	1.18	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	3.21	8.00
9.00	Sum of lines 7 and 8	4.39	9.00
10.00	Allowable disproportionate share percentage (see instructions)	0.89	10.00
11.00	Disproportionate share adjustment (see instructions)	41,563	11.00
12.00	Total prospective capital payments (see instructions)	5,249,898	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