

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: 520028	Period: From 01/01/2015 To 12/31/2015	Worksheet S Parts I-III Date/Time Prepared: 5/31/2016 2:56 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/31/2016 Time: 2:56 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MONROE CLINIC (520028) for the cost reporting period beginning 01/01/2015 and ending 12/31/2015 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	225,875	570,824	-3,408	235,449	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0	0	0		0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0		0	11.00
200.00 Total	0	225,875	570,824	-3,408	235,449	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: 520028	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/31/2016 2:35 pm
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1.00 Hospital and Hospital Health Care Complex Address:		2.00		3.00		4.00			
1.00	Street: 515 22ND AVENUE	PO Box:							1.00
2.00	City: MONROE	State: WI	Zip Code: 53566	County: GREEN					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	MONROE CLINIC	520028	31540	1	07/01/1966	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									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	MONROE CLINIC HOMECARE	527157	31540		05/21/1985	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	MONROE CLINIC HOSPICE	521523	31540		09/01/1988				14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00

						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2015	12/31/2015			20.00
21.00	Type of Control (see instructions)					1				21.00

Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					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			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			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			22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3			23.00

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
	1.00	2.00	3.00	4.00	5.00	6.00	
24.00	0	0	0	0	0	0	24.00
25.00	0	0	0	0	0	0	25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 520028	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/31/2016 2:35 pm			
		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)	Y		Y		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N		N		40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N		N		45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N		N		46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N		N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N		N		48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

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

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

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		V		XIX			
		1.00		2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N			96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00		97.00
Rural Providers							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N					105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N					106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	N					107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N					108.00
		Physical		Speech		Respiratory	
		1.00		3.00		4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.					N	
						1.00	
						2.00	
						3.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N			0		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y					117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1					118.00
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	484,468		0		0	
						1.00	
						2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N					
119.00	DO NOT USE THIS LINE						
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		Y			120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y					121.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N					
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 520028	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/31/2016 2:35 pm			
		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)	N			140.00		
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	Contractor's Name:		Contractor's Number:			
142.00	Street:	PO Box:					
143.00	City:	State:		Zip Code:			
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?			Y	144.00		
				1.00	2.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	N			145.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N			146.00		
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N	147.00		
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N	148.00		
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N	149.00		
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
161.10	CORF		N	N	N	161.10	
				1.00			
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N	165.00		
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y	167.00		
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)				168.00		
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)				168.01		
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			0.25	169.00		
				Beginning	Ending		
				1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			10/01/2014	09/30/2015	170.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 520028	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/31/2016 2:35 pm
			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: 520028	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/31/2016 2:35 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			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	Type	Date
			1.00	2.00	3.00
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	Legal Oper.	
			1.00	2.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
			Part A		Part B
			Y/N	Date	Y/N
			1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		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	05/05/2016	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 520028

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

Worksheet S-2
Part II
Date/Time Prepared:
5/31/2016 2:35 pm

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			Y	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				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.			Y	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.			Y	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.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RI CHARD		DONKLE	41.00
42.00	Enter the employer/company name of the cost report preparer.	RURAL WISCONSIN HEALTH COOPERATIVE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	608-643-2343		RDONKLE@RWHC.COM	43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	05/05/2016	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)		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.	FINANCIAL CONSULTANT	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: 520028	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part IX Date/Time Prepared: 5/31/2016 2:35 pm
		Title V 1.00	Title XIX 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 1.00	Outpatient 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 1.00	Title XIX 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 "0") 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
RHC				
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	8.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 520028

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

Worksheet S-3
Part I
Date/Time Prepared:
5/31/2016 2:35 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	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	89	32,485	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)		89	32,485	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	6	2,190	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		95	34,675	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		95				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: 520028

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

Worksheet S-3
Part I
Date/Time Prepared:
5/31/2016 2:35 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents			
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll		
	6.00	7.00	8.00	9.00	10.00		
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	3,796	187	7,554			1.00
2.00	HMO and other (see instructions)	778	893				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	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	3,796	187	7,554			7.00
8.00	INTENSIVE CARE UNIT	551	0	991			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		509	984			13.00
14.00	Total (see instructions)	4,347	696	9,529	0.83	980.43	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00	SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	7,088	0	11,092	0.00	21.44	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0	0	0	0.00	0.00	24.00
24.10	HOSPICE (non-distinct part)	0	0	0			24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.83	1,001.87	27.00
28.00	Observation Bed Days		0	611			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 520028

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

Worksheet S-3
Part I
Date/Time Prepared:
5/31/2016 2:35 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,184	61	2,590	1.00
2.00 HMO and other (see instructions)			218	346		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	1,184	61	2,590	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0	0	0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 520028

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

Worksheet S-3
Part II
Date/Time Prepared:
5/31/2016 2:35 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	81,090,990	0	81,090,990	2,164,039.20	37.47
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		30,156,794	0	30,156,794	225,892.80	133.50
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	52,558	52,558	1,792.80	29.32
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		3,941,604	6,703	3,948,307	130,852.80	30.17
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		503,109	0	503,109	7,615.28	66.07
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		13,601,545	0	13,601,545		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		1,090,744	0	1,090,744		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		4,204,856	0	4,204,856		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	814,543	1,385,275	2,199,818	36,936.00	59.56
27.00	Administrative & General	5.00	11,733,188	-1,385,275	10,347,913	299,354.40	34.57
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00
29.00	Maintenance & Repairs	6.00	1,209,886	0	1,209,886	50,824.80	23.81
30.00	Operation of Plant	7.00	212,661	0	212,661	5,702.40	37.29
31.00	Laundry & Linen Service	8.00	153,279	0	153,279	12,981.60	11.81
32.00	Housekeeping	9.00	577,089	0	577,089	49,010.40	11.77
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	760,067	0	760,067	57,218.40	13.28
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	198	0	198	0.00	0.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	111,659	0	111,659	2,937.60	38.01
39.00	Central Services and Supply	14.00	389,290	0	389,290	25,142.40	15.48
40.00	Pharmacy	15.00	1,628,741	0	1,628,741	45,036.00	36.17

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 520028

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

Worksheet S-3
Part II
Date/Time Prepared:
5/31/2016 2:35 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00 380,827	0	380,827	25,639.20	14.85	41.00
42.00	Social Service	17.00 146,547	0	146,547	5,594.40	26.20	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 520028

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

Worksheet S-3
Part III
Date/Time Prepared:
5/31/2016 2:35 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	50,934,196	-52,558	50,881,638	1,936,353.60	26.28	1.00
2.00	Excluded area salaries (see instructions)	3,941,604	6,703	3,948,307	130,852.80	30.17	2.00
3.00	Subtotal salaries (line 1 minus line 2)	46,992,592	-59,261	46,933,331	1,805,500.80	25.99	3.00
4.00	Subtotal other wages & related costs (see inst.)	503,109	0	503,109	7,615.28	66.07	4.00
5.00	Subtotal wage-related costs (see inst.)	13,601,545	0	13,601,545	0.00	28.98	5.00
6.00	Total (sum of lines 3 thru 5)	61,097,246	-59,261	61,037,985	1,813,116.08	33.66	6.00
7.00	Total overhead cost (see instructions)	18,117,975	0	18,117,975	616,377.60	29.39	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 520028	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part IV Date/Time Prepared: 5/31/2016 2:35 pm
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		2,464,784	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		1,637,630	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		7,908,408	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		314,136	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		72,208	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)		717,215	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		341,085	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		4,771,033	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		68,076	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		602,571	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		18,897,146	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 520028

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

Worksheet S-3
Part V
Date/Time Prepared:
5/31/2016 2:35 pm

Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			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	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 520028 Component CCN: 527157		Period: From 01/01/2015 To 12/31/2015		Worksheet S-4 Date/Time Prepared: 5/31/2016 2:35 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County			GREEN		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	279	23	17	319	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	408.00	27.00	115.00	550.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			1.54	0.00	1.54	4.00
5.00	Other Administrative Personnel			3.77	0.00	3.77	5.00
6.00	Direct Nursing Service			8.81	0.00	8.81	6.00
7.00	Nursing Supervisor			1.76	0.00	1.76	7.00
8.00	Physical Therapy Service			2.38	0.11	2.49	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			1.84	0.00	1.84	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.00	0.09	0.09	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.04	0.00	0.04	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			1.30	0.00	1.30	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.			6			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	27500					20.00
20.01		31540					20.01
20.02		50184					20.02
20.03		50185					20.03
20.04		99914					20.04
20.05		99952					20.05
				Full Episodes			
		Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (col s. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	3,741	344	113	40	4,238	21.00
22.00	Skilled Nursing Visit Charges	718,335	66,048	21,696	7,680	813,759	22.00
23.00	Physical Therapy Visits	1,181	23	47	22	1,273	23.00
24.00	Physical Therapy Visit Charges	238,562	4,646	9,494	4,444	257,146	24.00
25.00	Occupational Therapy Visits	760	21	16	15	812	25.00
26.00	Occupational Therapy Visit Charges	176,320	4,872	3,712	3,480	188,384	26.00
27.00	Speech Pathology Visits	60	0	1	0	61	27.00
28.00	Speech Pathology Visit Charges	14,580	0	243	0	14,823	28.00
29.00	Medical Social Service Visits	41	5	0	2	48	29.00
30.00	Medical Social Service Visit Charges	9,225	1,125	0	450	10,800	30.00
31.00	Home Health Aide Visits	494	161	1	0	656	31.00
32.00	Home Health Aide Visit Charges	45,448	14,812	92	0	60,352	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	6,277	554	178	79	7,088	33.00
34.00	Other Charges	74,139	7,742	670	163	82,714	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	1,276,609	99,245	35,907	16,217	1,427,978	35.00
36.00	Total Number of Episodes (standard/non outlier)	418		61	8	487	36.00
37.00	Total Number of Outlier Episodes		13		0	13	37.00
38.00	Total Non-Routine Medical Supply Charges	38,768	3,286	1,536	107	43,697	38.00

HOSPITAL IDENTIFICATION DATA

Provider CCN: 520028
Component CCN: 521523

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

Worksheet S-9
Parts I & II
Date/Time Prepared:
5/31/2016 2:35 pm

		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	
2.00	Routine Home Care	1,127	246	1,025	0	310	1,683	
3.00	Inpatient Respite Care	0	0	0	0	0	0	
4.00	General Inpatient Care	9	0	0	0	0	9	
5.00	Total Hospice Days	1,136	246	1,025	0	310	1,692	
Part II - CENSUS DATA								
6.00	Number of Patients Receiving Hospice Care	203	6	28	0	23	232	
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00				
8.00	Average Length of Stay (line 5/line 6)	5.60	41.00	36.61	0.00	13.48	7.29	
9.00	Unduplicated Census Count	203	6	28	0	23	232	

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 520028	Period: From 01/01/2015 To 12/31/2015	Worksheet S-10 Date/Time Prepared: 5/31/2016 2:35 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.359072	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		3,616,646	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		35,457,312	6.00	
7.00	Medicaid cost (line 1 times line 6)		12,731,728	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)		9,115,082	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0	9.00	
10.00	Stand-alone SCHIP charges		0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		9,115,082	19.00	
			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	3,543,133	0	3,543,133	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,272,240	0	1,272,240	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,272,240	0	1,272,240	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?			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)		4,464,312	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		327,049	27.00	
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		4,137,263	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		1,485,575	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		2,757,815	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		11,872,897	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 520028

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

Worksheet A
Date/Time Prepared:
5/31/2016 2:35 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)			
	1.00	2.00	3.00	4.00	5.00			
GENERAL SERVICE COST CENTERS								
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT		6,510,842	6,510,842	343,196	6,854,038	1.00		
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		0	0	0	0	2.00		
3.00 00300 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00		
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	814,543	1,997,728	2,812,271	3,328,136	6,140,407	4.00		
5.01 00550 DATA PROCESSING	3,280,647	6,305,818	9,586,465	-377,570	9,208,895	5.01		
5.02 00540 NONPATIENT TELEPHONES	150,632	105,848	256,480	222,011	478,491	5.02		
5.03 00560 PURCHASING RECEIVING AND STORES	139,733	36,584	176,317	0	176,317	5.03		
5.04 00570 ADMITTING	140,451	49,148	189,599	0	189,599	5.04		
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	634,719	382,623	1,017,342	0	1,017,342	5.05		
5.06 00590 OTHER ADMINISTRATIVE & GENERAL	7,387,006	15,749,604	23,136,610	-5,218,285	17,918,325	5.06		
6.00 00600 MAINTENANCE & REPAIRS	1,209,886	3,702,103	4,911,989	-1,723,696	3,188,293	6.00		
7.00 00700 OPERATION OF PLANT	212,661	133,705	346,366	1,313,456	1,659,822	7.00		
8.00 00800 LAUNDRY & LINEN SERVICE	153,279	163,301	316,580	0	316,580	8.00		
9.00 00900 HOUSEKEEPING	577,089	697,039	1,274,128	-250,261	1,023,867	9.00		
10.00 01000 DIETARY	760,067	803,623	1,563,690	0	1,563,690	10.00		
11.00 01100 CAFETERIA	198	132	330	0	330	11.00		
13.00 01300 NURSING ADMINISTRATION	111,659	80,093	191,752	0	191,752	13.00		
14.00 01400 CENTRAL SERVICES & SUPPLY	389,290	896,550	1,285,840	-328,251	957,589	14.00		
15.00 01500 PHARMACY	1,628,741	2,485,025	4,113,766	0	4,113,766	15.00		
16.00 01600 MEDICAL RECORDS & LIBRARY	380,827	222,139	602,966	0	602,966	16.00		
17.00 01700 SOCIAL SERVICE	146,547	37,165	183,712	0	183,712	17.00		
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	52,558	52,558	21.00		
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00		
23.00 02301 PARAMED PRGM- PHARMACY	154,297	52,129	206,426	7,500	213,926	23.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00 03000 ADULTS & PEDIATRICS	4,906,212	1,872,425	6,778,637	-12,189	6,766,448	30.00		
31.00 03100 INTENSIVE CARE UNIT	919,882	380,585	1,300,467	-6,871	1,293,596	31.00		
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00		
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00		
43.00 04300 NURSERY	360,287	150,557	510,844	0	510,844	43.00		
ANCILLARY SERVICE COST CENTERS								
50.00 05000 OPERATING ROOM	1,528,249	5,093,842	6,622,091	-2,809,754	3,812,337	50.00		
51.00 05100 RECOVERY ROOM	294,312	92,238	386,550	-1,343	385,207	51.00		
52.00 05200 DELIVERY ROOM & LABOR ROOM	434,829	181,707	616,536	-25,823	590,713	52.00		
53.00 05300 ANESTHESIOLOGY	2,421,875	531,613	2,953,488	-67,918	2,885,570	53.00		
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,352,821	1,841,670	3,194,491	-531,649	2,662,842	54.00		
57.00 05700 CT SCAN	311,850	450,018	761,868	-70,278	691,590	57.00		
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	271,274	641,118	912,392	-67,005	845,387	58.00		
59.00 05900 CARDIAC CATHETERIZATION	744,458	2,061,107	2,805,565	-1,359,246	1,446,319	59.00		
60.00 06000 LABORATORY	2,930,811	3,585,691	6,516,502	0	6,516,502	60.00		
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01		
65.00 06500 RESPIRATORY THERAPY	589,995	317,960	907,955	-20,786	887,169	65.00		
66.00 06600 PHYSICAL THERAPY	1,043,666	342,640	1,386,306	-7,911	1,378,395	66.00		
67.00 06700 OCCUPATIONAL THERAPY	249,419	70,371	319,790	-568	319,222	67.00		
68.00 06800 SPEECH PATHOLOGY	0	186,799	186,799	0	186,799	68.00		
69.00 06900 ELECTROCARDIOLOGY	231,853	173,508	405,361	-20	405,341	69.00		
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00		
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	3,619,728	3,619,728	71.00		
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	1,866,827	1,866,827	72.00		
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00		
75.00 07500 ASC (NON-DISTINCT PART)	1,184,549	323,233	1,507,782	-5,149	1,502,633	75.00		
75.01 07501 PROCTO/ENTERO/GASTRO	353,011	469,921	822,932	-154,544	668,388	75.01		
OUTPATIENT SERVICE COST CENTERS								
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00		
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00		
90.00 09000 CLINIC	34,501,146	19,332,452	53,833,598	2,355,513	56,189,111	90.00		
91.00 09100 EMERGENCY	4,177,938	1,180,754	5,358,692	-16,977	5,341,715	91.00		
91.01 09101 CARDIAC REHAB	222,974	85,879	308,853	-273	308,580	91.01		
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00		
OTHER REIMBURSABLE COST CENTERS								
99.10 09910 CORF	0	0	0	0	0	99.10		
100.00 10000 I&R SERVICES - NOT APPRVD. PRGM.	206,349	253,115	459,464	-52,558	406,906	100.00		
101.00 10100 HOME HEALTH AGENCY	1,393,534	648,511	2,042,045	0	2,042,045	101.00		
SPECIAL PURPOSE COST CENTERS								
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00		
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00		
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00		
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00		
116.00 11600 HOSPICE	668,033	606,596	1,274,629	0	1,274,629	116.00		
118.00	SUBTOTALS (SUM OF LINES 1-117)		79,571,599	81,285,509	160,857,108	0	160,857,108	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 520028

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

Worksheet A

Date/Time Prepared:
5/31/2016 2:35 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	105,940	277,636	383,576	0	383,576	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	36	36	0	36	194.00
194.01	07951	5 WEST	0	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	1,413,451	5,573,660	6,987,111	0	6,987,111	194.04
200.00		TOTAL (SUM OF LINES 118-199)	81,090,990	87,136,841	168,227,831	0	168,227,831	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 520028

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

Worksheet A
Date/Time Prepared:
5/31/2016 2:35 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-1,174,538	5,679,500	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	6,140,407	4.00
5.01	00550	DATA PROCESSING	0	9,208,895	5.01
5.02	00540	NONPATIENT TELEPHONES	0	478,491	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	176,317	5.03
5.04	00570	ADMINITTING	0	189,599	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	1,017,342	5.05
5.06	00590	OTHER ADMINISTRATION & GENERAL	-1,308,214	16,610,111	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	3,188,293	6.00
7.00	00700	OPERATION OF PLANT	-3,358	1,656,464	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-4,897	311,683	8.00
9.00	00900	HOUSEKEEPING	0	1,023,867	9.00
10.00	01000	DIETARY	-637,932	925,758	10.00
11.00	01100	CAFETERIA	0	330	11.00
13.00	01300	NURSING ADMINISTRATION	-683	191,069	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-11,259	946,330	14.00
15.00	01500	PHARMACY	-1,509	4,112,257	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-318	602,648	16.00
17.00	01700	SOCIAL SERVICE	0	183,712	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	52,558	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02301	PARAMED PRGM- PHARMACY	0	213,926	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,438,601	4,327,847	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,293,596	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	510,844	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	3,812,337	50.00
51.00	05100	RECOVERY ROOM	0	385,207	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	590,713	52.00
53.00	05300	ANESTHESIOLOGY	-2,689,876	195,694	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,662,842	54.00
57.00	05700	CT SCAN	0	691,590	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	845,387	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,446,319	59.00
60.00	06000	LABORATORY	-871,007	5,645,495	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	887,169	65.00
66.00	06600	PHYSICAL THERAPY	0	1,378,395	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	319,222	67.00
68.00	06800	SPEECH PATHOLOGY	0	186,799	68.00
69.00	06900	ELECTROCARDIOLOGY	0	405,341	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,619,728	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	1,866,827	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	1,502,633	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	0	668,388	75.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-25,408,600	30,780,511	90.00
91.00	09100	EMERGENCY	-1,938,623	3,403,092	91.00
91.01	09101	CARDIAC REHAB	0	308,580	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	-86,395	320,511	100.00
101.00	10100	HOME HEALTH AGENCY	0	2,042,045	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	0	1,274,629	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-36,575,810	124,281,298	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	383,576	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 520028	Period: From 01/01/2015 To 12/31/2015	Worksheet A Date/Time Prepared: 5/31/2016 2:35 pm
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Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
194.00	07950 MONROE CLINIC INN	6.00	7.00	194.00
194.01	07951 5 WEST	0	0	194.01
194.02	07952 LIFELINE	0	0	194.02
194.03	07953 PHARMACY NURSING HOME	0	0	194.03
194.04	07954 FREESTANDING CLINIC	0	6,987,111	194.04
200.00	TOTAL (SUM OF LINES 118-199)	-36,575,810	131,652,021	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 520028

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

Worksheet Non-CMS W
Date/Time Prepared:
5/31/2016 2:35 pm

Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
	1.00	2.00	
GENERAL SERVICE COST CENTERS			
1.00 NEW CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00 OTHER CAPITAL RELATED COSTS	00300		3.00
4.00 EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.01 DATA PROCESSING	00550	DATA PROCESSING	5.01
5.02 NONPATIENT TELEPHONES	00540	NONPATIENT TELEPHONES	5.02
5.03 PURCHASING RECEIVING AND STORES	00560	PURCHASING RECEIVING AND STORES	5.03
5.04 ADMIN TTING	00570	ADMIN TTING	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	00590		5.06
6.00 MAINTENANCE & REPAIRS	00600		6.00
7.00 OPERATION OF PLANT	00700		7.00
8.00 LAUNDRY & LINEN SERVICE	00800		8.00
9.00 HOUSEKEEPING	00900		9.00
10.00 DIETARY	01000		10.00
11.00 CAFETERIA	01100		11.00
13.00 NURSING ADMINISTRATION	01300		13.00
14.00 CENTRAL SERVICES & SUPPLY	01400		14.00
15.00 PHARMACY	01500		15.00
16.00 MEDICAL RECORDS & LIBRARY	01600		16.00
17.00 SOCIAL SERVICE	01700		17.00
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 PRGM- PHARMACY	02301		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	03000		30.00
31.00 INTENSIVE CARE UNIT	03100		31.00
41.00 SUBPROVIDER - IRF	04100		41.00
42.00 SUBPROVIDER	04200		42.00
43.00 NURSERY	04300		43.00
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	05000		50.00
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
57.00 CT SCAN	05700		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00 CARDIAC CATHETERIZATION	05900		59.00
60.00 LABORATORY	06000		60.00
60.01 BLOOD LABORATORY	06001		60.01
65.00 RESPIRATORY THERAPY	06500		65.00
66.00 PHYSICAL THERAPY	06600		66.00
67.00 OCCUPATIONAL THERAPY	06700		67.00
68.00 SPEECH PATHOLOGY	06800		68.00
69.00 ELECTROCARDIOLOGY	06900		69.00
70.00 ELECTROENCEPHALOGRAPHY	07000		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	07200		72.00
73.00 DRUGS CHARGED TO PATIENTS	07300		73.00
75.00 ASC (NON-DISTINCT PART)	07500		75.00
75.01 PROCTO/ENTERO/GASTRO	07501		75.01
OUTPATIENT SERVICE COST CENTERS			
88.00 RURAL HEALTH CLINIC	08800		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	08900		89.00
90.00 CLINIC	09000		90.00
91.00 EMERGENCY	09100		91.00
91.01 CARDIAC REHAB	09101		91.01
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
OTHER REIMBURSABLE COST CENTERS			
99.10 CORF	09910		99.10
100.00 I&R SERVICES - NOT APPRVD. PRGM.	10000		100.00
101.00 HOME HEALTH AGENCY	10100		101.00
SPECIAL PURPOSE COST CENTERS			
109.00 PANCREAS ACQUISITION	10900		109.00
110.00 INTESTINAL ACQUISITION	11000		110.00
111.00 ISLET ACQUISITION	11100		111.00
113.00 INTEREST EXPENSE	11300		113.00
116.00 HOSPICE	11600		116.00

COST CENTERS USED IN COST REPORT		Provider CCN: 520028	Period: From 01/01/2015 To 12/31/2015	Worksheet Non-CMS W Date/Time Prepared: 5/31/2016 2:35 pm
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
	NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
194.00	MONROE CLINIC INN	07950		194.00
194.01	5 WEST	07951		194.01
194.02	LIFELINE	07952		194.02
194.03	PHARMACY NURSING HOME	07953		194.03
194.04	FREESTANDING CLINIC	07954		194.04
200.00	TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS

Provider CCN: 520028

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

Worksheet A-6

Date/Time Prepared:
5/31/2016 2:35 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - TO RECLASSIFY PHONE COSTS						
1.00	NONPATIENT TELEPHONES	5.02	0	377,570	1.00	
	TOTALS		0	377,570		
B - TO RECLASS IMPLANTABLE DEVICES						
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	1,866,827	1.00	
2.00		0.00	0	0	2.00	
	TOTALS		0	1,866,827		
C - TO RECLASS M/S COSTS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	3,619,815	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	
	TOTALS		0	3,619,815		
D - TO RECLASSIFY UNEMPLOYMENT						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	68,076	1.00	
	TOTALS		0	68,076		
E - TO RECLASSIFY WORKERS COMP						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	157,084	1.00	
	TOTALS		0	157,084		
F - TO RECLASSIFY RETIREMENT						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,717,701	1.00	
	TOTALS		0	1,717,701		
G - INTEREST EXPENSE						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,174,538	1.00	
	TOTALS		0	1,174,538		
H - PHARMACY RESIDENT PRECEPTOR						
1.00	PARAMED ED PRGM- PHARMACY	23.00	6,703	797	1.00	
	TOTALS		6,703	797		
I - TO RECLASSIFY RENTAL SPD						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	87	1.00	
	TOTALS		0	87		
J - TO RECLASS CLINIC DEPRECIATION						
1.00	CLINIC	90.00	0	831,342	1.00	
	TOTALS		0	831,342		
L - TO RECLASS CLINIC HSKPG						
1.00	CLINIC	90.00	0	250,261	1.00	
	TOTALS		0	250,261		
M - TO RECLASS PROP TAXES						
1.00	CLINIC	90.00	0	588,883	1.00	
	TOTALS		0	588,883		
Q - TO RECLASS UTILITIES TO PLANT						
1.00	OPERATION OF PLANT	7.00	0	1,723,696	1.00	
	TOTALS		0	1,723,696		
P - TO RECLASS GAIN SHARE						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,385,275	0	1.00	
	TOTALS		1,385,275	0		
Q - TO RECLASS PROPERTY INSURANCE						
1.00	CLINIC	90.00	0	126,728	1.00	
	TOTALS		0	126,728		
S - TO RECLASSIFY RESIDENT SALARIES						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	52,558	1.00	
	TOTALS		0	52,558		

RECLASSIFICATIONS

Provider CCN: 520028

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

Worksheet A-6

Date/Time Prepared:
5/31/2016 2:35 pm

		Increases				
		Cost Center	Line #	Salary	Other	
		2.00	3.00	4.00	5.00	
	T - TO RECLASS CLINIC PHONE EXPENSE					
1.00	CLINIC		90.00	0	155,559	1.00
	TOTALS			0	155,559	
	U - TO RECLASSIFY CLINIC UTILITIES					
1.00	CLINIC		90.00	0	410,240	1.00
	TOTALS			0	410,240	
500.00	Grand Total: Increases			1,391,978	13,121,762	500.00

RECLASSIFICATIONS

Provider CCN: 520028

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

Worksheet A-6
Date/Time Prepared:
5/31/2016 2:35 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
A - TO RECLASSIFY PHONE COSTS							
1.00	DATA PROCESSING	5.01	0	377,570	0	1.00	
	TOTALS		0	377,570			
B - TO RECLASS IMPLANTABLE DEVICES							
1.00	OPERATING ROOM	50.00	0	1,217,512	0	1.00	
2.00	CARDIAC CATHETERIZATION	59.00	0	649,315	0	2.00	
	TOTALS		0	1,866,827			
C - TO RECLASS M/S COSTS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	328,338	0	1.00	
2.00	ADULTS & PEDIATRICS	30.00	0	12,189	0	2.00	
3.00	INTENSIVE CARE UNIT	31.00	0	6,871	0	3.00	
4.00	OPERATING ROOM	50.00	0	1,592,242	0	4.00	
5.00	RECOVERY ROOM	51.00	0	1,343	0	5.00	
6.00	DELIVERY ROOM & LABOR ROOM	52.00	0	25,823	0	6.00	
7.00	ANESTHESIOLOGY	53.00	0	67,918	0	7.00	
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	531,649	0	8.00	
9.00	CT SCAN	57.00	0	70,278	0	9.00	
10.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	67,005	0	10.00	
11.00	CARDIAC CATHETERIZATION	59.00	0	709,931	0	11.00	
12.00	RESPIRATORY THERAPY	65.00	0	20,786	0	12.00	
13.00	PHYSICAL THERAPY	66.00	0	7,911	0	13.00	
14.00	OCCUPATIONAL THERAPY	67.00	0	568	0	14.00	
15.00	ELECTROCARDIOLOGY	69.00	0	20	0	15.00	
16.00	ASC (NON-DISTINCT PART)	75.00	0	5,149	0	16.00	
17.00	PROCTO/ENTERO/GASTRO	75.01	0	154,544	0	17.00	
18.00	EMERGENCY	91.00	0	16,977	0	18.00	
19.00	CARDIAC REHAB	91.01	0	273	0	19.00	
	TOTALS		0	3,619,815			
D - TO RECLASSIFY UNEMPLOYMENT							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	68,076	0	1.00	
	TOTALS		0	68,076			
E - TO RECLASSIFY WORKERS COMP							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	157,084	0	1.00	
	TOTALS		0	157,084			
F - TO RECLASSIFY RETIREMENT							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	1,717,701	0	1.00	
	TOTALS		0	1,717,701			
G - INTEREST EXPENSE							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	1,174,538	11	1.00	
	TOTALS		0	1,174,538			
H - PHARMACY RESIDENT PRECEPTOR							
1.00	CLINIC	90.00	6,703	797	0	1.00	
	TOTALS		6,703	797			
I - TO RECLASSIFY RENTAL SPD							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	87	0	1.00	
	TOTALS		0	87			
J - TO RECLASS CLINIC DEPRECIATION							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	831,342	9	1.00	
	TOTALS		0	831,342			
L - TO RECLASS CLINIC HSKPG							
1.00	HOUSEKEEPING	9.00	0	250,261	0	1.00	
	TOTALS		0	250,261			
M - TO RECLASS PROP TAXES							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	588,883	0	1.00	
	TOTALS		0	588,883			
O - TO RECLASS UTILITIES TO PLANT							
1.00	MAINTENANCE & REPAIRS	6.00	0	1,723,696	0	1.00	
	TOTALS		0	1,723,696			
P - TO RECLASS GAIN SHARE							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	1,385,275	0	0	1.00	
	TOTALS		1,385,275	0			
Q - TO RECLASS PROPERTY INSURANCE							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	126,728	12	1.00	
	TOTALS		0	126,728			

RECLASSIFICATIONS

Provider CCN: 520028

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

Worksheet A-6

Date/Time Prepared:
5/31/2016 2:35 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
S - TO RECLASSIFY RESIDENT SALARIES						
1.00	I&R SERVICES - NOT APPRVD. PRGM.	100.00	0	52,558	0	1.00
	TOTALS		0	52,558		
T - TO RECLASS CLINIC PHONE EXPENSE						
1.00	NONPATIENT TELEPHONES	5.02	0	155,559	0	1.00
	TOTALS		0	155,559		
U - TO RECLASSIFY CLINIC UTILITIES						
1.00	OPERATION OF PLANT	7.00	0	410,240	0	1.00
	TOTALS		0	410,240		
500.00	Grand Total: Decreases		1,391,978	13,121,762		500.00

RECLASSIFICATIONS

Provider CCN: 520028

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/31/2016 2:35 pm

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 - TO RECLASSIFY PHONE COSTS								
1.00	NONPATIENT TELEPHONES	5.02	0	377,570	DATA PROCESSING	5.01	0	377,570
	TOTALS		0	377,570	TOTALS		0	377,570
B - TO RECLASS IMPLANTABLE DEVICES								
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	1,866,827	OPERATING ROOM	50.00	0	1,217,512
2.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	649,315
	TOTALS		0	1,866,827	TOTALS		0	1,866,827
C - TO RECLASS M/S COSTS								
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	3,619,815	CENTRAL SERVICES & SUPPLY	14.00	0	328,338
2.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	12,189
3.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	6,871
4.00		0.00	0	0	OPERATING ROOM	50.00	0	1,592,242
5.00		0.00	0	0	RECOVERY ROOM	51.00	0	1,343
6.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	25,823
7.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	67,918
8.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	531,649
9.00		0.00	0	0	CT SCAN	57.00	0	70,278
10.00		0.00	0	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	67,005
11.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	709,931
12.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	20,786
13.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	7,911
14.00		0.00	0	0	OCCUPATIONAL THERAPY	67.00	0	568
15.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	20
16.00		0.00	0	0	ASC (NON-DISTINCT PART)	75.00	0	5,149
17.00		0.00	0	0	PROCTO/ENTERO/GASTRO	75.01	0	154,544
18.00		0.00	0	0	EMERGENCY	91.00	0	16,977
19.00		0.00	0	0	CARDIAC REHAB	91.01	0	273
	TOTALS		0	3,619,815	TOTALS		0	3,619,815
D - TO RECLASSIFY UNEMPLOYMENT								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	68,076	OTHER ADMINISTRATIVE & GENERAL	5.06	0	68,076
	TOTALS		0	68,076	TOTALS		0	68,076
E - TO RECLASSIFY WORKERS COMP								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	157,084	OTHER ADMINISTRATIVE & GENERAL	5.06	0	157,084
	TOTALS		0	157,084	TOTALS		0	157,084
F - TO RECLASSIFY RETIREMENT								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,717,701	OTHER ADMINISTRATIVE & GENERAL	5.06	0	1,717,701
	TOTALS		0	1,717,701	TOTALS		0	1,717,701
G - INTEREST EXPENSE								
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,174,538	OTHER ADMINISTRATIVE & GENERAL	5.06	0	1,174,538
	TOTALS		0	1,174,538	TOTALS		0	1,174,538
H - PHARMACY RESIDENT PRECEPTOR								
1.00	PARAMED PRGM-PHARMACY	23.00	6,703	797	CLINIC	90.00	6,703	797
	TOTALS		6,703	797	TOTALS		6,703	797
I - TO RECLASSIFY RENTAL SPD								
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	87	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	87
	TOTALS		0	87	TOTALS		0	87
J - TO RECLASS CLINIC DEPRECIATION								
1.00	CLINIC	90.00	0	831,342	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	831,342
	TOTALS		0	831,342	TOTALS		0	831,342
L - TO RECLASS CLINIC HSKPG								
1.00	CLINIC	90.00	0	250,261	HOUSEKEEPING	9.00	0	250,261
	TOTALS		0	250,261	TOTALS		0	250,261
M - TO RECLASS PROP TAXES								
1.00	CLINIC	90.00	0	588,883	OTHER ADMINISTRATIVE & GENERAL	5.06	0	588,883
	TOTALS		0	588,883	TOTALS		0	588,883
O - TO RECLASS UTILITIES TO PLANT								
1.00	OPERATION OF PLANT	7.00	0	1,723,696	MAINTENANCE & REPAIRS	6.00	0	1,723,696
	TOTALS		0	1,723,696	TOTALS		0	1,723,696

RECLASSIFICATIONS

Provider CCN: 520028

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/31/2016 2:35 pm

	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 - TO RECLASS GAIN SHARE								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,385,275	0	OTHER ADMINISTRATIVE & GENERAL	5.06	1,385,275	0	1.00
	TOTALS		1,385,275	0	TOTALS		1,385,275	0	
	Q - TO RECLASS PROPERTY INSURANCE								
1.00	CLINIC	90.00	0	126,728	OTHER ADMINISTRATIVE & GENERAL	5.06	0	126,728	1.00
	TOTALS		0	126,728	TOTALS		0	126,728	
	S - TO RECLASSIFY RESIDENT SALARIES								
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	52,558	I&R SERVICES - NOT APPRVD. PRGM.	100.00	0	52,558	1.00
	TOTALS		0	52,558	TOTALS		0	52,558	
	T - TO RECLASS CLINIC PHONE EXPENSE								
1.00	CLINIC	90.00	0	155,559	NONPATIENT TELEPHONES	5.02	0	155,559	1.00
	TOTALS		0	155,559	TOTALS		0	155,559	
	U - TO RECLASSIFY CLINIC UTILITIES								
1.00	CLINIC	90.00	0	410,240	OPERATION OF PLANT	7.00	0	410,240	1.00
	TOTALS		0	410,240	TOTALS		0	410,240	
500.00	Grand Total: Increases		1,391,978	13,121,762	Grand Total: Decreases		1,391,978	13,121,762	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 520028

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

Worksheet A-7
Part I
Date/Time Prepared:
5/31/2016 2:35 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,370,302	200,000	0	200,000	0	1.00
2.00	Land Improvements	6,259,119	30,741	0	30,741	0	2.00
3.00	Buildings and Fixtures	87,895,510	377,535	0	377,535	6,743	3.00
4.00	Building Improvements	43,497,495	418,007	0	418,007	0	4.00
5.00	Fixed Equipment	8,983,904	17,332	0	17,332	0	5.00
6.00	Movable Equipment	78,649,110	3,678,404	0	3,678,404	1,797,977	6.00
7.00	HIT designated Assets	3,731,958	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	230,387,398	4,722,019	0	4,722,019	1,804,720	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	230,387,398	4,722,019	0	4,722,019	1,804,720	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,570,302	0				1.00
2.00	Land Improvements	6,289,860	0				2.00
3.00	Buildings and Fixtures	88,266,302	0				3.00
4.00	Building Improvements	43,915,502	0				4.00
5.00	Fixed Equipment	9,001,236	0				5.00
6.00	Movable Equipment	80,529,537	0				6.00
7.00	HIT designated Assets	3,731,958	0				7.00
8.00	Subtotal (sum of lines 1-7)	233,304,697	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	233,304,697	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 520028

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

Worksheet A-7
Part II
Date/Time Prepared:
5/31/2016 2:35 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	6,510,842	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	6,510,842	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	6,510,842				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	6,510,842				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 520028

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

Worksheet A-7
Part III
Date/Time Prepared:
5/31/2016 2:35 pm

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	149,043,202	0	149,043,202	0.638835	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	84,261,495	0	84,261,495	0.361165	0	2.00
3.00	Total (sum of lines 1-2)	233,304,697	0	233,304,697	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	5,679,500	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	5,679,500	0	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	5,679,500	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	5,679,500	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 520028

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

Worksheet A-8

Date/Time Prepared:
5/31/2016 2:35 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	A	-1,174,538	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-11,259	CENTRAL SERVICES & SUPPLY	14.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00 Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-29,875,138			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	0			0	12.00
13.00 Laundry and linen service	B	-4,897	LAUNDRY & LINEN SERVICE	8.00	0	13.00
14.00 Cafeteria-employees and guests	B	-637,932	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	B	-1,509	PHARMACY	15.00	0	17.00
18.00 Sale of medical records and abstracts	B	-318	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines	B	-3,358	OPERATION OF PLANT	7.00	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 - NEW CAP REL COSTS-BLDG & FIXT			NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant				0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

Provider CCN: 520028 Period: From 01/01/2015 To 12/31/2015 Worksheet A-8
 Date/Time Prepared: 5/31/2016 2:35 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
33.00 HOSPITALIST MID LEVEL SALARIES	A	-256,448	ADULTS & PEDIATRICS	30.00	0 33.00
34.00 HOSPITALIST MID LEVEL FRINGES	A	-73,857	ADULTS & PEDIATRICS	30.00	0 34.00
35.00 OUTREACH REVENUE	B	-683	NURSING ADMINISTRATION	13.00	0 35.00
35.01 ADVERTISING EXPENSE	A	-43,625	OTHER ADMINISTRATIVE & GENERAL	5.06	0 35.01
36.00 MISC REVENUE	B	-126,876	OTHER ADMINISTRATIVE & GENERAL	5.06	0 36.00
37.00 MID LEVEL SALARIES	A	-2,994,361	CLINIC	90.00	0 37.00
38.00 MID LEVEL FRINGE BENEFITS	A	-862,376	CLINIC	90.00	0 38.00
39.00 E/R MID LEVEL	A	-327,826	CLINIC	90.00	0 39.00
40.00 E/R MID LEVEL FRINGES	A	-94,414	CLINIC	90.00	0 40.00
41.00 RURAL RESIDENCY GRANT	B	-86,395	I&R SERVICES - NOT APPRVD. PRGM.	100.00	0 41.00
42.00		0		0.00	0 42.00
43.00		0		0.00	0 43.00
44.00		0		0.00	0 44.00
45.00		0		0.00	0 45.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-36,575,810			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.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 520028

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

Worksheet A-8-2

Date/Time Prepared:
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	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	91.00	EMERGENCY	1,761,765	1,761,765	0	0	0	1.00
2.00	91.00	EMERGENCY	166,033	166,033	0	0	0	2.00
3.00	5.06	OTHER ADMINISTRATIVE & GENERAL	357,315	357,315	0	0	0	3.00
4.00	5.06	OTHER ADMINISTRATIVE & GENERAL	780,398	780,398	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	2,385,825	2,385,825	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	194,358	194,358	0	0	0	6.00
7.00	60.00	LABORATORY	805,968	805,968	0	0	0	7.00
8.00	60.00	LABORATORY	65,039	65,039	0	0	0	8.00
9.00	30.00	ADULTS & PEDIATRICS	1,417,276	1,417,276	0	0	0	9.00
10.00	30.00	ADULTS & PEDIATRICS	133,511	133,511	0	0	0	10.00
11.00	90.00	CLINIC	18,407,365	18,407,365	0	0	0	11.00
12.00	90.00	CLINIC	2,531,420	2,531,420	0	0	0	12.00
13.00	91.00	EMERGENCY	10,825	10,825	0	0	0	13.00
14.00	53.00	ANESTHESIOLOGY	109,693	109,693	0	0	0	14.00
15.00	30.00	ADULTS & PEDIATRICS	557,509	557,509	0	0	0	15.00
16.00	90.00	CLINIC	190,838	190,838	0	0	0	16.00
200.00			29,875,138	29,875,138	0	0	0	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	91.00	EMERGENCY	0	0	0	0	0	1.00
2.00	91.00	EMERGENCY	0	0	0	0	0	2.00
3.00	5.06	OTHER ADMINISTRATIVE & GENERAL	0	0	0	0	0	3.00
4.00	5.06	OTHER ADMINISTRATIVE & GENERAL	0	0	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	60.00	LABORATORY	0	0	0	0	0	7.00
8.00	60.00	LABORATORY	0	0	0	0	0	8.00
9.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	9.00
10.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	10.00
11.00	90.00	CLINIC	0	0	0	0	0	11.00
12.00	90.00	CLINIC	0	0	0	0	0	12.00
13.00	91.00	EMERGENCY	0	0	0	0	0	13.00
14.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	14.00
15.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	15.00
16.00	90.00	CLINIC	0	0	0	0	0	16.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	91.00	EMERGENCY	0	0	0	1,761,765		1.00
2.00	91.00	EMERGENCY	0	0	0	166,033		2.00
3.00	5.06	OTHER ADMINISTRATIVE & GENERAL	0	0	0	357,315		3.00
4.00	5.06	OTHER ADMINISTRATIVE & GENERAL	0	0	0	780,398		4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	2,385,825		5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	194,358		6.00
7.00	60.00	LABORATORY	0	0	0	805,968		7.00
8.00	60.00	LABORATORY	0	0	0	65,039		8.00
9.00	30.00	ADULTS & PEDIATRICS	0	0	0	1,417,276		9.00
10.00	30.00	ADULTS & PEDIATRICS	0	0	0	133,511		10.00
11.00	90.00	CLINIC	0	0	0	18,407,365		11.00
12.00	90.00	CLINIC	0	0	0	2,531,420		12.00
13.00	91.00	EMERGENCY	0	0	0	10,825		13.00
14.00	53.00	ANESTHESIOLOGY	0	0	0	109,693		14.00
15.00	30.00	ADULTS & PEDIATRICS	0	0	0	557,509		15.00
16.00	90.00	CLINIC	0	0	0	190,838		16.00
200.00			0	0	0	29,875,138		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520028

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

Worksheet B
Part I
Date/Time Prepared:
5/31/2016 2:35 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	5,679,500	5,679,500				1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	0		0			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	6,140,407	87,234	0	6,227,641		4.00
5.01 00550 DATA PROCESSING	9,208,895	45,132	0	258,974	9,513,001	5.01
5.02 00540 NONPATIENT TELEPHONES	478,491	4,501	0	11,891	15,418	5.02
5.03 00560 PURCHASING RECEIVING AND STORES	176,317	6,797	0	11,031	46,254	5.03
5.04 00570 ADMINISTRATION	189,599	27,037	0	11,087	92,509	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	1,017,342	47,608	0	50,105	277,527	5.05
5.06 00590 OTHER ADMINISTRATIVE & GENERAL	16,610,111	151,452	0	473,777	847,998	5.06
6.00 00600 MAINTENANCE & REPAIRS	3,188,293	91,750	0	95,508	339,199	6.00
7.00 00700 OPERATION OF PLANT	1,656,464	2,309,452	0	16,787	46,254	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	311,683	80,767	0	12,100	30,836	8.00
9.00 00900 HOUSEKEEPING	1,023,867	47,113	0	45,555	30,836	9.00
10.00 01000 DIETARY	925,758	127,865	0	60,000	46,254	10.00
11.00 01100 CAFETERIA	330	0	0	16	0	11.00
13.00 01300 NURSING ADMINISTRATION	191,069	21,096	0	8,814	15,418	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	946,330	72,320	0	30,731	92,509	14.00
15.00 01500 PHARMACY	4,112,257	29,423	0	128,573	215,854	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	602,648	184,071	0	30,062	185,018	16.00
17.00 01700 SOCIAL SERVICE	183,712	11,133	0	11,568	30,836	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	52,558	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02301 PARAMED ED PRGM- PHARMACY	213,926	1,620	0	12,709	30,836	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	4,327,847	591,913	0	387,296	1,063,853	30.00
31.00 03100 INTENSIVE CARE UNIT	1,293,596	82,493	0	72,615	200,436	31.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	510,844	11,793	0	28,441	15,418	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	3,812,337	220,576	0	120,640	354,618	50.00
51.00 05100 RECOVERY ROOM	385,207	31,014	0	23,233	46,254	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	590,713	25,207	0	34,325	15,418	52.00
53.00 05300 ANESTHESIOLOGY	195,694	0	0	191,183	77,091	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,662,842	145,480	0	106,792	169,600	54.00
57.00 05700 CT SCAN	691,590	24,247	0	24,617	15,418	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	845,387	72,740	0	21,414	15,418	58.00
59.00 05900 CARDIAC CATHETERIZATION	1,446,319	56,160	0	58,768	92,509	59.00
60.00 06000 LABORATORY	5,645,495	122,974	0	231,358	431,708	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	887,169	13,264	0	46,574	46,254	65.00
66.00 06600 PHYSICAL THERAPY	1,378,395	77,811	0	82,387	123,345	66.00
67.00 06700 OCCUPATIONAL THERAPY	319,222	22,836	0	19,689	61,673	67.00
68.00 06800 SPEECH PATHOLOGY	186,799	9,723	0	0	15,418	68.00
69.00 06900 ELECTROCARDIOLOGY	405,341	0	0	18,302	30,836	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,619,728	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	1,866,827	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00 07500 ASC (NON-DISTINCT PART)	1,502,633	105,299	0	93,508	154,182	75.00
75.01 07501 PROCTO/ENTERO/GASTRO	668,388	28,868	0	27,867	46,254	75.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	30,780,511	0	0	2,722,965	2,991,127	90.00
91.00 09100 EMERGENCY	3,403,092	203,276	0	329,806	493,381	91.00
91.01 09101 CARDIAC REHAB	308,580	63,272	0	17,602	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES - NOT APPRVD. PRGM.	320,511	2,401	0	16,289	15,418	100.00
101.00 10100 HOME HEALTH AGENCY	2,042,045	137,333	0	110,006	323,781	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
116.00 11600 HOSPICE	1,274,629	2,971	0	52,735	138,763	116.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520028

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

Worksheet B
Part I
Date/Time Prepared:
5/31/2016 2:35 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING		
		NEW BLDG & FIXT	NEW MVBLE EQUIP				
	0	1.00	2.00	4.00	5.01		
118.00	SUBTOTALS (SUM OF LINES 1-117)	124,281,298	5,398,022	0	6,107,700	9,281,729	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	383,576	31,014	0	8,363	30,836	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	84,023	0	0	0	192.00
194.00	07950 MONROE CLINIC INN	36	100,453	0	0	0	194.00
194.01	07951 5 WEST	0	0	0	0	0	194.01
194.02	07952 LIFELINE	0	0	0	0	0	194.02
194.03	07953 PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954 FREESTANDING CLINIC	6,987,111	65,988	0	111,578	200,436	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	131,652,021	5,679,500	0	6,227,641	9,513,001	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520028

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

Worksheet B Part I Date/Time Prepared: 5/31/2016 2:35 pm

Cost Center Description		NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00550						5.01
5.02	00540	510,301					5.02
5.03	00560	5,448	245,847				5.03
5.04	00570	5,448	16	325,696			5.04
5.05	00580	32,688	93	0	1,425,363		5.05
5.06	00590	85,353	1,174	0	0	18,169,865	5.06
6.00	00600	9,080	1,511	0	0	3,725,341	6.00
7.00	00700	5,448	11	0	0	4,034,416	7.00
8.00	00800	3,632	663	0	0	439,681	8.00
9.00	00900	3,632	1,356	0	0	1,152,359	9.00
10.00	01000	5,448	347	0	0	1,165,672	10.00
11.00	01100	0	0	0	0	346	11.00
13.00	01300	1,816	20	0	0	238,233	13.00
14.00	01400	5,448	4,238	0	0	1,151,576	14.00
15.00	01500	7,264	17,677	0	0	4,511,048	15.00
16.00	01600	9,080	13	0	0	1,010,892	16.00
17.00	01700	3,632	0	0	0	240,881	17.00
21.00	02100	0	0	0	0	52,558	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02301	1,816	0	0	0	260,907	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	21,792	982	15,034	59,772	6,468,489	30.00
31.00	03100	7,264	380	3,498	13,909	1,674,191	31.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	1,816	0	1,341	5,331	574,984	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	10,896	37,456	66,408	263,584	4,886,515	50.00
51.00	05100	3,632	64	4,436	17,636	511,476	51.00
52.00	05200	1,816	0	4,776	18,988	691,243	52.00
53.00	05300	3,632	1,010	22,395	89,036	580,041	53.00
54.00	05400	16,344	5,907	21,946	87,253	3,216,164	54.00
57.00	05700	1,816	1,082	31,908	126,860	917,538	57.00
58.00	05800	1,816	736	21,763	86,525	1,065,799	58.00
59.00	05900	7,264	15,930	21,554	85,695	1,784,199	59.00
60.00	06000	21,792	1,286	24,347	227,704	6,706,664	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	5,448	739	11,460	45,561	1,056,469	65.00
66.00	06600	10,896	455	11,562	45,968	1,730,819	66.00
67.00	06700	3,632	67	3,765	14,971	445,855	67.00
68.00	06800	1,816	2	1,740	6,917	222,415	68.00
69.00	06900	1,816	764	12,024	47,804	516,887	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	3,619,728	71.00
72.00	07200	0	0	0	0	1,866,827	72.00
73.00	07300	0	0	0	0	0	73.00
75.00	07500	3,632	369	6,307	25,074	1,891,004	75.00
75.01	07501	1,816	2,550	0	0	775,743	75.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	152,548	92,446	0	0	36,739,597	90.00
91.00	09100	12,712	1,240	38,425	152,770	4,634,702	91.00
91.01	09101	0	82	1,007	4,005	394,548	91.01
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
100.00	10000	1,816	3	0	0	356,438	100.00
101.00	10100	7,264	626	0	0	2,621,055	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
116.00	11600	3,632	1,516	0	0	1,474,246	116.00
118.00	11800	492,141	192,811	325,696	1,425,363	123,577,411	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	3,632	2,367	0	0	459,788	190.00
192.00	19200	0	0	0	0	84,023	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520028

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

Worksheet B
Part I
Date/Time Prepared:
5/31/2016 2:35 pm

Cost Center Description		NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
194.00	07950 MONROE CLINIC INN	0	0	0	0	100,489	194.00
194.01	07951 5 WEST	0	0	0	0	0	194.01
194.02	07952 LIFELINE	0	0	0	0	0	194.02
194.03	07953 PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954 FREESTANDING CLINIC	14,528	50,669	0	0	7,430,310	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	510,301	245,847	325,696	1,425,363	131,652,021	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520028

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

Worksheet B Part I Date/Time Prepared: 5/31/2016 2:35 pm

Cost Center Description		OTHER ADMINISTRATIVE & GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00550						5.01
5.02	00540						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590	18,169,865					5.06
6.00	00600	596,472	4,321,813				6.00
7.00	00700	645,958	406,255	5,086,629			7.00
8.00	00800	70,398	733,911	141,251	1,385,241		8.00
9.00	00900	184,507	150,049	82,394	86,728	1,656,037	9.00
10.00	01000	186,638	309,284	223,619	55,112	29,781	10.00
11.00	01100	55	0	0	0	0	11.00
13.00	01300	38,144	1,021	36,894	0	0	13.00
14.00	01400	184,381	231,708	126,478	17,567	8,509	14.00
15.00	01500	722,273	57,161	51,457	0	22,908	15.00
16.00	01600	161,856	15,311	321,914	0	6,545	16.00
17.00	01700	38,568	7,145	19,470	0	0	17.00
21.00	02100	8,415	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02301	41,774	0	2,834	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,035,683	511,391	1,035,175	637,770	454,893	30.00
31.00	03100	268,058	86,763	144,268	83,240	137,449	31.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	92,062	0	20,625	0	45,816	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	782,390	371,549	385,757	43,147	163,369	50.00
51.00	05100	81,893	21,436	54,238	117,270	3,273	51.00
52.00	05200	110,676	0	44,083	0	47,780	52.00
53.00	05300	92,872	0	0	0	0	53.00
54.00	05400	514,946	139,841	254,425	30,141	22,908	54.00
57.00	05700	146,909	7,145	42,404	0	19,439	57.00
58.00	05800	170,647	11,228	127,212	0	19,439	58.00
59.00	05900	285,672	9,187	98,217	0	45,424	59.00
60.00	06000	1,073,817	542,013	215,064	9,003	40,842	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	169,153	21,436	23,196	12,507	13,090	65.00
66.00	06600	277,125	68,390	136,081	41,814	30,632	66.00
67.00	06700	71,387	0	39,938	0	20,814	67.00
68.00	06800	35,611	0	17,004	0	0	68.00
69.00	06900	82,760	0	0	0	16,363	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	579,562	0	0	0	0	71.00
72.00	07200	298,901	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
75.00	07500	302,772	124,530	184,153	0	71,997	75.00
75.01	07501	124,206	12,249	50,486	0	0	75.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	5,882,463	0	0	174,149	204,211	90.00
91.00	09100	742,071	183,733	355,502	61,247	204,211	91.00
91.01	09101	63,172	24,498	110,655	0	11,945	91.01
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
100.00	10000	57,070	0	4,198	0	0	100.00
101.00	10100	419,662	55,120	240,176	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
116.00	11600	236,044	34,705	5,196	0	0	116.00
118.00	11800	16,877,023	4,137,059	4,594,364	1,369,695	1,641,638	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	73,618	46,954	54,238	0	0	190.00
192.00	19200	13,453	0	146,945	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520028

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

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Cost Center Description		OTHER ADMINISTRATIVE & GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
194.00	07950 MONROE CLINIC INN	16,089	4,083	175,678	15,546	14,399	194.00
194.01	07951 5 WEST	0	0	0	0	0	194.01
194.02	07952 LI FELINE	0	0	0	0	0	194.02
194.03	07953 PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954 FREESTANDING CLINIC	1,189,682	133,717	115,404	0	0	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	18,169,865	4,321,813	5,086,629	1,385,241	1,656,037	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520028

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

Worksheet B Part I Date/Time Prepared: 5/31/2016 2:35 pm

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00550						5.01
5.02	00540						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	1,970,106					10.00
11.00	01100	0	401				11.00
13.00	01300	0	1	314,293			13.00
14.00	01400	0	9	0	1,720,228		14.00
15.00	01500	0	16	20,917	0	5,385,780	15.00
16.00	01600	0	9	0	0	0	16.00
17.00	01700	0	2	2,598	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02301	0	2	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,613,172	55	72,753	41,456	192	30.00
31.00	03100	209,303	10	12,680	23,495	83	31.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	17	22,973	195,535	0	50.00
51.00	05100	0	2	3,280	4,597	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	5	6,932	76,954	0	53.00
54.00	05400	0	16	21,368	4,086	47	54.00
57.00	05700	0	3	4,173	0	4,282	57.00
58.00	05800	0	3	4,304	0	139	58.00
59.00	05900	0	6	8,186	759,239	0	59.00
60.00	06000	0	34	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	7	9,892	14,301	0	65.00
66.00	06600	0	12	15,439	26,559	0	66.00
67.00	06700	0	3	3,902	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	3	4,394	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	279,299	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	4,986,721	73.00
75.00	07500	144,252	12	16,142	17,536	0	75.00
75.01	07501	0	4	4,705	175,360	4,368	75.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	107	0	0	0	90.00
91.00	09100	3,379	32	42,486	57,801	7,332	91.00
91.01	09101	0	3	3,321	851	0	91.01
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
100.00	10000	0	2	2,939	0	0	100.00
101.00	10100	0	16	21,509	36,689	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
116.00	11600	0	7	9,400	6,470	382,616	116.00
118.00		1,970,106	398	314,293	1,720,228	5,385,780	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	3	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520028

Period:
From 01/01/2015
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Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
194.00 07950 MONROE CLINIC INN	0	0	0	0	0	194.00
194.01 07951 5 WEST	0	0	0	0	0	194.01
194.02 07952 LIFELINE	0	0	0	0	0	194.02
194.03 07953 PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04 07954 FREESTANDING CLINIC	0	0	0	0	0	194.04
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,970,106	401	314,293	1,720,228	5,385,780	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520028

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

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM- PHARMACY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00550 DATA PROCESSING						5.01
5.02 00540 NONPATIENT TELEPHONES						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE & GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,516,527					16.00
17.00 01700 SOCIAL SERVICE	17,772	326,436				17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	60,973			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0		22.00
23.00 02301 PARAMED PRGM- PHARMACY	0	0			305,517	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	414,675	269,389	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	41,468	31,693	0	0	103,876	31.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	17,772	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	473,914	0	44,510	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	17,772	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	35,544	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	41,468	0	0	0	0	54.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	5,924	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	41,468	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	71,087	0	0	0	168,034	73.00
75.00 07500 ASC (NON-DISTINCT PART)	136,250	0	0	0	0	75.00
75.01 07501 PROCTO/ENTERO/GASTRO	0	0	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	59,239	0	0	0	33,607	90.00
91.00 09100 EMERGENCY	142,174	15,846	16,463	0	0	91.00
91.01 09101 CARDIAC REHAB	0	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	6,339	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
116.00 11600 HOSPICE	0	3,169	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,516,527	326,436	60,973	0	305,517	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520028

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

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM- PHARMACY			
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
			16.00	17.00			21.00	22.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00	
194.00	07950	MONROE CLINIC INN	0	0	0	0	194.00	
194.01	07951	5 WEST	0	0	0	0	194.01	
194.02	07952	LIFELINE	0	0	0	0	194.02	
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	194.03	
194.04	07954	FREESTANDING CLINIC	0	0	0	0	194.04	
200.00		Cross Foot Adjustments			0	0	200.00	
201.00		Negative Cost Centers	0	0	0	0	201.00	
202.00		TOTAL (sum lines 118-201)	1,516,527	326,436	60,973	0	305,517	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520028

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

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Part I
Date/Time Prepared:
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.01	00550				5.01
5.02	00540				5.02
5.03	00560				5.03
5.04	00570				5.04
5.05	00580				5.05
5.06	00590				5.06
6.00	00600				6.00
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02301				23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	12,555,093	0	12,555,093	30.00
31.00	03100	2,816,577	0	2,816,577	31.00
41.00	04100	0	0	0	41.00
42.00	04200	0	0	0	42.00
43.00	04300	751,259	0	751,259	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	7,369,676	-44,510	7,325,166	50.00
51.00	05100	797,465	0	797,465	51.00
52.00	05200	911,554	0	911,554	52.00
53.00	05300	792,348	0	792,348	53.00
54.00	05400	4,245,410	0	4,245,410	54.00
57.00	05700	1,141,893	0	1,141,893	57.00
58.00	05800	1,398,771	0	1,398,771	58.00
59.00	05900	2,990,130	0	2,990,130	59.00
60.00	06000	8,587,437	0	8,587,437	60.00
60.01	06001	0	0	0	60.01
65.00	06500	1,325,975	0	1,325,975	65.00
66.00	06600	2,368,339	0	2,368,339	66.00
67.00	06700	581,899	0	581,899	67.00
68.00	06800	275,030	0	275,030	68.00
69.00	06900	620,407	0	620,407	69.00
70.00	07000	0	0	0	70.00
71.00	07100	4,478,589	0	4,478,589	71.00
72.00	07200	2,165,728	0	2,165,728	72.00
73.00	07300	5,225,842	0	5,225,842	73.00
75.00	07500	2,888,648	0	2,888,648	75.00
75.01	07501	1,147,121	0	1,147,121	75.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	0	0	0	88.00
89.00	08900	0	0	0	89.00
90.00	09000	43,093,373	0	43,093,373	90.00
91.00	09100	6,466,979	-16,463	6,450,516	91.00
91.01	09101	608,993	0	608,993	91.01
92.00	09200	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	0	0	0	99.10
100.00	10000	420,647	0	420,647	100.00
101.00	10100	3,400,566	0	3,400,566	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	0	0	0	109.00
110.00	11000	0	0	0	110.00
111.00	11100	0	0	0	111.00
113.00	11300	0	0	0	113.00
116.00	11600	2,151,853	0	2,151,853	116.00
118.00		121,577,602	-60,973	121,516,629	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520028

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

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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		24.00	25.00	26.00		
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	634,601	0	634,601	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	244,421	0	244,421	192.00
194.00	07950	MONROE CLINIC INN	326,284	0	326,284	194.00
194.01	07951	5 WEST	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	8,869,113	0	8,869,113	194.04
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	131,652,021	-60,973	131,591,048	202.00

COST ALLOCATION STATISTICS

Provider CCN: 520028

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

Worksheet Non-CMS W

Date/Time Prepared:
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Cost Center Description		Statistics Code	Statistics Description		
		1.00	2.00		
GENERAL SERVICE COST CENTERS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	5	GROSS	SALARIES	4.00
5.01	DATA PROCESSING	7	NO OF	CRTS	5.01
5.02	NONPATIENT TELEPHONES	8	NO OF	EXTENSIONS	5.02
5.03	PURCHASING RECEIVING AND STORES	9	SUPPLY	COST	5.03
5.04	ADMINISTRATIVE	30	GROSS	REVENUE	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	10	GROSS	REVENUE	5.05
5.06	OTHER ADMINISTRATIVE & GENERAL	-11	ACCUM.	COST	5.06
6.00	MAINTENANCE & REPAIRS	12	MAINT	HOURS	6.00
7.00	OPERATION OF PLANT	3	SQUARE	FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	14	POUNDS OF	LAUNDRY	8.00
9.00	HOUSEKEEPING	15	HOURS OF	SERVICE	9.00
10.00	DIETARY	16	MEALS	SERVED	10.00
11.00	CAFETERIA	17	NO OF	FTE'S	11.00
13.00	NURSING ADMINISTRATION	19	NURSING	FTE'S	13.00
14.00	CENTRAL SERVICES & SUPPLY	20	COSTED	REQUIS.	14.00
15.00	PHARMACY	21	COSTED	REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	22	TIME	SPENT	16.00
17.00	SOCIAL SERVICE	23	TIME	SPENT	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	27	ASSIGNED	TIME	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	28	ACCUM.	COST	22.00
23.00	PARAMEDICAL PRGM- PHARMACY	31	ASSIGNED	TIME	23.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 520028

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

Worksheet B
Part II
Date/Time Prepared:
5/31/2016 2:35 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2. 00			
GENERAL SERVICE COST CENTERS						
1. 00	00100	NEW CAP REL COSTS-BLDG & FIXT				1. 00
2. 00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2. 00
4. 00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	87,234	0	4. 00
5. 01	00550	DATA PROCESSING	0	45,132	0	5. 01
5. 02	00540	NONPATIENT TELEPHONES	0	4,501	0	5. 02
5. 03	00560	PURCHASING RECEIVING AND STORES	0	6,797	0	5. 03
5. 04	00570	ADMINITTING	0	27,037	0	5. 04
5. 05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	47,608	0	5. 05
5. 06	00590	OTHER ADMINISTRATION & GENERAL	0	151,452	0	5. 06
6. 00	00600	MAINTENANCE & REPAIRS	0	91,750	0	6. 00
7. 00	00700	OPERATION OF PLANT	0	2,309,452	0	7. 00
8. 00	00800	LAUNDRY & LINEN SERVICE	0	80,767	0	8. 00
9. 00	00900	HOUSEKEEPING	0	47,113	0	9. 00
10. 00	01000	DIETARY	0	127,865	0	10. 00
11. 00	01100	CAFETERIA	0	0	0	11. 00
13. 00	01300	NURSING ADMINISTRATION	0	21,096	0	13. 00
14. 00	01400	CENTRAL SERVICES & SUPPLY	0	72,320	0	14. 00
15. 00	01500	PHARMACY	0	29,423	0	15. 00
16. 00	01600	MEDICAL RECORDS & LIBRARY	0	184,071	0	16. 00
17. 00	01700	SOCIAL SERVICE	0	11,133	0	17. 00
21. 00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	21. 00
22. 00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	22. 00
23. 00	02301	PARAMED PRGM- PHARMACY	0	1,620	0	23. 00
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00	03000	ADULTS & PEDIATRICS	0	591,913	0	30. 00
31. 00	03100	INTENSIVE CARE UNIT	0	82,493	0	31. 00
41. 00	04100	SUBPROVIDER - I RF	0	0	0	41. 00
42. 00	04200	SUBPROVIDER	0	0	0	42. 00
43. 00	04300	NURSERY	0	11,793	0	43. 00
ANCILLARY SERVICE COST CENTERS						
50. 00	05000	OPERATING ROOM	0	220,576	0	50. 00
51. 00	05100	RECOVERY ROOM	0	31,014	0	51. 00
52. 00	05200	DELIVERY ROOM & LABOR ROOM	0	25,207	0	52. 00
53. 00	05300	ANESTHESIOLOGY	0	0	0	53. 00
54. 00	05400	RADIOLOGY-DIAGNOSTIC	0	145,480	0	54. 00
57. 00	05700	CT SCAN	0	24,247	0	57. 00
58. 00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	72,740	0	58. 00
59. 00	05900	CARDIAC CATHETERIZATION	0	56,160	0	59. 00
60. 00	06000	LABORATORY	0	122,974	0	60. 00
60. 01	06001	BLOOD LABORATORY	0	0	0	60. 01
65. 00	06500	RESPIRATORY THERAPY	0	13,264	0	65. 00
66. 00	06600	PHYSICAL THERAPY	0	77,811	0	66. 00
67. 00	06700	OCCUPATIONAL THERAPY	0	22,836	0	67. 00
68. 00	06800	SPEECH PATHOLOGY	0	9,723	0	68. 00
69. 00	06900	ELECTROCARDIOLOGY	0	0	0	69. 00
70. 00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70. 00
71. 00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71. 00
72. 00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	72. 00
73. 00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	73. 00
75. 00	07500	ASC (NON-DISTINCT PART)	0	105,299	0	75. 00
75. 01	07501	PROCTO/ENTERO/GASTRO	0	28,868	0	75. 01
OUTPATIENT SERVICE COST CENTERS						
88. 00	08800	RURAL HEALTH CLINIC	0	0	0	88. 00
89. 00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89. 00
90. 00	09000	CLINIC	0	0	0	90. 00
91. 00	09100	EMERGENCY	0	203,276	0	91. 00
91. 01	09101	CARDIAC REHAB	0	63,272	0	91. 01
92. 00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92. 00
OTHER REIMBURSABLE COST CENTERS						
99. 10	09910	CORF	0	0	0	99. 10
100. 00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0	2,401	0	100. 00
101. 00	10100	HOME HEALTH AGENCY	0	137,333	0	101. 00
SPECIAL PURPOSE COST CENTERS						
109. 00	10900	PANCREAS ACQUISITION	0	0	0	109. 00
110. 00	11000	INTESTINAL ACQUISITION	0	0	0	110. 00
111. 00	11100	ISLET ACQUISITION	0	0	0	111. 00
113. 00	11300	INTEREST EXPENSE	0	0	0	113. 00
116. 00	11600	HOSPICE	0	2,971	0	116. 00
118. 00		SUBTOTALS (SUM OF LINES 1-117)	0	5,398,022	0	118. 00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 520028

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

Worksheet B
Part II
Date/Time Prepared:
5/31/2016 2:35 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	2A	4.00	
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	31,014	0	31,014	117	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	84,023	0	84,023	0	192.00
194.00 07950 MONROE CLINIC INN	0	100,453	0	100,453	0	194.00
194.01 07951 5 WEST	0	0	0	0	0	194.01
194.02 07952 LIFELINE	0	0	0	0	0	194.02
194.03 07953 PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04 07954 FREESTANDING CLINIC	0	65,988	0	65,988	1,563	194.04
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	5,679,500	0	5,679,500	87,234	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provi der CCN: 520028		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/31/2016 2:35 pm	
Cost Center Description			DATA PROCESSING	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMINING	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING	48,760					5.01
5.02	00540	NONPATIENT TELEPHONES	79	4,747				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	237	51	7,240			5.03
5.04	00570	ADMINING	474	51	0	27,717		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,422	304	3	0	50,039	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	4,347	794	35	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	1,739	84	44	0	0	6.00
7.00	00700	OPERATION OF PLANT	237	51	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	158	34	20	0	0	8.00
9.00	00900	HOUSEKEEPING	158	34	40	0	0	9.00
10.00	01000	DIETARY	237	51	10	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	79	17	1	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	474	51	125	0	0	14.00
15.00	01500	PHARMACY	1,106	68	520	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	948	84	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	158	34	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02301	PARAMED ED PRGM- PHARMACY	158	17	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,453	203	29	1,276	2,096	30.00
31.00	03100	INTENSIVE CARE UNIT	1,027	68	11	297	488	31.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	79	17	0	114	187	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,818	101	1,102	5,718	9,304	50.00
51.00	05100	RECOVERY ROOM	237	34	2	376	618	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	79	17	0	405	666	52.00
53.00	05300	ANESTHESIOLOGY	395	34	30	1,900	3,122	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	869	152	174	1,862	3,059	54.00
57.00	05700	CT SCAN	79	17	32	2,707	4,448	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	79	17	22	1,847	3,034	58.00
59.00	05900	CARDIAC CATHETERIZATION	474	68	469	1,829	3,005	59.00
60.00	06000	LABORATORY	2,213	203	38	2,066	7,984	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	237	51	22	972	1,597	65.00
66.00	06600	PHYSICAL THERAPY	632	101	13	981	1,612	66.00
67.00	06700	OCCUPATIONAL THERAPY	316	34	2	319	525	67.00
68.00	06800	SPEECH PATHOLOGY	79	17	0	148	243	68.00
69.00	06900	ELECTROCARDIOLOGY	158	17	22	1,020	1,676	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	790	34	11	535	879	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	237	17	75	0	0	75.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	15,334	1,414	2,726	0	0	90.00
91.00	09100	EMERGENCY	2,529	118	36	3,260	5,356	91.00
91.01	09101	CARDIAC REHAB	0	0	2	85	140	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	79	17	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	1,660	68	18	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	711	34	45	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	47,575	4,578	5,679	27,717	50,039	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	158	34	70	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 520028

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		DATA PROCESSING	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE		
		5.01	5.02	5.03	5.04	5.05		
194.00	07950	MONROE CLINIC INN	0	0	0	0	0	194.00
194.01	07951	5 WEST	0	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	1,027	135	1,491	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	48,760	4,747	7,240	27,717	50,039	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 520028

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

Worksheet B Part II Date/Time Prepared: 5/31/2016 2:35 pm

Cost Center Description			OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00540	NONPATIENT TELEPHONES						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	163,266					5.06
6.00	00600	MAINTENANCE & REPAIRS	5,361	100,316				6.00
7.00	00700	OPERATION OF PLANT	5,806	9,430	2,325,211			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	633	17,033	64,569	163,384		8.00
9.00	00900	HOUSEKEEPING	1,658	3,483	37,664	10,229	101,017	9.00
10.00	01000	DIETARY	1,677	7,179	102,221	6,500	1,817	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	343	24	16,865	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,657	5,378	57,816	2,072	519	14.00
15.00	01500	PHARMACY	6,491	1,327	23,522	0	1,397	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,455	355	147,154	0	399	16.00
17.00	01700	SOCIAL SERVICE	347	166	8,900	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	76	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02301	PARAMED ED PRGM- PHARMACY	375	0	1,295	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,308	11,870	473,199	75,222	27,746	30.00
31.00	03100	INTENSIVE CARE UNIT	2,409	2,014	65,948	9,818	8,384	31.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	827	0	9,428	0	2,795	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,032	8,624	176,338	5,089	9,965	50.00
51.00	05100	RECOVERY ROOM	736	498	24,794	13,832	200	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	995	0	20,152	0	2,915	52.00
53.00	05300	ANESTHESIOLOGY	835	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,628	3,246	116,303	3,555	1,397	54.00
57.00	05700	CT SCAN	1,320	166	19,384	0	1,186	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,534	261	58,152	0	1,186	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,567	213	44,897	0	2,771	59.00
60.00	06000	LABORATORY	9,651	12,581	98,311	1,062	2,491	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,520	498	10,604	1,475	799	65.00
66.00	06600	PHYSICAL THERAPY	2,491	1,587	62,206	4,932	1,869	66.00
67.00	06700	OCCUPATIONAL THERAPY	642	0	18,256	0	1,270	67.00
68.00	06800	SPEECH PATHOLOGY	320	0	7,773	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	744	0	0	0	998	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,209	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,686	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	2,721	2,891	84,181	0	4,392	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	1,116	284	23,078	0	0	75.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	52,833	0	0	20,540	12,457	90.00
91.00	09100	EMERGENCY	6,669	4,265	162,508	7,224	12,457	91.00
91.01	09101	CARDIAC REHAB	568	569	50,583	0	729	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	513	0	1,919	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	3,772	1,279	109,790	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	2,121	806	2,375	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	151,646	96,027	2,100,185	161,550	100,139	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	662	1,090	24,794	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	121	0	67,172	0	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 520028

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

Worksheet B
Part II
Date/Time Prepared:
5/31/2016 2:35 pm

Cost Center Description		OTHER ADMINISTRATIVE & GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
194.00	07950 MONROE CLINIC INN	145	95	80,306	1,834	878	194.00
194.01	07951 5 WEST	0	0	0	0	0	194.01
194.02	07952 LIFELINE	0	0	0	0	0	194.02
194.03	07953 PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954 FREESTANDING CLINIC	10,692	3,104	52,754	0	0	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	163,266	100,316	2,325,211	163,384	101,017	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 520028

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

Worksheet B
Part II
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00550	DATA PROCESSING					5.01
5.02	00540	NONPATIENT TELEPHONES					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY	248,398				10.00
11.00	01100	CAFETERIA	0	0			11.00
13.00	01300	NURSING ADMINISTRATION	0	0	38,548		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	140,843	14.00
15.00	01500	PHARMACY	0	0	2,565	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	319	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02301	PARAMED PRGM- PHARMACY	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	203,394	0	8,922	3,394	2 30.00
31.00	03100	INTENSIVE CARE UNIT	26,390	0	1,555	1,924	1 31.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0 41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00	04300	NURSERY	0	0	0	0	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	2,818	16,009	0 50.00
51.00	05100	RECOVERY ROOM	0	0	402	376	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	850	6,301	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	2,621	335	1 54.00
57.00	05700	CT SCAN	0	0	512	0	54 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	528	0	2 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	1,004	62,160	0 59.00
60.00	06000	LABORATORY	0	0	0	0	0 60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0 60.01
65.00	06500	RESPIRATORY THERAPY	0	0	1,213	1,171	0 65.00
66.00	06600	PHYSICAL THERAPY	0	0	1,894	2,175	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	479	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	539	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	22,868	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	63,165 73.00
75.00	07500	ASC (NON-DISTINCT PART)	18,188	0	1,980	1,436	0 75.00
75.01	07501	PROCTO/ENTERO/GASTRO	0	0	577	14,358	55 75.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00	09000	CLINIC	0	0	0	0	0 90.00
91.00	09100	EMERGENCY	426	0	5,211	4,732	93 91.00
91.01	09101	CARDIAC REHAB	0	0	407	70	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0 99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0	0	361	0	0 100.00
101.00	10100	HOME HEALTH AGENCY	0	0	2,638	3,004	0 101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0 111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	1,153	530	4,847 116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	248,398	0	38,548	140,843	68,220 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 520028

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
194.00 07950 MONROE CLINIC INN	0	0	0	0	0	194.00
194.01 07951 5 WEST	0	0	0	0	0	194.01
194.02 07952 LIFELINE	0	0	0	0	0	194.02
194.03 07953 PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04 07954 FREESTANDING CLINIC	0	0	0	0	0	194.04
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	248,398	0	38,548	140,843	68,220	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 520028

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM- PHARMACY			
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
			16.00	17.00			21.00	22.00
GENERAL SERVICE COST CENTERS								
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00		
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00		
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00		
5.01 00550 DATA PROCESSING						5.01		
5.02 00540 NONPATIENT TELEPHONES						5.02		
5.03 00560 PURCHASING RECEIVING AND STORES						5.03		
5.04 00570 ADMITTING						5.04		
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05		
5.06 00590 OTHER ADMINISTRATIVE & GENERAL						5.06		
6.00 00600 MAINTENANCE & REPAIRS						6.00		
7.00 00700 OPERATION OF PLANT						7.00		
8.00 00800 LAUNDRY & LINEN SERVICE						8.00		
9.00 00900 HOUSEKEEPING						9.00		
10.00 01000 DIETARY						10.00		
11.00 01100 CAFETERIA						11.00		
13.00 01300 NURSING ADMINISTRATION						13.00		
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00		
15.00 01500 PHARMACY						15.00		
16.00 01600 MEDICAL RECORDS & LIBRARY	334,887					16.00		
17.00 01700 SOCIAL SERVICE	3,924	25,143				17.00		
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	76			21.00		
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		0		22.00		
23.00 02301 PARAMED PRGM- PHARMACY	0	0			3,643	23.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00 03000 ADULTS & PEDIATRICS	91,571	20,749				30.00		
31.00 03100 INTENSIVE CARE UNIT	9,157	2,441				31.00		
41.00 04100 SUBPROVIDER - I RF	0	0				41.00		
42.00 04200 SUBPROVIDER	0	0				42.00		
43.00 04300 NURSERY	3,924	0				43.00		
ANCILLARY SERVICE COST CENTERS								
50.00 05000 OPERATING ROOM	104,652	0				50.00		
51.00 05100 RECOVERY ROOM	0	0				51.00		
52.00 05200 DELIVERY ROOM & LABOR ROOM	3,924	0				52.00		
53.00 05300 ANESTHESIOLOGY	7,849	0				53.00		
54.00 05400 RADIOLOGY-DIAGNOSTIC	9,157	0				54.00		
57.00 05700 CT SCAN	0	0				57.00		
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0				58.00		
59.00 05900 CARDIAC CATHETERIZATION	0	0				59.00		
60.00 06000 LABORATORY	0	0				60.00		
60.01 06001 BLOOD LABORATORY	0	0				60.01		
65.00 06500 RESPIRATORY THERAPY	1,308	0				65.00		
66.00 06600 PHYSICAL THERAPY	9,157	0				66.00		
67.00 06700 OCCUPATIONAL THERAPY	0	0				67.00		
68.00 06800 SPEECH PATHOLOGY	0	0				68.00		
69.00 06900 ELECTROCARDIOLOGY	0	0				69.00		
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0				70.00		
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0				71.00		
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0				72.00		
73.00 07300 DRUGS CHARGED TO PATIENTS	15,698	0				73.00		
75.00 07500 ASC (NON-DISTINCT PART)	30,088	0				75.00		
75.01 07501 PROCTO/ENTERO/GASTRO	0	0				75.01		
OUTPATIENT SERVICE COST CENTERS								
88.00 08800 RURAL HEALTH CLINIC	0	0				88.00		
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0				89.00		
90.00 09000 CLINIC	13,082	0				90.00		
91.00 09100 EMERGENCY	31,396	1,221				91.00		
91.01 09101 CARDIAC REHAB	0	0				91.01		
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0				92.00		
OTHER REIMBURSABLE COST CENTERS								
99.10 09910 CORF	0	0				99.10		
100.00 10000 I&R SERVICES - NOT APPRVD. PRGM.	0	0				100.00		
101.00 10100 HOME HEALTH AGENCY	0	488				101.00		
SPECIAL PURPOSE COST CENTERS								
109.00 10900 PANCREAS ACQUISITION	0	0				109.00		
110.00 11000 INTESTINAL ACQUISITION	0	0				110.00		
111.00 11100 ISLET ACQUISITION	0	0				111.00		
113.00 11300 INTEREST EXPENSE	0	0				113.00		
116.00 11600 HOSPICE	0	244				116.00		
118.00	SUBTOTALS (SUM OF LINES 1-117)		334,887	25,143	0	0	0	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 520028

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

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Part II
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM- PHARMACY			
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
			16.00	17.00			21.00	22.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0			190.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0			192.00	
194.00	07950	MONROE CLINIC INN	0	0			194.00	
194.01	07951	5 WEST	0	0			194.01	
194.02	07952	LIFELINE	0	0			194.02	
194.03	07953	PHARMACY NURSING HOME	0	0			194.03	
194.04	07954	FREESTANDING CLINIC	0	0			194.04	
200.00		Cross Foot Adjustments			76	0	3,643	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	334,887	25,143	76	0	3,643	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 520028

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

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Part II
Date/Time Prepared:
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00550	DATA PROCESSING				5.01
5.02	00540	NONPATIENT TELEPHONES				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	02301	PARAMED ED PRGM- PHARMACY				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,531,773	0	1,531,773	30.00
31.00	03100	INTENSIVE CARE UNIT	215,442	0	215,442	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	29,562	0	29,562	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	570,836	0	570,836	50.00
51.00	05100	RECOVERY ROOM	73,445	0	73,445	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	54,841	0	54,841	52.00
53.00	05300	ANESTHESIOLOGY	23,995	0	23,995	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	294,335	0	294,335	54.00
57.00	05700	CT SCAN	54,497	0	54,497	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	139,702	0	139,702	58.00
59.00	05900	CARDIAC CATHETERIZATION	176,440	0	176,440	59.00
60.00	06000	LABORATORY	262,815	0	262,815	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	35,384	0	35,384	65.00
66.00	06600	PHYSICAL THERAPY	168,615	0	168,615	66.00
67.00	06700	OCCUPATIONAL THERAPY	44,955	0	44,955	67.00
68.00	06800	SPEECH PATHOLOGY	18,303	0	18,303	68.00
69.00	06900	ELECTROCARDIOLOGY	5,430	0	5,430	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	28,077	0	28,077	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,686	0	2,686	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	78,863	0	78,863	73.00
75.00	07500	ASC (NON-DISTINCT PART)	254,735	0	254,735	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	69,055	0	69,055	75.01
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	156,520	0	156,520	90.00
91.00	09100	EMERGENCY	455,398	0	455,398	91.00
91.01	09101	CARDIAC REHAB	116,672	0	116,672	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	5,518	0	5,518	100.00
101.00	10100	HOME HEALTH AGENCY	261,591	0	261,591	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	113.00
116.00	11600	HOSPICE	16,576	0	16,576	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,146,061	0	5,146,061	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 520028

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

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Part II
Date/Time Prepared:
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		24.00	25.00	26.00		
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	57,939	0	57,939	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	151,316	0	151,316	192.00
194.00	07950	MONROE CLINIC INN	183,711	0	183,711	194.00
194.01	07951	5 WEST	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	136,754	0	136,754	194.04
200.00		Cross Foot Adjustments	3,719	0	3,719	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	5,679,500	0	5,679,500	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520028

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

Worksheet B-1

Date/Time Prepared:
5/31/2016 2:35 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	DATA PROCESSING (NO OF CRTS)	NONPATIENT TELEPHONES (NO OF EXTENSIONS)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	378,529					1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		0				2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	5,814	0	78,891,172			4.00
5.01 00550 DATA PROCESSING	3,008	0	3,280,647	617		5.01
5.02 00540 NONPATIENT TELEPHONES	300	0	150,632	1	2,810	5.02
5.03 00560 PURCHASING RECEIVING AND STORES	453	0	139,733	3	30	5.03
5.04 00570 ADMINITTING	1,802	0	140,451	6	30	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	3,173	0	634,719	18	180	5.05
5.06 00590 OTHER ADMINISTRATIVE & GENERAL	10,094	0	6,001,731	55	470	5.06
6.00 00600 MAINTENANCE & REPAIRS	6,115	0	1,209,886	22	50	6.00
7.00 00700 OPERATION OF PLANT	153,921	0	212,661	3	30	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	5,383	0	153,279	2	20	8.00
9.00 00900 HOUSEKEEPING	3,140	0	577,089	2	20	9.00
10.00 01000 DIETARY	8,522	0	760,067	3	30	10.00
11.00 01100 CAFETERIA	0	0	198	0	0	11.00
13.00 01300 NURSING ADMINISTRATION	1,406	0	111,659	1	10	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	4,820	0	389,290	6	30	14.00
15.00 01500 PHARMACY	1,961	0	1,628,741	14	40	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	12,268	0	380,827	12	50	16.00
17.00 01700 SOCIAL SERVICE	742	0	146,547	2	20	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02301 PARAMED ED PRGM- PHARMACY	108	0	161,000	2	10	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	39,450	0	4,906,212	69	120	30.00
31.00 03100 INTENSIVE CARE UNIT	5,498	0	919,882	13	40	31.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	786	0	360,287	1	10	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	14,701	0	1,528,249	23	60	50.00
51.00 05100 RECOVERY ROOM	2,067	0	294,312	3	20	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,680	0	434,829	1	10	52.00
53.00 05300 ANESTHESIOLOGY	0	0	2,421,875	5	20	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	9,696	0	1,352,821	11	90	54.00
57.00 05700 CT SCAN	1,616	0	311,850	1	10	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	4,848	0	271,274	1	10	58.00
59.00 05900 CARDIAC CATHETERIZATION	3,743	0	744,458	6	40	59.00
60.00 06000 LABORATORY	8,196	0	2,930,811	28	120	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	884	0	589,995	3	30	65.00
66.00 06600 PHYSICAL THERAPY	5,186	0	1,043,666	8	60	66.00
67.00 06700 OCCUPATIONAL THERAPY	1,522	0	249,419	4	20	67.00
68.00 06800 SPEECH PATHOLOGY	648	0	0	1	10	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	231,853	2	10	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00 07500 ASC (NON-DISTINCT PART)	7,018	0	1,184,549	10	20	75.00
75.01 07501 PROCTO/ENTERO/GASTRO	1,924	0	353,011	3	10	75.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	34,494,443	194	840	90.00
91.00 09100 EMERGENCY	13,548	0	4,177,938	32	70	91.00
91.01 09101 CARDIAC REHAB	4,217	0	222,974	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES - NOT APPRVD. PRGM.	160	0	206,349	1	10	100.00
101.00 10100 HOME HEALTH AGENCY	9,153	0	1,393,534	21	40	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
116.00 11600 HOSPICE	198	0	668,033	9	20	116.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520028

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

Worksheet B-1

Date/Time Prepared:
5/31/2016 2:35 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	DATA PROCESSING (NO OF CRTS)	NONPATIENT TELEPHONES (NO OF EXTENSIONS)			
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)						
	1.00	2.00					4.00	5.01
118.00	SUBTOTALS (SUM OF LINES 1-117)		359,769	0	77,371,781	602	2,710	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,067	0	105,940	2	20	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,600	0	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	6,695	0	0	0	0	194.00
194.01	07951	5 WEST	0	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	4,398	0	1,413,451	13	80	194.04
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers							201.00
202.00	Cost to be allocated (per Wkst. B, Part I)		5,679,500	0	6,227,641	9,513,001	510,301	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)		15.004134	0.000000	0.078940	15,418.153971	181.601779	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)				87,234	48,760	4,747	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)				0.001106	79.027553	1.689324	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520028

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

Worksheet B-1

Date/Time Prepared: 5/31/2016 2:35 pm

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLY COST)	ADMITTING (GROSS REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00540	NONPATIENT TELEPHONES						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	24,518,504					5.03
5.04	00570	ADMITTING	1,559	219,263,661				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	9,282	0	241,436,235			5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	117,115	0	0	-18,169,865	113,482,156	5.06
6.00	00600	MAINTENANCE & REPAIRS	150,674	0	0	0	3,725,341	6.00
7.00	00700	OPERATION OF PLANT	1,110	0	0	0	4,034,416	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	66,104	0	0	0	439,681	8.00
9.00	00900	HOUSEKEEPING	135,281	0	0	0	1,152,359	9.00
10.00	01000	DIETARY	34,646	0	0	0	1,165,672	10.00
11.00	01100	CAFETERIA	0	0	0	0	346	11.00
13.00	01300	NURSING ADMINISTRATION	1,962	0	0	0	238,233	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	422,628	0	0	0	1,151,576	14.00
15.00	01500	PHARMACY	1,762,924	0	0	0	4,511,048	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,283	0	0	0	1,010,892	16.00
17.00	01700	SOCIAL SERVICE	45	0	0	0	240,881	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	52,558	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02301	PARAMED PRGM- PHARMACY	0	0	0	0	260,907	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	97,895	10,124,014	10,124,014	0	6,468,489	30.00
31.00	03100	INTENSIVE CARE UNIT	37,903	2,355,854	2,355,854	0	1,674,191	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	902,874	902,874	0	574,984	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,735,562	44,657,871	44,657,871	0	4,886,515	50.00
51.00	05100	RECOVERY ROOM	6,334	2,987,139	2,987,139	0	511,476	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,216,201	3,216,201	0	691,243	52.00
53.00	05300	ANESTHESIOLOGY	100,695	15,080,547	15,080,547	0	580,041	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	589,086	14,778,692	14,778,692	0	3,216,164	54.00
57.00	05700	CT SCAN	107,940	21,487,192	21,487,192	0	917,538	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	73,437	14,655,260	14,655,260	0	1,065,799	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,588,719	14,514,684	14,514,684	0	1,784,199	59.00
60.00	06000	LABORATORY	128,295	16,395,233	38,567,807	0	6,706,664	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	73,680	7,717,037	7,717,037	0	1,056,469	65.00
66.00	06600	PHYSICAL THERAPY	45,366	7,785,984	7,785,984	0	1,730,819	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,730	2,535,686	2,535,686	0	445,855	67.00
68.00	06800	SPEECH PATHOLOGY	227	1,171,594	1,171,594	0	222,415	68.00
69.00	06900	ELECTROCARDIOLOGY	76,174	8,096,919	8,096,919	0	516,887	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	3,619,728	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	1,866,827	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	36,794	4,246,944	4,246,944	0	1,891,004	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	254,343	0	0	0	775,743	75.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	9,219,535	0	0	0	36,739,597	90.00
91.00	09100	EMERGENCY	123,677	25,875,647	25,875,647	0	4,634,702	91.00
91.01	09101	CARDIAC REHAB	8,130	678,289	678,289	0	394,548	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	323	0	0	0	356,438	100.00
101.00	10100	HOME HEALTH AGENCY	62,396	0	0	0	2,621,055	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	151,240	0	0	0	1,474,246	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	19,229,094	219,263,661	241,436,235	-18,169,865	105,407,546	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520028

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

Worksheet B-1

Date/Time Prepared:
5/31/2016 2:35 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLY COST)	ADMINISTRATIVE (GROSS REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)		
		5.03	5.04	5.05	5A.06	5.06		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	236,098	0	0	0	459,788	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	84,023	192.00
194.00	07950	MONROE CLINIC INN	36	0	0	0	100,489	194.00
194.01	07951	5 WEST	0	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	5,053,276	0	0	0	7,430,310	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	245,847	325,696	1,425,363		18,169,865	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.010027	0.001485	0.005904		0.160112	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	7,240	27,717	50,039		163,266	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000295	0.000126	0.000207		0.001439	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520028

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

Worksheet B-1

Date/Time Prepared:
5/31/2016 2:35 pm

Cost Center Description		MAINTENANCE & REPAIRS (HOURS)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00550						5.01
5.02	00540						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600	4,234					6.00
7.00	00700	398	193,849				7.00
8.00	00800	719	5,383	535,422			8.00
9.00	00900	147	3,140	33,522	50,603		9.00
10.00	01000	303	8,522	21,302	910	27,984	10.00
11.00	01100	0	0	0	0	0	11.00
13.00	01300	1	1,406	0	0	0	13.00
14.00	01400	227	4,820	6,790	260	0	14.00
15.00	01500	56	1,961	0	700	0	15.00
16.00	01600	15	12,268	0	200	0	16.00
17.00	01700	7	742	0	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02301	0	108	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	501	39,450	246,510	13,900	22,914	30.00
31.00	03100	85	5,498	32,174	4,200	2,973	31.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	786	0	1,400	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	364	14,701	16,677	4,992	0	50.00
51.00	05100	21	2,067	45,327	100	0	51.00
52.00	05200	0	1,680	0	1,460	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	137	9,696	11,650	700	0	54.00
57.00	05700	7	1,616	0	594	0	57.00
58.00	05800	11	4,848	0	594	0	58.00
59.00	05900	9	3,743	0	1,388	0	59.00
60.00	06000	531	8,196	3,480	1,248	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	21	884	4,834	400	0	65.00
66.00	06600	67	5,186	16,162	936	0	66.00
67.00	06700	0	1,522	0	636	0	67.00
68.00	06800	0	648	0	0	0	68.00
69.00	06900	0	0	0	500	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
75.00	07500	122	7,018	0	2,200	2,049	75.00
75.01	07501	12	1,924	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	67,312	6,240	0	90.00
91.00	09100	180	13,548	23,673	6,240	48	91.00
91.01	09101	24	4,217	0	365	0	91.01
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
100.00	10000	0	160	0	0	0	100.00
101.00	10100	54	9,153	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
116.00	11600	34	198	0	0	0	116.00
118.00		4,053	175,089	529,413	50,163	27,984	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	46	2,067	0	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520028

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

Worksheet B-1

Date/Time Prepared:
5/31/2016 2:35 pm

Cost Center Description		MAINTENANCE & REPAIRS (MAINT HOURS)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
192.00	19200	0	5,600	0	0	0	192.00
194.00	07950	4	6,695	6,009	440	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	131	4,398	0	0	0	194.04
200.00							200.00
201.00							201.00
202.00							202.00
202.00		4,321,813	5,086,629	1,385,241	1,656,037	1,970,106	202.00
203.00							203.00
203.00		1,020.739962	26.240161	2.587195	32.726064	70.401158	203.00
204.00							204.00
204.00		100,316	2,325,211	163,384	101,017	248,398	204.00
205.00							205.00
205.00		23.692962	11.994960	0.305150	1.996265	8.876429	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520028

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

Worksheet B-1

Date/Time Prepared:
5/31/2016 2:35 pm

Cost Center Description		CAFETERIA (NO OF FTE'S)	NURSING ADMINISTRATION (NURSING FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00550						5.01
5.02	00540						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	52,873					11.00
13.00	01300	136	31,329				13.00
14.00	01400	1,164	0	2,020,800			14.00
15.00	01500	2,085	2,085	0	1,818,830		15.00
16.00	01600	1,187	0	0	0	1,280	16.00
17.00	01700	259	259	0	0	15	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02301	233	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	7,252	7,252	48,700	65	350	30.00
31.00	03100	1,264	1,264	27,600	28	35	31.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	15	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	2,290	2,290	229,700	0	400	50.00
51.00	05100	327	327	5,400	0	0	51.00
52.00	05200	0	0	0	0	15	52.00
53.00	05300	691	691	90,400	0	30	53.00
54.00	05400	2,130	2,130	4,800	16	35	54.00
57.00	05700	416	416	0	1,446	0	57.00
58.00	05800	429	429	0	47	0	58.00
59.00	05900	816	816	891,900	0	0	59.00
60.00	06000	4,485	0	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	986	986	16,800	0	5	65.00
66.00	06600	1,539	1,539	31,200	0	35	66.00
67.00	06700	389	389	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	438	438	0	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	328,100	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	1,684,064	60	73.00
75.00	07500	1,609	1,609	20,600	0	115	75.00
75.01	07501	469	469	206,000	1,475	0	75.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	13,965	0	0	0	50	90.00
91.00	09100	4,235	4,235	67,900	2,476	120	91.00
91.01	09101	331	331	1,000	0	0	91.01
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
100.00	10000	293	293	0	0	0	100.00
101.00	10100	2,144	2,144	43,100	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300						113.00
116.00	11600	937	937	7,600	129,213	0	116.00
118.00							118.00
		52,499	31,329	2,020,800	1,818,830	1,280	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520028

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

Worksheet B-1

Date/Time Prepared:
5/31/2016 2:35 pm

Cost Center Description		CAFETERIA (NO OF FTE'S)	NURSING ADMINISTRATION (NURSING FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	374	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	0	0	0	194.00
194.01	07951	5 WEST	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	0	0	0	0	194.04
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	401	314,293	1,720,228	5,385,780	1,516,527
203.00		Unit cost multiplier (Wkst. B, Part I)	0.007584	10.032015	0.851261	2.961123	1,184.786719
204.00		Cost to be allocated (per Wkst. B, Part II)	0	38,548	140,843	68,220	334,887
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	1.230425	0.069697	0.037508	261.630469

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520028

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

Worksheet B-1

Date/Time Prepared:
5/31/2016 2:35 pm

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS		PARAMED PRGM- PHARMACY (ASSIGNED TIME)	
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ACCUM. COST)		
		17.00	21.00		
GENERAL SERVICE COST CENTERS					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00550 DATA PROCESSING					5.01
5.02 00540 NONPATIENT TELEPHONES					5.02
5.03 00560 PURCHASING RECEIVING AND STORES					5.03
5.04 00570 ADMINITTING					5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00590 OTHER ADMINISTRATIVE & GENERAL					5.06
6.00 00600 MAINTENANCE & REPAIRS					6.00
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE	1,030				17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	1,000			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0		1,000		22.00
23.00 02301 PARAMED PRGM- PHARMACY	0			100	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	850	0	1,000	0	30.00
31.00 03100 INTENSIVE CARE UNIT	100	0	0	34	31.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	730	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
57.00 05700 CT SCAN	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	55	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01 07501 PROCTO/ENTERO/GASTRO	0	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	11	90.00
91.00 09100 EMERGENCY	50	270	0	0	91.00
91.01 09101 CARDIAC REHAB	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10 09910 CORF	0	0	0	0	99.10
100.00 10000 I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	20	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	113.00
116.00 11600 HOSPICE	10	0	0	0	116.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520028

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS		PARAMED PRGM- PHARMACY (ASSIGNED TIME)			
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ACCUM. COST)				
		17.00	21.00			22.00	23.00
118.00		SUBTOTALS (SUM OF LINES 1-117)				118.00	
		1,030	1,000	1,000	100		
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	0	0	0	194.00
194.01	07951	5 WEST	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	0	0	0	0	194.04
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	326,436	60,973	0	305,517	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	316.928155	60.973000	0.000000	3,055.170000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	25,143	76	0	3,643	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	24.410680	0.076000	0.000000	36.430000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 520028

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

Worksheet C
Part I
Date/Time Prepared:
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		Title XVII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	12,555,093		12,555,093	0	12,555,093	30.00
31.00	03100 INTENSIVE CARE UNIT	2,816,577		2,816,577	0	2,816,577	31.00
41.00	04100 SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	751,259		751,259	0	751,259	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	7,325,166		7,325,166	0	7,325,166	50.00
51.00	05100 RECOVERY ROOM	797,465		797,465	0	797,465	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	911,554		911,554	0	911,554	52.00
53.00	05300 ANESTHESIOLOGY	792,348		792,348	0	792,348	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,245,410		4,245,410	0	4,245,410	54.00
57.00	05700 CT SCAN	1,141,893		1,141,893	0	1,141,893	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,398,771		1,398,771	0	1,398,771	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,990,130		2,990,130	0	2,990,130	59.00
60.00	06000 LABORATORY	8,587,437		8,587,437	0	8,587,437	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	1,325,975	0	1,325,975	0	1,325,975	65.00
66.00	06600 PHYSICAL THERAPY	2,368,339	0	2,368,339	0	2,368,339	66.00
67.00	06700 OCCUPATIONAL THERAPY	581,899	0	581,899	0	581,899	67.00
68.00	06800 SPEECH PATHOLOGY	275,030	0	275,030	0	275,030	68.00
69.00	06900 ELECTROCARDIOLOGY	620,407		620,407	0	620,407	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	4,478,589		4,478,589	0	4,478,589	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	2,165,728		2,165,728	0	2,165,728	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,225,842		5,225,842	0	5,225,842	73.00
75.00	07500 ASC (NON-DISTINCT PART)	2,888,648		2,888,648	0	2,888,648	75.00
75.01	07501 PROCTO/ENTERO/GASTRO	1,147,121		1,147,121	0	1,147,121	75.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	43,093,373		43,093,373	0	43,093,373	90.00
91.00	09100 EMERGENCY	6,450,516		6,450,516	0	6,450,516	91.00
91.01	09101 CARDIAC REHAB	608,993		608,993	0	608,993	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	939,516		939,516	0	939,516	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0		0	0	0	99.10
100.00	10000 I&R SERVICES - NOT APPRVD. PRGM.	420,647		420,647	0	420,647	100.00
101.00	10100 HOME HEALTH AGENCY	3,400,566		3,400,566	0	3,400,566	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0		0	0	0	113.00
116.00	11600 HOSPICE	2,151,853		2,151,853	0	2,151,853	116.00
200.00	Subtotal (see instructions)	122,456,145	0	122,456,145	0	122,456,145	200.00
201.00	Less Observation Beds	939,516		939,516	0	939,516	201.00
202.00	Total (see instructions)	121,516,629	0	121,516,629	0	121,516,629	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 520028

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

Worksheet C
Part I
Date/Time Prepared:
5/31/2016 2:35 pm

Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
		Hospital			PPS		
		Title XVIII					
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	8,861,039		8,861,039		30.00
31.00	03100	INTENSIVE CARE UNIT	2,352,976		2,352,976		31.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	893,225		893,225		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,483,784	23,009,989	30,493,773	0.240218	50.00
51.00	05100	RECOVERY ROOM	868,855	2,105,602	2,974,457	0.268104	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,655,171	561,030	3,216,201	0.283426	52.00
53.00	05300	ANESTHESIOLOGY	774,875	2,075,031	2,849,906	0.278026	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,974,393	11,688,232	13,662,625	0.310732	54.00
57.00	05700	CT SCAN	3,704,271	17,782,921	21,487,192	0.053143	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,019,868	13,635,392	14,655,260	0.095445	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,856,402	7,999,192	11,855,594	0.252213	59.00
60.00	06000	LABORATORY	7,128,778	36,509,347	43,638,125	0.196787	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	2,988,888	2,767,388	5,756,276	0.230353	65.00
66.00	06600	PHYSICAL THERAPY	1,508,080	6,113,412	7,621,492	0.310745	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,106,062	1,214,804	2,320,866	0.250725	67.00
68.00	06800	SPEECH PATHOLOGY	192,425	578,076	770,501	0.356950	68.00
69.00	06900	ELECTROCARDIOLOGY	1,813,532	6,283,387	8,096,919	0.076623	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,260,200	16,049,045	26,309,245	0.170229	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,435,011	2,668,977	4,103,988	0.527713	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,689,209	15,170,361	31,859,570	0.164027	73.00
75.00	07500	ASC (NON-DISTINCT PART)	22,025	4,224,919	4,246,944	0.680171	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	431,549	7,207,830	7,639,379	0.150159	75.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	302,588	59,783,508	60,086,096	0.717194	90.00
91.00	09100	EMERGENCY	2,492,542	13,858,680	16,351,222	0.394497	91.00
91.01	09101	CARDIAC REHAB	18,147	660,142	678,289	0.897837	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	63,008	1,183,020	1,246,028	0.754009	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	2,072,789	2,072,789		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	2,318,596	2,318,596		116.00
200.00		Subtotal (see instructions)	80,896,903	257,521,670	338,418,573		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	80,896,903	257,521,670	338,418,573		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 520028	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/31/2016 2:35 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.240218		50.00
51.00	05100 RECOVERY ROOM	0.268104		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.283426		52.00
53.00	05300 ANESTHESIOLOGY	0.278026		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.310732		54.00
57.00	05700 CT SCAN	0.053143		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.095445		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.252213		59.00
60.00	06000 LABORATORY	0.196787		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
65.00	06500 RESPIRATORY THERAPY	0.230353		65.00
66.00	06600 PHYSICAL THERAPY	0.310745		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.250725		67.00
68.00	06800 SPEECH PATHOLOGY	0.356950		68.00
69.00	06900 ELECTROCARDIOLOGY	0.076623		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.170229		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.527713		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.164027		73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.680171		75.00
75.01	07501 PROCTO/ENTERO/GASTRO	0.150159		75.01
	OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.717194		90.00
91.00	09100 EMERGENCY	0.394497		91.00
91.01	09101 CARDIAC REHAB	0.897837		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.754009		92.00
	OTHER REIMBURSABLE COST CENTERS			
99.10	09910 CORF			99.10
100.00	10000 I&R SERVICES - NOT APPRVD. PRGM.			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
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: 520028

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

Worksheet C
Part I
Date/Time Prepared:
5/31/2016 2:35 pm

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		12,555,093	0	12,555,093	30.00	
31.00	03100 INTENSIVE CARE UNIT		2,816,577	0	2,816,577	31.00	
41.00	04100 SUBPROVIDER - IRF		0	0	0	41.00	
42.00	04200 SUBPROVIDER		0	0	0	42.00	
43.00	04300 NURSERY		751,259	0	751,259	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		7,325,166	0	7,325,166	50.00	
51.00	05100 RECOVERY ROOM		797,465	0	797,465	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		911,554	0	911,554	52.00	
53.00	05300 ANESTHESIOLOGY		792,348	0	792,348	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		4,245,410	0	4,245,410	54.00	
57.00	05700 CT SCAN		1,141,893	0	1,141,893	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		1,398,771	0	1,398,771	58.00	
59.00	05900 CARDIAC CATHETERIZATION		2,990,130	0	2,990,130	59.00	
60.00	06000 LABORATORY		8,587,437	0	8,587,437	60.00	
60.01	06001 BLOOD LABORATORY		0	0	0	60.01	
65.00	06500 RESPIRATORY THERAPY	0	1,325,975	0	1,325,975	65.00	
66.00	06600 PHYSICAL THERAPY	0	2,368,339	0	2,368,339	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	581,899	0	581,899	67.00	
68.00	06800 SPEECH PATHOLOGY	0	275,030	0	275,030	68.00	
69.00	06900 ELECTROCARDIOLOGY		620,407	0	620,407	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY		0	0	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		4,478,589	0	4,478,589	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		2,165,728	0	2,165,728	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		5,225,842	0	5,225,842	73.00	
75.00	07500 ASC (NON-DISTINCT PART)		2,888,648	0	2,888,648	75.00	
75.01	07501 PROCTO/ENTERO/GASTRO		1,147,121	0	1,147,121	75.01	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC		0	0	0	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00	
90.00	09000 CLINIC		43,093,373	0	43,093,373	90.00	
91.00	09100 EMERGENCY		6,450,516	0	6,450,516	91.00	
91.01	09101 CARDIAC REHAB		608,993	0	608,993	91.01	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		939,516	0	939,516	92.00	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF		0	0	0	99.10	
100.00	10000 I&R SERVICES - NOT APPRVD. PRGM.		420,647	0	420,647	100.00	
101.00	10100 HOME HEALTH AGENCY		3,400,566	0	3,400,566	101.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00	
110.00	11000 INTESTINAL ACQUISITION		0	0	0	110.00	
111.00	11100 ISLET ACQUISITION		0	0	0	111.00	
113.00	11300 INTEREST EXPENSE		0	0	0	113.00	
116.00	11600 HOSPICE		2,151,853	0	2,151,853	116.00	
200.00	Subtotal (see instructions)	0	122,456,145	0	122,456,145	200.00	
201.00	Less Observation Beds		939,516	0	939,516	201.00	
202.00	Total (see instructions)	0	121,516,629	0	121,516,629	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 520028

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

Worksheet C
Part I
Date/Time Prepared:
5/31/2016 2:35 pm

		Title XIX			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	8,861,039		8,861,039		30.00
31.00	03100	INTENSIVE CARE UNIT	2,352,976		2,352,976		31.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	893,225		893,225		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,483,784	23,009,989	30,493,773	0.240218	50.00
51.00	05100	RECOVERY ROOM	868,855	2,105,602	2,974,457	0.268104	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,655,171	561,030	3,216,201	0.283426	52.00
53.00	05300	ANESTHESIOLOGY	774,875	2,075,031	2,849,906	0.278026	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,974,393	11,688,232	13,662,625	0.310732	54.00
57.00	05700	CT SCAN	3,704,271	17,782,921	21,487,192	0.053143	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,019,868	13,635,392	14,655,260	0.095445	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,856,402	7,999,192	11,855,594	0.252213	59.00
60.00	06000	LABORATORY	7,128,778	36,509,347	43,638,125	0.196787	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	2,988,888	2,767,388	5,756,276	0.230353	65.00
66.00	06600	PHYSICAL THERAPY	1,508,080	6,113,412	7,621,492	0.310745	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,106,062	1,214,804	2,320,866	0.250725	67.00
68.00	06800	SPEECH PATHOLOGY	192,425	578,076	770,501	0.356950	68.00
69.00	06900	ELECTROCARDIOLOGY	1,813,532	6,283,387	8,096,919	0.076623	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,260,200	16,049,045	26,309,245	0.170229	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,435,011	2,668,977	4,103,988	0.527713	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,689,209	15,170,361	31,859,570	0.164027	73.00
75.00	07500	ASC (NON-DISTINCT PART)	22,025	4,224,919	4,246,944	0.680171	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	431,549	7,207,830	7,639,379	0.150159	75.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	302,588	59,783,508	60,086,096	0.717194	90.00
91.00	09100	EMERGENCY	2,492,542	13,858,680	16,351,222	0.394497	91.00
91.01	09101	CARDIAC REHAB	18,147	660,142	678,289	0.897837	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	63,008	1,183,020	1,246,028	0.754009	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	2,072,789	2,072,789		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	2,318,596	2,318,596		116.00
200.00		Subtotal (see instructions)	80,896,903	257,521,670	338,418,573		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	80,896,903	257,521,670	338,418,573		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 520028	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/31/2016 2:35 pm
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
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	07501 PROCTO/ENTERO/GASTRO	0.000000		75.01
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
91.01	09101 CARDIAC REHAB	0.000000		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910 CORF			99.10
100.00	10000 I&R SERVICES - NOT APPRVD. PRGM.			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
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: 520028

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

Worksheet D
Part I
Date/Time Prepared:
5/31/2016 2:35 pm

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	
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,531,773	0	1,531,773	8,165	187.60	30.00
31.00	INTENSIVE CARE UNIT	215,442		215,442	991	217.40	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	29,562		29,562	984	30.04	43.00
200.00	Total (lines 30-199)	1,776,777		1,776,777	10,140		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,796	712,130				
31.00	INTENSIVE CARE UNIT	551	119,787				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30-199)	4,347	831,917				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 520028	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part II Date/Time Prepared: 5/31/2016 2:35 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Inpatient Program Charges	Capital Costs (column 3 x column 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	570,836	30,493,773	0.018720	6,283,421	117,626	50.00
51.00	05100 RECOVERY ROOM	73,445	2,974,457	0.024692	345,653	8,535	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	54,841	3,216,201	0.017051	19,334	330	52.00
53.00	05300 ANESTHESIOLOGY	23,995	2,849,906	0.008420	712,383	5,998	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	294,335	13,662,625	0.021543	1,080,172	23,270	54.00
57.00	05700 CT SCAN	54,497	21,487,192	0.002536	1,949,499	4,944	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	139,702	14,655,260	0.009533	752,737	7,176	58.00
59.00	05900 CARDIAC CATHETERIZATION	176,440	11,855,594	0.014882	3,060,321	45,544	59.00
60.00	06000 LABORATORY	262,815	43,638,125	0.006023	3,562,923	21,459	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	35,384	5,756,276	0.006147	1,687,122	10,371	65.00
66.00	06600 PHYSICAL THERAPY	168,615	7,621,492	0.022124	934,599	20,677	66.00
67.00	06700 OCCUPATIONAL THERAPY	44,955	2,320,866	0.019370	734,829	14,234	67.00
68.00	06800 SPEECH PATHOLOGY	18,303	770,501	0.023755	146,028	3,469	68.00
69.00	06900 ELECTROCARDIOLOGY	5,430	8,096,919	0.000671	378,474	254	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	28,077	26,309,245	0.001067	890,231	950	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	2,686	4,103,988	0.000654	1,285,807	841	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	78,863	31,859,570	0.002475	8,040,924	19,901	73.00
75.00	07500 ASC (NON-DISTINCT PART)	254,735	4,246,944	0.059981	0	0	75.00
75.01	07501 PROCTO/ENTERO/GASTRO	69,055	7,639,379	0.009039	260,766	2,357	75.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	156,520	60,086,096	0.002605	0	0	90.00
91.00	09100 EMERGENCY	455,398	16,351,222	0.027851	1,387,057	38,631	91.00
91.01	09101 CARDIAC REHAB	116,672	678,289	0.172009	9,447	1,625	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	114,625	1,246,028	0.091992	0	0	92.00
200.00	Total (lines 50-199)	3,200,224	321,919,948		33,521,727	348,192	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 520028	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part III Date/Time Prepared: 5/31/2016 2:35 pm
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Cost Center Description	Title XVIII					Hospital	
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	PPS	
	1.00	2.00	3.00	4.00	5.00		

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	103,876	0	0	103,876	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	103,876	0	0	103,876	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	8,165	0.00	3,796	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	991	104.82	551	57,756	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	0	42.00
43.00	04300	NURSERY	984	0.00	0	0	0	43.00
200.00		Total (lines 30-199)	10,140		4,347	57,756	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
41.00	04100	SUBPROVIDER - IRF	0	0			41.00
42.00	04200	SUBPROVIDER	0	0			42.00
43.00	04300	NURSERY	0	0			43.00
200.00		Total (lines 30-199)	0	0			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 520028	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/31/2016 2:35 pm
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Cost Center Description		Title XVIII				Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
57.00	05700	CT SCAN	0	0	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	0	0	0	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	168,034	0	168,034	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
75.01	07501	PROCTO/ENTERO/GASTRO	0	0	0	0	0	75.01	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00	09000	CLINIC	0	0	33,607	0	33,607	90.00	
91.00	09100	EMERGENCY	0	0	0	0	0	91.00	
91.01	09101	CARDIAC REHAB	0	0	0	0	0	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
200.00		Total (Lines 50-199)	0	0	201,641	0	201,641	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 520028	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/31/2016 2:35 pm
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Cost Center Description		Title XVIII			Hospital		PPS
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	30,493,773	0.000000	0.000000	6,283,421	50.00
51.00	05100 RECOVERY ROOM	0	2,974,457	0.000000	0.000000	345,653	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	3,216,201	0.000000	0.000000	19,334	52.00
53.00	05300 ANESTHESIOLOGY	0	2,849,906	0.000000	0.000000	712,383	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	13,662,625	0.000000	0.000000	1,080,172	54.00
57.00	05700 CT SCAN	0	21,487,192	0.000000	0.000000	1,949,499	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	14,655,260	0.000000	0.000000	752,737	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	11,855,594	0.000000	0.000000	3,060,321	59.00
60.00	06000 LABORATORY	0	43,638,125	0.000000	0.000000	3,562,923	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	5,756,276	0.000000	0.000000	1,687,122	65.00
66.00	06600 PHYSICAL THERAPY	0	7,621,492	0.000000	0.000000	934,599	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,320,866	0.000000	0.000000	734,829	67.00
68.00	06800 SPEECH PATHOLOGY	0	770,501	0.000000	0.000000	146,028	68.00
69.00	06900 ELECTROCARDIOLOGY	0	8,096,919	0.000000	0.000000	378,474	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	26,309,245	0.000000	0.000000	890,231	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	4,103,988	0.000000	0.000000	1,285,807	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	168,034	31,859,570	0.005274	0.005274	8,040,924	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	4,246,944	0.000000	0.000000	0	75.00
75.01	07501 PROCTO/ENTERO/GASTRO	0	7,639,379	0.000000	0.000000	260,766	75.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	33,607	60,086,096	0.000559	0.000559	0	90.00
91.00	09100 EMERGENCY	0	16,351,222	0.000000	0.000000	1,387,057	91.00
91.01	09101 CARDIAC REHAB	0	678,289	0.000000	0.000000	9,447	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,246,028	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	201,641	321,919,948			33,521,727	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 520028	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/31/2016 2:35 pm
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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	PPS
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	9,696,141	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	449,249	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	1,912,021	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	5,457,558	0	0	0	54.00
57.00	05700 CT SCAN	0	6,305,111	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	3,741,226	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	5,633,097	0	0	0	59.00
60.00	06000 LABORATORY	0	6,942,510	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	267,226	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,958,653	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	710,123	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	2,352,089	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	42,408	3,508,389	18,503	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	2,278,949	0	0	0	75.00
75.01	07501 PROCTO/ENTERO/GASTRO	0	2,205,099	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	20,556,752	11,491	0	0	90.00
91.00	09100 EMERGENCY	0	4,611,157	0	0	0	91.00
91.01	09101 CARDIAC REHAB	0	362,733	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	745,998	0	0	0	92.00
200.00	Total (lines 50-199)	42,408	79,694,081	29,994	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 520028	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/31/2016 2:35 pm
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Cost Center Description		PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	Title XVIII	Hospital	PPS
		23.00	24.00			
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0			50.00
51.00	05100 RECOVERY ROOM	0	0			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0			52.00
53.00	05300 ANESTHESIOLOGY	0	0			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0			54.00
57.00	05700 CT SCAN	0	0			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0			58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0			59.00
60.00	06000 LABORATORY	0	0			60.00
60.01	06001 BLOOD LABORATORY	0	0			60.01
65.00	06500 RESPIRATORY THERAPY	0	0			65.00
66.00	06600 PHYSICAL THERAPY	0	0			66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0			67.00
68.00	06800 SPEECH PATHOLOGY	0	0			68.00
69.00	06900 ELECTROCARDIOLOGY	0	0			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0			73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0			75.00
75.01	07501 PROCTO/ENTERO/GASTRO	0	0			75.01
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0			89.00
90.00	09000 CLINIC	0	0			90.00
91.00	09100 EMERGENCY	0	0			91.00
91.01	09101 CARDIAC REHAB	0	0			91.01
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: 520028	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/31/2016 2:35 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	PPS Services (see inst.)		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.240218	9,696,141	0	0	2,329,188	50.00
51.00	05100	RECOVERY ROOM	0.268104	449,249	0	0	120,445	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.283426	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.278026	1,912,021	0	0	531,592	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.310732	5,457,558	0	0	1,695,838	54.00
57.00	05700	CT SCAN	0.053143	6,305,111	0	0	335,073	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.095445	3,741,226	0	0	357,081	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.252213	5,633,097	0	0	1,420,740	59.00
60.00	06000	LABORATORY	0.196787	6,942,510	1,694	0	1,366,196	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.230353	267,226	0	0	61,556	65.00
66.00	06600	PHYSICAL THERAPY	0.310745	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.250725	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.356950	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.076623	1,958,653	0	0	150,078	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.170229	710,123	0	0	120,884	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.527713	2,352,089	0	0	1,241,228	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.164027	3,508,389	0	0	575,471	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.680171	2,278,949	0	0	1,550,075	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	0.150159	2,205,099	0	0	331,115	75.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.717194	20,556,752	11,200	1,166,236	14,743,179	90.00
91.00	09100	EMERGENCY	0.394497	4,611,157	0	0	1,819,088	91.00
91.01	09101	CARDIAC REHAB	0.897837	362,733	0	0	325,675	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.754009	745,998	0	0	562,489	92.00
200.00		Subtotal (see instructions)		79,694,081	12,894	1,166,236	29,636,991	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		79,694,081	12,894	1,166,236	29,636,991	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 520028	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/31/2016 2:35 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
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
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	333	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
75.01 07501 PROCTO/ENTERO/GASTRO	0	0		75.01
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	8,033	836,417		90.00
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 CARDIAC REHAB	0	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	8,366	836,417		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	8,366	836,417		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 520028	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/31/2016 2:35 pm
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.240218	0	505,876	0	0	50.00
51.00	05100 RECOVERY ROOM	0.268104	0	42,089	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.283426	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.278026	0	116,792	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.310732	0	249,575	0	0	54.00
57.00	05700 CT SCAN	0.053143	0	448,978	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.095445	0	289,900	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.252213	0	39,926	0	0	59.00
60.00	06000 LABORATORY	0.196787	0	263,641	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.230353	0	8,784	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.310745	0	170,780	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.250725	0	128,563	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.356950	0	288,079	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.076623	0	47,977	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.170229	0	124,847	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.527713	0	528	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.164027	0	109,504	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.680171	0	0	0	0	75.00
75.01	07501 PROCTO/ENTERO/GASTRO	0.150159	0	98,370	0	0	75.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000 CLINIC	0.717194	0	271,104	0	0	90.00
91.00	09100 EMERGENCY	0.394497	0	716,687	0	0	91.00
91.01	09101 CARDIAC REHAB	0.897837	0	30,502	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.754009	0	140,690	0	0	92.00
200.00	Subtotal (see instructions)		0	4,093,192	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	4,093,192	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 520028	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/31/2016 2:35 pm
	Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	121,521	0		50.00
51.00 05100 RECOVERY ROOM	11,284	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	32,471	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	77,551	0		54.00
57.00 05700 CT SCAN	23,860	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	27,670	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	10,070	0		59.00
60.00 06000 LABORATORY	51,881	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
65.00 06500 RESPIRATORY THERAPY	2,023	0		65.00
66.00 06600 PHYSICAL THERAPY	53,069	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	32,234	0		67.00
68.00 06800 SPEECH PATHOLOGY	102,830	0		68.00
69.00 06900 ELECTROCARDIOLOGY	3,676	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	21,253	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	279	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	17,962	0		73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
75.01 07501 PROCTO/ENTERO/GASTRO	14,771	0		75.01
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	194,434	0		90.00
91.00 09100 EMERGENCY	282,731	0		91.00
91.01 09101 CARDIAC REHAB	27,386	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	106,082	0		92.00
200.00 Subtotal (see instructions)	1,215,038	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	1,215,038	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 520028	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/31/2016 2:35 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		8,165	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,165	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		7,554	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		3,796	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)		12,555,093	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)		12,555,093	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		12,555,093	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)		1,537.67	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,836,995	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)		5,836,995	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 520028		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/31/2016 2:35 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	2,816,577	991	2,842.16	551	1,566,030		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)					7,477,942		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					14,880,967		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)					889,673		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					390,600		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,280,273		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					13,600,694		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)					611		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,537.67		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					939,516		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 520028		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/31/2016 2:35 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,531,773	12,555,093	0.122004	939,516	114,625	90.00
91.00	Nursing School cost	0	12,555,093	0.000000	939,516	0	91.00
92.00	Allied health cost	0	12,555,093	0.000000	939,516	0	92.00
93.00	All other Medical Education	0	12,555,093	0.000000	939,516	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 520028	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XIX		Hospital
				Date/Time Prepared: 5/31/2016 2:35 pm
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		8,165	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,165	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		7,554	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)		187	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)		984	15.00
16.00	Nursery days (title V or XIX only)		509	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)		12,555,093	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)		12,555,093	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		12,555,093	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)		1,537.67	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		287,544	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)		287,544	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 520028	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/31/2016 2:35 pm		
Cost Center Description			Title XIX		Hospital	Cost	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	NURSERY (title V & XIX only)	751,259	984	763.47	509	388,606	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	2,816,577	991	2,842.16	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					463,299	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,139,449	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)					611	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,537.67	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					939,516	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 520028		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/31/2016 2:35 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,531,773	12,555,093	0.122004	939,516	114,625	90.00
91.00	Nursing School cost	0	12,555,093	0.000000	939,516	0	91.00
92.00	Allied health cost	0	12,555,093	0.000000	939,516	0	92.00
93.00	All other Medical Education	0	12,555,093	0.000000	939,516	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 520028	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/31/2016 2:35 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		4,408,925	30.00
31.00	03100	INTENSIVE CARE UNIT		1,249,511	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.240218	6,283,421	50.00
51.00	05100	RECOVERY ROOM	0.268104	345,653	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.283426	19,334	52.00
53.00	05300	ANESTHESIOLOGY	0.278026	712,383	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.310732	1,080,172	54.00
57.00	05700	CT SCAN	0.053143	1,949,499	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.095445	752,737	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.252213	3,060,321	59.00
60.00	06000	LABORATORY	0.196787	3,562,923	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.230353	1,687,122	65.00
66.00	06600	PHYSICAL THERAPY	0.310745	934,599	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.250725	734,829	67.00
68.00	06800	SPEECH PATHOLOGY	0.356950	146,028	68.00
69.00	06900	ELECTROCARDIOLOGY	0.076623	378,474	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.170229	890,231	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.527713	1,285,807	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.164027	8,040,924	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.680171	0	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	0.150159	260,766	75.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.717194	0	90.00
91.00	09100	EMERGENCY	0.394497	1,387,057	91.00
91.01	09101	CARDIAC REHAB	0.897837	9,447	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.754009	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		33,521,727	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)		33,521,727	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 520028	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/31/2016 2:35 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		177,580	30.00
31.00	03100	INTENSIVE CARE UNIT		81,234	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		44,184	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.240218	183,612	50.00
51.00	05100	RECOVERY ROOM	0.268104	19,766	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.283426	44,586	52.00
53.00	05300	ANESTHESIOLOGY	0.278026	37,214	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.310732	64,812	54.00
57.00	05700	CT SCAN	0.053143	111,548	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.095445	3,568	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.252213	30,038	59.00
60.00	06000	LABORATORY	0.196787	208,771	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.230353	92,740	65.00
66.00	06600	PHYSICAL THERAPY	0.310745	26,256	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.250725	19,969	67.00
68.00	06800	SPEECH PATHOLOGY	0.356950	3,064	68.00
69.00	06900	ELECTROCARDIOLOGY	0.076623	19,314	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.170229	100,382	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.527713	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.164027	110,301	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.680171	0	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	0.150159	8,920	75.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.717194	292,187	90.00
91.00	09100	EMERGENCY	0.394497	77,893	91.00
91.01	09101	CARDIAC REHAB	0.897837	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.754009	2,569	92.00
200.00		Total (sum of lines 50-94 and 96-98)		1,457,510	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		1,457,510	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 520028	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/31/2016 2:35 pm
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		8,316,109	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		2,624,350	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		167,217	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		93.33	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)		1.13	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		1.13	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.83	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.83	12.00
13.00	Total allowable FTE count for the prior year.		0.83	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.85	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.84	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.84	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.009000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.009935	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.009000	21.00
22.00	IME payment adjustment (see instructions)		53,685	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)		-0.30	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)		53,685	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		0.00	30.00
31.00	Percentage of Medicaid patient days (see instructions)		0.00	31.00
32.00	Sum of lines 30 and 31		0.00	32.00
33.00	Allowable disproportionate share percentage (see instructions)		0.00	33.00
34.00	Disproportionate share adjustment (see instructions)		0	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 520028	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/31/2016 2: 35 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		9,046,380,143	9,046,380,143	35.00
35.01	Factor 3 (see instructions)		0.000025446	0.000025446	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 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		11,161,361		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)		11,161,361		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		895,547		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).		9,525		52.00
53.00	Nursing and Allied Health Managed Care payment		10,495		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		57,756		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		42,408		58.00
59.00	Total (sum of amounts on lines 49 through 58)		12,177,092		59.00
60.00	Primary payer payments		0		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		12,177,092		61.00
62.00	Deductibles billed to program beneficiaries		1,139,344		62.00
63.00	Coinurance billed to program beneficiaries		13,545		63.00
64.00	Allowable bad debts (see instructions)		186,710		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		121,362		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		180,366		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		11,145,565		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)		66,422		70.93
70.94	HRR adjustment amount (see instructions)		-15,221		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 520028	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/31/2016 2:35 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	2015	398,538		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)	2016	218,513		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)		11,813,817		71.00
71.01	Sequestration adjustment (see instructions)		236,276		71.01
72.00	Interim payments		11,351,666		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)		225,875		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2 TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)		0		75.00
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		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
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 520028		Period: From 01/01/2015 To 12/31/2015		Worksheet DSH	
		Title XVIII		Hospital		Date/Time Prepared: 5/31/2016 2:35 pm	
		PPS					
		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)	0.00	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	0.00	0.00			0.00	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	0.00	0.00			0.00	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)	93.33	0.00			93.33	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)?	No				No	9.00
10.00	S-2, Line 45	No				No	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater 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)	0.00	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)	0	0			0	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)	0	0			0	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)	0	0			0	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)	0	0			0	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	9,529	0			9,529	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	0	0			0	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)	9,529	0			9,529	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	0.00	0.00			0.00	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 520028		Period: From 01/01/2015 To 12/31/2015		Worksheet DSH Date/Time Prepared: 5/31/2016 2:35 pm	
		Title XVIII		Hospital		PPS	
		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	12.25		0.00	True	29.00
30.00	Line 28 or 29 as applicable		12.25		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 amendment? (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 Community 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: 520028	Period: From 01/01/2015 To 12/31/2015	Worksheet DSH Date/Time Prepared: 5/31/2016 2:35 pm
		Title XVIII	Hospital	PPS
		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	12.25		29.00
30.00	Line 28 or 29 as applicable	12.25		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: 520028

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/31/2016 2:35 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	8,316,109	0	8,316,109	0	8,316,109	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	2,624,350	0	0	2,624,350	2,624,350	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	167,217	0	41,774	125,443	167,217	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.009000	0.009000	0.009000	0.009000		5.00
6.00	IME payment adjustment (see instructions)	22.00	53,685	0	40,807	12,878	53,685	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	53,685	0	40,807	12,878	53,685	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	11,161,361	0	8,398,690	2,762,671	11,161,361	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	11,161,361	0	8,398,690	2,762,671	11,161,361	15.00
16.00	Payment for inpatient program capital	50.00	895,547	0	673,635	221,912	895,547	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ acquisition 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: 520028

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/31/2016 2:35 pm

		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	9,072,325	2,984,583	12,056,908	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	872,742	0	662,802	209,940	872,742	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	13,903	0	4,072	9,831	13,903	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0102	0.0102	0.0102	0.0102		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	8,902	0	6,761	2,141	8,902	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	895,547	0	673,635	221,912	895,547	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				0.043929	0.073214		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			398,538		398,538	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				218,513	218,513	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 520028	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/31/2016 2:35 pm
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		844,783	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		29,606,997	2.00
3.00	PPS payments		21,340,902	3.00
4.00	Outlier payment (see instructions)		1,152,848	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.791	5.00
6.00	Line 2 times line 5		23,419,135	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		96.05	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		29,994	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		844,783	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		1,179,130	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)		1,179,130	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		1,179,130	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		334,347	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)		844,783	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		22,523,744	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		4,470,929	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		18,897,598	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		19,511	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		18,917,109	30.00
31.00	Primary payer payments		896	31.00
32.00	Subtotal (line 30 minus line 31)		18,916,213	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)		316,441	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		205,687	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		301,066	36.00
37.00	Subtotal (see instructions)		19,121,900	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		19,121,900	40.00
40.01	Sequestration adjustment (see instructions)		382,438	40.01
41.00	Interim payments		18,168,638	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		570,824	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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 520028

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

Worksheet E-1
Part I
Date/Time Prepared:
5/31/2016 2:35 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		11,351,666		18,168,638	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)		11,351,666		18,168,638	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		225,875		570,824	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		11,577,541		18,739,462	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: 520028	Period: From 01/01/2015 To 12/31/2015	Worksheet E-1 Part II Date/Time Prepared: 5/31/2016 2:35 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			2,590 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			4,347 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			778 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			8,545 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			338,418,573 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			3,543,133 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)			346,720 8.00
9.00	Sequestration adjustment amount (see instructions)			6,934 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			339,786 10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			343,194 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)			-3,408 32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0 108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 520028	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part VII Date/Time Prepared: 5/31/2016 2:35 pm	
		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		1,139,449		1.00
2.00	Medical and other services			1,215,038	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		1,139,449	1,215,038	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)		1,139,449	1,215,038	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		302,998		8.00
9.00	Ancillary service charges		1,457,510	4,093,192	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)		1,760,508	4,093,192	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)		1,760,508	4,093,192	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		621,059	2,878,154	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)		1,139,449	1,215,038	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0		28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		1,139,449	1,215,038	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)		1,139,449	1,215,038	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		1,139,449	1,215,038	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		1,139,449	1,215,038	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)		1,139,449	1,215,038	40.00
41.00	Interim payments		1,025,504	1,093,534	41.00
42.00	Balance due provider/program (line 40 minus line 41)		113,945	121,504	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: 520028	Period: From 01/01/2015 To 12/31/2015	Worksheet E-4 Date/Time Prepared: 5/31/2016 2:35 pm	
		Title XVII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			1.10	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			0.00	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)			1.10	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			0.00	6.00
7.00	Enter the lesser of line 5 or line 6			0.00	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.	0.83	0.00	0.83	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.	0.83	0.00	0.83	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	0.83	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.83	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	1.18	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.95	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	0.95	0.00		17.00
18.00	Per resident amount	52,078.39	0.00		18.00
19.00	Approved amount for resident costs	49,474	0	49,474	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)			0.00	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)			52,078.39	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)			49,474	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	4,347	778		26.00
27.00	Total Inpatient Days (see instructions)	8,545	8,545		27.00
28.00	Ratio of inpatient days to total inpatient days	0.508719	0.091047		28.00
29.00	Program direct GME amount	25,168	4,504		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		636		30.00
31.00	Net Program direct GME amount			29,036	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 520028	Period: From 01/01/2015 To 12/31/2015	Worksheet E-4 Date/Time Prepared: 5/31/2016 2:35 pm
		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)		14,880,967	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)		14,880,967	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		30,481,774	42.00
43.00	Primary payer payments (see instructions)		896	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		30,480,878	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		45,361,845	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.328050	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.671950	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		29,036	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		9,525	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		19,511	50.00

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

Provider CCN: 520028

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

Worksheet G

Date/Time Prepared:
5/31/2016 2:35 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	28,363,831	0	0	0	1.00
2.00	Temporary investments	1,959,120	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	65,876,181	0	0	0	4.00
5.00	Other receivable	1,630,603	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-40,665,711	0	0	0	6.00
7.00	Inventory	3,748,655	0	0	0	7.00
8.00	Prepaid expenses	2,377,593	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	63,290,272	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,570,352	0	0	0	12.00
13.00	Land improvements	6,289,860	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	146,730,785	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	78,935,714	0	0	0	23.00
24.00	Accumulated depreciation	-131,361,640	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	1,672,132	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	103,837,203	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	97,800,245	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	6,607,363	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	104,407,608	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	271,535,083	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	2,835,561	0	0	0	37.00
38.00	Salaries, wages, and fees payable	12,052,935	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	3,000,823	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	3,763,709	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	21,653,028	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	70,685,844	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	9,804,246	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	80,490,090	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	102,143,118	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	169,391,965				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	169,391,965	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	271,535,083	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 520028

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

Worksheet G-1

Date/Time Prepared:
5/31/2016 2:35 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		160,200,963		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		9,675,617			2.00
3.00	Total (sum of line 1 and line 2)		169,876,580		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	CHGS IN UNREALIZED GAIN/LOSSES	0		0		5.00
6.00	CHGS IN INTEREST IN FOUNDATION	635,058		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		635,058		0	10.00
11.00	Subtotal (line 3 plus line 10)		170,511,638		0	11.00
12.00	CHGS IN UNREALIZED GAIN/LOSSES	1,119,673		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		1,119,673		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		169,391,965		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00	CHGS IN UNREALIZED GAIN/LOSSES		0			5.00
6.00	CHGS IN INTEREST IN FOUNDATION		0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	CHGS IN UNREALIZED GAIN/LOSSES		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 520028

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/31/2016 2:35 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	9,754,264		9,754,264	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	9,754,264		9,754,264	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	2,352,976		2,352,976	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	2,352,976		2,352,976	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	12,107,240		12,107,240	17.00
18.00	Ancillary services	68,489,663		68,489,663	18.00
19.00	Outpatient services	0	253,430,286	253,430,286	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		2,072,789	2,072,789	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	2,318,596	2,318,596	26.00
27.00	PROF, CLINIC, OTHER	0	116,307,936	116,307,936	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	80,596,903	374,129,607	454,726,510	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		168,227,831		29.00
30.00		0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	ROUNDING	7			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)		7		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		168,227,824		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 520028

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

Worksheet G-3

Date/Time Prepared:
5/31/2016 2:35 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	454,726,510	1.00
2.00	Less contractual allowances and discounts on patients' accounts	286,290,263	2.00
3.00	Net patient revenues (line 1 minus line 2)	168,436,247	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	168,227,824	4.00
5.00	Net income from service to patients (line 3 minus line 4)	208,423	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	8,093,209	24.00
24.01	INVESTMENT INCOME	1,174,538	24.01
24.02	EQUITY IN EARNINGS OF AFFILIATES	426,612	24.02
24.03	GAIN ON DISPOSAL OF EQUIPMENT	602	24.03
25.00	Total other income (sum of lines 6-24)	9,694,961	25.00
26.00	Total (line 5 plus line 25)	9,903,384	26.00
27.00	LOSS ON DISPOSAL OF EQUIPMENT	0	27.00
27.01	OTHER LOSS	227,767	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	227,767	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	9,675,617	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 520028

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

Worksheet H

HHA CCN: 527157

Date/Time Prepared: 5/31/2016 2:35 pm

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00			0		0	0	1.00
2.00			0		0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	231,129	83,803	0	0	50,831	365,763	5.00
HHA REIMBURSABLE SERVICES							
6.00	811,540	192,331	69,434	6,311	101,182	1,180,798	6.00
7.00	174,098	42,680	15,634	0	0	232,412	7.00
8.00	134,586	32,995	12,087	0	0	179,668	8.00
9.00	0	0	0	0	0	0	9.00
10.00	2,929	718	263	0	0	3,910	10.00
11.00	39,252	19,258	8,540	0	12,444	79,494	11.00
12.00	0	0	0	0	0	0	12.00
13.00	0	0	0	0	0	0	13.00
14.00	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	0	0	0	0	0	23.00
24.00	1,393,534	371,785	105,958	6,311	164,457	2,042,045	24.00
	Reclassifi cation	Reclassifi ed 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	0	0	0	0			1.00
2.00	0	0	0	0			2.00
3.00	0	0	0	0			3.00
4.00	0	0	0	0			4.00
5.00	0	365,763	0	365,763			5.00
HHA REIMBURSABLE SERVICES							
6.00	0	1,180,798	0	1,180,798			6.00
7.00	0	232,412	0	232,412			7.00
8.00	0	179,668	0	179,668			8.00
9.00	0	0	0	0			9.00
10.00	0	3,910	0	3,910			10.00
11.00	0	79,494	0	79,494			11.00
12.00	0	0	0	0			12.00
13.00	0	0	0	0			13.00
14.00	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0			15.00
16.00	0	0	0	0			16.00
17.00	0	0	0	0			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	0	0	0	0			23.00
24.00	0	2,042,045	0	2,042,045			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: 520028	Period: From 01/01/2015 To 12/31/2015	Worksheet H-1 Part I Date/Time Prepared: 5/31/2016 2:35 pm
		HHA CCN: 527157	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0	0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	365,763	0	0	0	365,763	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,180,798	0	0	0	1,180,798	6.00
7.00	Physical Therapy	232,412	0	0	0	232,412	7.00
8.00	Occupational Therapy	179,668	0	0	0	179,668	8.00
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	3,910	0	0	0	3,910	10.00
11.00	Home Health Aide	79,494	0	0	0	79,494	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	2,042,045	0	0	0	2,042,045	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	365,763					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	257,649	1,438,447				6.00
7.00	Physical Therapy	50,712	283,124				7.00
8.00	Occupational Therapy	39,203	218,871				8.00
9.00	Speech Pathology	0	0				9.00
10.00	Medical Social Services	853	4,763				10.00
11.00	Home Health Aide	17,346	96,840				11.00
12.00	Supplies (see instructions)	0	0				12.00
13.00	Drugs	0	0				13.00
14.00	DME	0	0				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
24.00	Total (sum of lines 1-23)		2,042,045				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 520028
HHA CCN: 527157

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

Worksheet H-1
Part II
Date/Time Prepared:
5/31/2016 2:35 pm

Home Health
Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-365,763	1,676,282
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	1,180,798
7.00	Physical Therapy	0	0	0	0	0	232,412
8.00	Occupational Therapy	0	0	0	0	0	179,668
9.00	Speech Pathology	0	0	0	0	0	0
10.00	Medical Social Services	0	0	0	0	0	3,910
11.00	Home Health Aide	0	0	0	0	0	79,494
12.00	Supplies (see instructions)	0	0	0	0	0	0
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-365,763	1,676,282
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		365,763
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.218199

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 520028

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

Worksheet H-2 Part I

HHA CCN: 527157

Date/Time Prepared: 5/31/2016 2:35 pm

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP				
		1.00	2.00				
1.00 Administrative and General	0	137,333	0	18,245	323,781	7,264	1.00
2.00 Skilled Nursing Care	1,438,447	0	0	64,064	0	0	2.00
3.00 Physical Therapy	283,124	0	0	13,743	0	0	3.00
4.00 Occupational Therapy	218,871	0	0	10,624	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	4,763	0	0	231	0	0	6.00
7.00 Home Health Aide	96,840	0	0	3,099	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)	2,042,045	137,333	0	110,006	323,781	7,264	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	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	
	5.03	5.04	5.05	5A.05	5.06	6.00	
1.00 Administrative and General	0	0	0	486,623	77,914	55,120	1.00
2.00 Skilled Nursing Care	626	0	0	1,503,137	240,670	0	2.00
3.00 Physical Therapy	0	0	0	296,867	47,532	0	3.00
4.00 Occupational Therapy	0	0	0	229,495	36,745	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	4,994	800	0	6.00
7.00 Home Health Aide	0	0	0	99,939	16,001	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)	626	0	0	2,621,055	419,662	55,120	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.000000			21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 520028
HHA CCN: 527157

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

Worksheet H-2
Part I
Date/Time Prepared:
5/31/2016 2:35 pm
PPS

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7.00	8.00	9.00	10.00	11.00	13.00	
1.00	Administrative and General	240,176	0	0	0	16	21,509	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)	240,176	0	0	0	16	21,509	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
		14.00	15.00	16.00	17.00	21.00	22.00	
1.00	Administrative and General	36,689	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	6,339	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)	36,689	0	0	6,339	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: 520028
HHA CCN: 527157

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

Worksheet H-2
Part I
Date/Time Prepared:
5/31/2016 2:35 pm
PPS

Cost Center Description	PARAMED ED PRGM- PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
	23.00	24.00	25.00	26.00	27.00	28.00	
1.00 Administrative and General	0	918,047	0	918,047			1.00
2.00 Skilled Nursing Care	0	1,743,807	0	1,743,807	644,868	2,388,675	2.00
3.00 Physical Therapy	0	344,399	0	344,399	127,360	471,759	3.00
4.00 Occupational Therapy	0	266,240	0	266,240	98,457	364,697	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	12,133	0	12,133	4,487	16,620	6.00
7.00 Home Health Aide	0	115,940	0	115,940	42,875	158,815	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	3,400,566	0	3,400,566	918,047	3,400,566	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.					0.369805		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: 520028
HHA CCN: 527157

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

Worksheet H-2 Part II
Date/Time Prepared: 5/31/2016 2:35 pm

Home Health Agency I

PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	DATA PROCESSING (NO OF CRTS)	NONPATIENT TELEPHONES (NO OF EXTENSIONS)	PURCHASING RECEIVING AND STORES (SUPPLY COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	9,153	0	231,129	21	40	0	1.00
2.00 Skilled Nursing Care	0	0	811,540	0	0	62,396	2.00
3.00 Physical Therapy	0	0	174,098	0	0	0	3.00
4.00 Occupational Therapy	0	0	134,586	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	2,929	0	0	0	6.00
7.00 Home Health Aide	0	0	39,252	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)	9,153	0	1,393,534	21	40	62,396	20.00
21.00 Total cost to be allocated	137,333	0	110,006	323,781	7,264	626	21.00
22.00 Unit cost multiplier	15.004152	0.000000	0.078940	15,418.142857	181.600000	0.010033	22.00
Cost Center Description	ADMITTING (GROSS REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (MAINT HOURS)	OPERATION OF PLANT (SQUARE FEET)	
	5.04	5.05	5A.06	5.06	6.00	7.00	
1.00 Administrative and General	0	0	0	486,623	54	9,153	1.00
2.00 Skilled Nursing Care	0	0	0	1,503,137	0	0	2.00
3.00 Physical Therapy	0	0	0	296,867	0	0	3.00
4.00 Occupational Therapy	0	0	0	229,495	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	4,994	0	0	6.00
7.00 Home Health Aide	0	0	0	99,939	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	2,621,055	54	9,153	20.00
21.00 Total cost to be allocated	0	0	0	419,662	55,120	240,176	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.160112	1,020.740741	26.240140	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 520028
HHA CCN: 527157

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

Worksheet H-2
Part II
Date/Time Prepared:
5/31/2016 2:35 pm

Home Health Agency I

PPS

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (NO OF FTE'S)	NURSING ADMINISTRATION (NURSING FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		8.00	9.00	10.00	11.00	13.00	14.00	
1.00	Administrative and General	0	0	0	2,144	2,144	43,100	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	2,144	2,144	43,100	20.00
21.00	Total cost to be allocated	0	0	0	16	21,509	36,689	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.007463	10.032183	0.851253	22.00
Cost Center Description		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS		PARAMEDICAL PRGM- PHARMACY (ASSIGNED TIME)	
					SERVICES-SALARIES & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ACCUM. COST)		
		15.00	16.00	17.00	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	20	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	20	0	0	0	20.00
21.00	Total cost to be allocated	0	0	6,339	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	316.950000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 520028 HHA CCN: 527157	Period: From 01/01/2015 To 12/31/2015	Worksheet H-3 Part I Date/Time Prepared: 5/31/2016 2:35 pm		
				Title XVIII	Home Health Agency I	PPS		
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	2,388,675		2,388,675	6,818	350.35	1.00
2.00	Physical Therapy	3.00	471,759	0	471,759	2,064	228.57	2.00
3.00	Occupational Therapy	4.00	364,697	0	364,697	1,120	325.62	3.00
4.00	Speech Pathology	5.00	0	0	0	74	0.00	4.00
5.00	Medical Social Services	6.00	16,620		16,620	74	224.59	5.00
6.00	Home Health Aide	7.00	158,815		158,815	942	168.59	6.00
7.00	Total (sum of lines 1-6)		3,400,566	0	3,400,566	11,092		7.00
				Program Visits				
				Part B				
				Not Subject to Deductibles & Insurance	Subject to Deductibles			
	0	1.00	2.00	3.00	4.00	5.00		
Limitation Cost Computation								
8.00	Skilled Nursing Care		27500	0	27			8.00
8.01	Skilled Nursing Care		31540	0	0			8.01
8.02	Skilled Nursing Care		50184	0	56			8.02
8.03	Skilled Nursing Care		50185	0	2,340			8.03
8.04	Skilled Nursing Care		99914	0	1,384			8.04
8.05	Skilled Nursing Care		99952	0	431			8.05
9.00	Physical Therapy		27500	0	14			9.00
9.01	Physical Therapy		31540	0	0			9.01
9.02	Physical Therapy		50184	0	39			9.02
9.03	Physical Therapy		50185	0	640			9.03
9.04	Physical Therapy		99914	0	506			9.04
9.05	Physical Therapy		99952	0	74			9.05
10.00	Occupational Therapy		27500	0	14			10.00
10.01	Occupational Therapy		31540	0	0			10.01
10.02	Occupational Therapy		50184	0	21			10.02
10.03	Occupational Therapy		50185	0	404			10.03
10.04	Occupational Therapy		99914	0	319			10.04
10.05	Occupational Therapy		99952	0	54			10.05
11.00	Speech Pathology		27500	0	0			11.00
11.01	Speech Pathology		31540	0	0			11.01
11.02	Speech Pathology		50184	0	0			11.02
11.03	Speech Pathology		50185	0	43			11.03
11.04	Speech Pathology		99914	0	10			11.04
11.05	Speech Pathology		99952	0	8			11.05
12.00	Medical Social Services		27500	0	0			12.00
12.01	Medical Social Services		31540	0	0			12.01
12.02	Medical Social Services		50184	0	0			12.02
12.03	Medical Social Services		50185	0	16			12.03
12.04	Medical Social Services		99914	0	31			12.04
12.05	Medical Social Services		99952	0	1			12.05
13.00	Home Health Aide		27500	0	0			13.00
13.01	Home Health Aide		31540	0	0			13.01
13.02	Home Health Aide		50184	0	10			13.02
13.03	Home Health Aide		50185	0	393			13.03
13.04	Home Health Aide		99914	0	208			13.04
13.05	Home Health Aide		99952	0	45			13.05
14.00	Total (sum of lines 8-13)			0	7,088			14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 520028
HHA CCN: 527157

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

Worksheet H-3
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Title XVIII

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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 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	0	0	0	0	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
Program Visits								
Cost Center Description		Part A	Part B		Cost of Services			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	0	4,238		0	1,484,783		1.00
2.00	Physical Therapy	0	1,273		0	290,970		2.00
3.00	Occupational Therapy	0	812		0	264,403		3.00
4.00	Speech Pathology	0	61		0	0		4.00
5.00	Medical Social Services	0	48		0	10,780		5.00
6.00	Home Health Aide	0	656		0	110,595		6.00
7.00	Total (sum of lines 1-6)	0	7,088		0	2,161,531		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
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
8.03	Skilled Nursing Care							8.03
8.04	Skilled Nursing Care							8.04
8.05	Skilled Nursing Care							8.05
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
9.03	Physical Therapy							9.03
9.04	Physical Therapy							9.04
9.05	Physical Therapy							9.05
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
10.03	Occupational Therapy							10.03
10.04	Occupational Therapy							10.04
10.05	Occupational Therapy							10.05
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
11.03	Speech Pathology							11.03
11.04	Speech Pathology							11.04
11.05	Speech Pathology							11.05
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
12.03	Medical Social Services							12.03
12.04	Medical Social Services							12.04
12.05	Medical Social Services							12.05
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
13.03	Home Health Aide							13.03
13.04	Home Health Aide							13.04
13.05	Home Health Aide							13.05
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 520028 HHA CCN: 527157	Period: From 01/01/2015 To 12/31/2015	Worksheet H-3 Part I Date/Time Prepared: 5/31/2016 2:35 pm
		Title XVIIII	Home Health Agency I	PPS

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	0	0	0	0	0	15.00	
16.00 Cost of Drugs		0	0		0	0	16.00	
Cost Center Description								
	Total Program Cost (sum of col.s. 9-10)							
	12.00							

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00 Skilled Nursing Care	1,484,783							1.00
2.00 Physical Therapy	290,970							2.00
3.00 Occupational Therapy	264,403							3.00
4.00 Speech Pathology	0							4.00
5.00 Medical Social Services	10,780							5.00
6.00 Home Health Aide	110,595							6.00
7.00 Total (sum of lines 1-6)	2,161,531							7.00
Cost Center Description								
	12.00							

Limitation Cost Computation							
8.00 Skilled Nursing Care							8.00
8.01 Skilled Nursing Care							8.01
8.02 Skilled Nursing Care							8.02
8.03 Skilled Nursing Care							8.03
8.04 Skilled Nursing Care							8.04
8.05 Skilled Nursing Care							8.05
9.00 Physical Therapy							9.00
9.01 Physical Therapy							9.01
9.02 Physical Therapy							9.02
9.03 Physical Therapy							9.03
9.04 Physical Therapy							9.04
9.05 Physical Therapy							9.05
10.00 Occupational Therapy							10.00
10.01 Occupational Therapy							10.01
10.02 Occupational Therapy							10.02
10.03 Occupational Therapy							10.03
10.04 Occupational Therapy							10.04
10.05 Occupational Therapy							10.05
11.00 Speech Pathology							11.00
11.01 Speech Pathology							11.01
11.02 Speech Pathology							11.02
11.03 Speech Pathology							11.03
11.04 Speech Pathology							11.04
11.05 Speech Pathology							11.05
12.00 Medical Social Services							12.00
12.01 Medical Social Services							12.01
12.02 Medical Social Services							12.02
12.03 Medical Social Services							12.03
12.04 Medical Social Services							12.04
12.05 Medical Social Services							12.05
13.00 Home Health Aide							13.00
13.01 Home Health Aide							13.01
13.02 Home Health Aide							13.02
13.03 Home Health Aide							13.03
13.04 Home Health Aide							13.04
13.05 Home Health Aide							13.05
14.00 Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 520028 HHA CCN: 527157	Period: From 01/01/2015 To 12/31/2015	Worksheet H-3 Part II Date/Time Prepared: 5/31/2016 2:35 pm PPS
			Home Health Agency I	

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
	0	1.00	2.00	3.00	4.00	
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00	Physical Therapy	66.00	0.310745	0	0	col. 2, line 2.00 1.00
2.00	Occupational Therapy	67.00	0.250725	0	0	col. 2, line 3.00 2.00
3.00	Speech Pathology	68.00	0.356950	0	0	col. 2, line 4.00 3.00
4.00	Cost of Medical Supplies	71.00	0.170229	0	0	col. 2, line 15.00 4.00
5.00	Cost of Drugs	73.00	0.164027	0	0	col. 2, line 16.00 5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 520028 HHA CCN: 527157	Period: From 01/01/2015 To 12/31/2015	Worksheet H-4 Part I-II Date/Time Prepared: 5/31/2016 2:35 pm
		Title XVII I	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	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	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	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	8.00
9.00	Primary payer amounts	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	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	1,145,887
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	34,059
13.00	Total PPS Reimbursement - LUPA Episodes		0	27,174
14.00	Total PPS Reimbursement - PEP Episodes		0	7,207
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	5,906
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	1,220,233
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	1,220,233
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	1,220,233
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	1,220,233
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
31.00	Subtotal (see instructions)		0	1,220,233
31.01	Sequestration adjustment (see instructions)		0	24,404
32.00	Interim payments (see instructions)		0	1,195,829
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

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

Provider CCN: 520028
HHA CCN: 527157

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

Worksheet H-5
Date/Time Prepared: 5/31/2016 2:35 pm
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		1,195,829	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		1,195,829	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		1,195,829	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: 520028	Period: From 01/01/2015 To 12/31/2015	Worksheet K
		Hospice CCN: 521523		Date/Time Prepared: 5/31/2016 2:35 pm

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	19,489	0	0	0	0	5.00
6.00	Administrative and General	76,019	24,717	0	0	22,460	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	30,061	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	450,956	135,917	26,652	116,976	62,198	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	47,570	18,596	3,920	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	28,294	2,110	4,715	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	129,213	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	1,320	0	28.00
29.00	Labs and Diagnostics	0	0	0	231	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	45,704	18,075	3,821	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	5,615	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)	668,032	199,415	39,108	148,588	219,486	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 520028

Period: From 01/01/2015

Worksheet K

Hospice CCN: 521523

To 12/31/2015

Date/Time Prepared: 5/31/2016 2:35 pm

		Hospice I					
		Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	19,489	0	19,489	0	19,489	5.00
6.00	Administrative and General	123,196	0	123,196	0	123,196	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	30,061	0	30,061	0	30,061	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	792,699	0	792,699	0	792,699	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	70,086	0	70,086	0	70,086	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	35,119	0	35,119	0	35,119	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	129,213	0	129,213	0	129,213	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	1,320	0	1,320	0	1,320	28.00
29.00	Labs and Diagnostics	231	0	231	0	231	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	67,600	0	67,600	0	67,600	35.00
36.00	Volunteer Program Costs	5,615	0	5,615	0	5,615	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)	1,274,629	0	1,274,629	0	1,274,629	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 520028

Period: From 01/01/2015

Worksheet K-1

Hospice CCN: 521523

To 12/31/2015

Date/Time Prepared: 5/31/2016 2:35 pm

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	56,530	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	83,977	366,979	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	56,530	0	83,977	366,979	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 520028

Period: From 01/01/2015

Worksheet K-1

Hospice CCN: 521523

To 12/31/2015

Date/Time Prepared: 5/31/2016 2:35 pm

		Hospice I			
		Total Therapists	Aides	All-Other	Total (1)
		6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS					
1.00	Capital Related Costs-Bldg and Fixt.				1.00
2.00	Capital Related Costs-Movable Equip.				2.00
3.00	Plant Operation and Maintenance		0	0	3.00
4.00	Transportation - Staff		0	0	4.00
5.00	Volunteer Service Coordination		0	19,489	5.00
6.00	Administrative and General		0	19,489	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	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	11.00
12.00	Physical Therapy	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	14.00
15.00	Medical Social Services		0	47,570	15.00
16.00	Spiritual Counseling		0	0	16.00
17.00	Dietary Counseling		0	0	17.00
18.00	Counseling - Other		28,294	0	18.00
19.00	Home Health Aide and Homemaker		0	0	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				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	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	45,704	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	Total (sum of lines 1 thru 38)	0	28,294	132,252	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)		Provider CCN: 520028	Period: From 01/01/2015	Worksheet K-2
		Hospice CCN: 521523	To 12/31/2015	Date/Time Prepared: 5/31/2016 2:35 pm

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	19,454	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	25,310	110,607	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	19,454	0	25,310	110,607	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 520028

Period: From 01/01/2015

Worksheet K-2

Hospice CCN: 521523

To 12/31/2015

Date/Time Prepared: 5/31/2016 2:35 pm

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	5,263	24,717	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	135,917	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	18,596	18,596	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		2,110	0	2,110	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	18,075	18,075	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	2,110	41,934	199,415	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 520028	Period: From 01/01/2015 To 12/31/2015	Worksheet K-3
		Hospice CCN: 521523		Date/Time Prepared: 5/31/2016 2:35 pm

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

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 520028	Period: From 01/01/2015 To 12/31/2015	Worksheet K-3
		Hospice CCN: 521523		Date/Time Prepared: 5/31/2016 2:35 pm

		Total Therapists	Aides	All-Other	Hospice I Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	0	0	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	30,061	30,061	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	116,976	116,976	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	0	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	1,320	1,320	28.00
29.00	Labs and Diagnostics		0	231	231	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)	0	0	148,588	148,588	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 520028
 Hospice CCN: 521523

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

Worksheet K-4
 Part I
 Date/Time Prepared:
 5/31/2016 2:35 pm

		CAPITAL RELATED COST				Hospice I	
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	19,489	0	0	0	0	5.00
6.00	Administrative and General	123,196	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	30,061	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	792,699	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	70,086	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	35,119	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	129,213	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	1,320	0	0	0	0	28.00
29.00	Labs and Diagnostics	231	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	67,600	0	0	0	0	35.00
36.00	Volunteer Program Costs	5,615	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)	1,274,629	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 520028
 Hospice CCN: 521523

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

Worksheet K-4
 Part I
 Date/Time Prepared:
 5/31/2016 2:35 pm

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5A ± col. 6)	
		5.00	5A	6.00	7.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance					3.00
4.00	Transportation - Staff					4.00
5.00	Volunteer Service Coordination	19,489				5.00
6.00	Administrative and General	19,489	142,685	142,685		6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	30,061	3,789	33,850	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	792,699	99,922	892,621	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services	0	70,086	8,835	78,921	15.00
16.00	Spiritual Counseling	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	35,119	4,427	39,546	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	129,213	16,288	145,501	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	1,320	166	1,486	28.00
29.00	Labs and Diagnostics	0	231	29	260	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	67,600	8,521	76,121	35.00
36.00	Volunteer Program Costs	0	5,615	708	6,323	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)	19,489	1,274,629		1,274,629	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520028
 Hospice CCN: 521523

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

Worksheet K-4
 Part II
 Date/Time Prepared:
 5/31/2016 2:35 pm

	CAPITAL RELATED COST					Hospice I
	BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT (\$ VALUE)	PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	198				1.00
2.00	Capital Related Costs-Movable Equip.	0	232			2.00
3.00	Plant Operation and Maintenance	0	0	0		3.00
4.00	Transportation - Staff	0	0	0	15,815	4.00
5.00	Volunteer Service Coordination	0	0	0	533	100
6.00	Administrative and General	198	232	0	0	100
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	0
8.00	Inpatient - Respite Care	0	0	0	0	0
VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0
10.00	Nursing Care	0	0	0	8,820	0
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0
12.00	Physical Therapy	0	0	0	0	0
13.00	Occupational Therapy	0	0	0	0	0
14.00	Speech/ Language Pathology	0	0	0	0	0
15.00	Medical Social Services	0	0	0	2,456	0
16.00	Spiritual Counseling	0	0	0	375	0
17.00	Dietary Counseling	0	0	0	0	0
18.00	Counseling - Other	0	0	0	0	0
19.00	Home Health Aide and Homemaker	0	0	0	3,601	0
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0
21.00	Other	0	0	0	0	0
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0
23.00	Analgesics	0	0	0	0	0
24.00	Sedatives / Hypnotics	0	0	0	0	0
25.00	Other - Specify	0	0	0	0	0
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0
27.00	Patient Transportation	0	0	0	0	0
28.00	Imaging Services	0	0	0	0	0
29.00	Labs and Diagnostics	0	0	0	0	0
30.00	Medical Supplies	0	0	0	0	0
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0
32.00	Radiation Therapy	0	0	0	0	0
33.00	Chemotherapy	0	0	0	0	0
34.00	Other	0	0	0	30	0
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0
36.00	Volunteer Program Costs	0	0	0	0	0
37.00	Fundraising	0	0	0	0	0
38.00	Other Program Costs	0	0	0	0	0
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	0	0	0	0	19,489
40.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	194.890000

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520028

Period: From 01/01/2015

Worksheet K-4

Hospice CCN: 521523

To 12/31/2015

Part II
Date/Time Prepared:
5/31/2016 2:35 pm

Hospice I

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	
		6A	6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-142,685	1,131,944	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	30,061	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	792,699	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	0	12.00
13.00	Occupational Therapy	0	0	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	70,086	15.00
16.00	Spiritual Counseling	0	0	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	35,119	18.00
19.00	Home Health Aide and Homemaker	0	0	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	129,213	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	1,320	28.00
29.00	Labs and Diagnostics	0	231	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	67,600	35.00
36.00	Volunteer Program Costs	0	5,615	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)		142,685	39.00
40.00	Unit Cost Multiplier		0.126053	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 520028

Period:

Worksheet K-5

Hospice CCN: 521523

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

Part I
Date/Time Prepared:
5/31/2016 2:35 pm

Hospice I

Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
1.00 Administrative and General		2,971	0	0	0	1.00
2.00 Inpatient - General Care	33,850	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	892,621	0	0	52,735	138,763	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	78,921	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	39,546	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	145,501	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	1,486	0	0	0	0	23.00
24.00 Labs and Diagnostics	260	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	76,121	0	0	0	0	30.00
31.00 Volunteer Program Costs	6,323	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)	1,274,629	2,971	0	52,735	138,763	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 520028

Period:

Worksheet K-5

Hospice CCN: 521523

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

Part I
Date/Time Prepared:
5/31/2016 2:35 pm

Cost Center Description		Hospice I				Subtotal	
		NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE		
		5.02	5.03	5.04	5.05	5A.05	
1.00	Administrative and General	0	0	0	0	2,971	1.00
2.00	Inpatient - General Care	0	0	0	0	33,850	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	3,632	1,516	0	0	1,089,267	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	78,921	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	39,546	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	145,501	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	1,486	23.00
24.00	Labs and Diagnostics	0	0	0	0	260	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	76,121	30.00
31.00	Volunteer Program Costs	0	0	0	0	6,323	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)	3,632	1,516	0	0	1,474,246	34.00
35.00	Unit Cost Multiplier (see instructions)					0.000000	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 520028

Period: From 01/01/2015

Worksheet K-5

Hospice CCN: 521523

To 12/31/2015

Part I
Date/Time Prepared:
5/31/2016 2:35 pm

Cost Center Description		Hospice I					
		OTHER ADMINISTRATIVE & GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
1.00	Administrative and General	476	5,206	5,196	0	0	1.00
2.00	Inpatient - General Care	5,420	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	174,404	29,499	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	12,636	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	6,332	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	23,296	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	238	0	0	0	0	23.00
24.00	Labs and Diagnostics	42	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	12,188	0	0	0	0	30.00
31.00	Volunteer Program Costs	1,012	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)	236,044	34,705	5,196	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 520028

Period: From 01/01/2015

Worksheet K-5

Hospice CCN: 521523

To 12/31/2015

Part I
Date/Time Prepared:
5/31/2016 2:35 pm

Cost Center Description	Hospice I						
	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
	10.00	11.00	13.00	14.00	15.00		
1.00 Administrative and General	0	0	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	0	4.00
5.00 Nursing Care	0	7	9,400	6,470	382,616	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	7	9,400	6,470	382,616	0	34.00
35.00 Unit Cost Multiplier (see instructions)							35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 520028

Period:

Worksheet K-5

Hospice CCN: 521523

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

Part I
Date/Time Prepared:
5/31/2016 2:35 pm

Hospice I

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM- PHARMACY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
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	3,169	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	3,169	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: 520028

Period: From 01/01/2015

Worksheet K-5

Hospice CCN: 521523

To 12/31/2015

Part I
Date/Time Prepared:
5/31/2016 2:35 pm

Cost Center Description		Hospice I					
		Subtotal (cols. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (cols. 24 ± 25)	Allocated Hospice A&G (See Part II)	Total Hospice Costs (cols. 26 ± 27)	
		24.00	25.00	26.00	27.00	28.00	
1.00	Administrative and General	13,849					1.00
2.00	Inpatient - General Care	39,270	0	39,270	254	39,524	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	1,691,663	0	1,691,663	10,958	1,702,621	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	94,726	0	94,726	614	95,340	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	45,878	0	45,878	297	46,175	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	168,797	0	168,797	1,093	169,890	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	1,724	0	1,724	11	1,735	23.00
24.00	Labs and Diagnostics	302	0	302	2	304	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	88,309	0	88,309	572	88,881	30.00
31.00	Volunteer Program Costs	7,335	0	7,335	48	7,383	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)	2,151,853	0	2,151,853		2,151,853	34.00
35.00	Unit Cost Multiplier (see instructions)				0.006478		35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 520028
Hospice CCN: 521523

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

Worksheet K-5
Part II
Date/Time Prepared:
5/31/2016 2:35 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	DATA PROCESSING (NO OF CRTS)	NONPATIENT TELEPHONES (NO OF EXTENSIONS)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
1.00 Administrative and General	198	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	668,033	9	20	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)	198	0	668,033	9	20	34.00
35.00 Total cost to be allocated	2,971	0	52,735	138,763	3,632	35.00
36.00 Unit Cost Multiplier (see instructions)	15.005051	0.000000	0.078941	15,418.111111	181.600000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 520028
Hospice CCN: 521523

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

Worksheet K-5
Part II
Date/Time Prepared:
5/31/2016 2:35 pm

Cost Center Description		Hospice I					
		PURCHASING RECEIVING AND STORES (SUPPLY COST) 5.03	ADMITTING (GROSS REVENUE) 5.04	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE) 5.05	Reconciliation 5A.06	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST) 5.06	
1.00	Administrative and General	0	0	0	0	2,971	1.00
2.00	Inpatient - General Care	0	0	0	0	33,850	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	151,240	0	0	0	1,089,267	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	78,921	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	39,546	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	145,501	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	1,486	23.00
24.00	Labs and Diagnostics	0	0	0	0	260	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	76,121	30.00
31.00	Volunteer Program Costs	0	0	0	0	6,323	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)	151,240	0	0		1,474,246	34.00
35.00	Total cost to be allocated	1,516	0	0		236,044	35.00
36.00	Unit Cost Multiplier (see instructions)	0.010024	0.000000	0.000000		0.160112	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 520028

Hospice CCN: 521523

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

Worksheet K-5
Part II
Date/Time Prepared:
5/31/2016 2:35 pm

Cost Center Description		Hospice I					
		MAINTENANCE & REPAIRS (MAINT HOURS)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Administrative and General	6	198	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	34	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)	40	198	0	0	0	34.00
35.00	Total cost to be allocated	34,705	5,196	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	867.625000	26.242424	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 520028

Period:

Worksheet K-5

Hospice CCN: 521523

From 01/01/2015

Part II

To 12/31/2015

Date/Time Prepared:
5/31/2016 2:35 pm

Cost Center Description		Hospice I					
		CAFETERIA (NO OF FTE'S)	NURSING ADMINISTRATION (NURSING FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	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	937	937	7,600	129,213	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)	937	937	7,600	129,213	0	34.00
35.00	Total cost to be allocated	7	9,400	6,470	382,616	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.007471	10.032017	0.851316	2.961126	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 520028
Hospice CCN: 521523

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

Worksheet K-5
Part II
Date/Time Prepared:
5/31/2016 2:35 pm

Cost Center Description	Hospice I					
	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS		PARAMED PRGM- PHARMACY (ASSIGNED TIME)		
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ACCUM. COST)			
	17.00	21.00	22.00	23.00		
1.00 Administrative and General	0	0	0	0		1.00
2.00 Inpatient - General Care	0	0	0	0		2.00
3.00 Inpatient - Respite Care	0	0	0	0		3.00
4.00 Physician Services	0	0	0	0		4.00
5.00 Nursing Care	0	0	0	0		5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0		6.00
7.00 Physical Therapy	0	0	0	0		7.00
8.00 Occupational Therapy	0	0	0	0		8.00
9.00 Speech/ Language Pathology	0	0	0	0		9.00
10.00 Medical Social Services	10	0	0	0		10.00
11.00 Spiritual Counseling	0	0	0	0		11.00
12.00 Dietary Counseling	0	0	0	0		12.00
13.00 Counseling - Other	0	0	0	0		13.00
14.00 Home Health Aide and Homemaker	0	0	0	0		14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0		15.00
16.00 Other	0	0	0	0		16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0		17.00
18.00 Analgesics	0	0	0	0		18.00
19.00 Sedatives / Hypnotics	0	0	0	0		19.00
20.00 Other - Specify	0	0	0	0		20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0		21.00
22.00 Patient Transportation	0	0	0	0		22.00
23.00 Imaging Services	0	0	0	0		23.00
24.00 Labs and Diagnostics	0	0	0	0		24.00
25.00 Medical Supplies	0	0	0	0		25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0		26.00
27.00 Radiation Therapy	0	0	0	0		27.00
28.00 Chemotherapy	0	0	0	0		28.00
29.00 Other	0	0	0	0		29.00
30.00 Bereavement Program Costs	0	0	0	0		30.00
31.00 Volunteer Program Costs	0	0	0	0		31.00
32.00 Fundraising	0	0	0	0		32.00
33.00 Other Program Costs	0	0	0	0		33.00
34.00 Total (sum of lines 1 thru 33) (2)	10	0	0	0		34.00
35.00 Total cost to be allocated	3,169	0	0	0		35.00
36.00 Unit Cost Multiplier (see instructions)	316.900000	0.000000	0.000000	0.000000		36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS		Provider CCN: 520028 Hospice CCN: 521523		Period: From 01/01/2015 To 12/31/2015		Worksheet K-5 Part III Date/Time Prepared: 5/31/2016 2:35 pm	
Cost Center Description		Wkst. C. Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)		
		0	1.00	2.00	3.00		
ANCI LLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	66.00	0.310745	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.250725	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.356950	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.164027	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.196787	0	0	0	6.00
6.01	BLOOD LABORATORY	60.01	0.000000	0	0	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.170229	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00					9.00
10.00	OTHER ANCI LLARY SERVICE COST CENTERS	76.00					10.00
11.00	Totals (sum of lines 1-10)					0	11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 520028

Period: From 01/01/2015

Worksheet K-6

Hospice CCN: 521523

To 12/31/2015

Date/Time Prepared: 5/31/2016 2:35 pm

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				2,151,853	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				1,692	2.00
3.00	Average cost per diem (line 1 divided by line 2)				1,271.78	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	1,136				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	1,444,742				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		246			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		312,858			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	1,025				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	1,303,575				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)			310		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			394,252		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 520028	Period: From 01/01/2015 To 12/31/2015	Worksheet L Parts I-III Date/Time Prepared: 5/31/2016 2:35 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		872,742	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		13,903	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		23.41	3.00
4.00	Number of interns & residents (see instructions)		0.84	4.00
5.00	Indirect medical education percentage (see instructions)		1.02	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)		8,902	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		895,547	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