

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: 150021	Period: From 01/01/2015 To 12/31/2015	Worksheet S Parts I-III Date/Time Prepared: 5/27/2016 3:22 pm
--	----------------------	---	--

**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: 5/27/2016 Time: 3:22 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 PARKVIEW HOSPITAL ( 150021 ) 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

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	-526,490	235,281	-10,769	0	1.00
2.00 Subprovider - IPF	0	25,529	0		0	2.00
3.00 Subprovider - IRF	0	21,403	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	8,137	0		0	7.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00 Total	0	-471,421	235,281	-10,769	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150021	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/27/2016 3:19 pm
---	--	----------------------	---	---

1.00	2.00	3.00	4.00	1.00
Hospital and Hospital Health Care Complex Address:				
1.00	Street: 11109 PARKVIEW PLAZA DRIVE		PO Box:	1.00
2.00	City: FORT WAYNE		State: IN Zip Code: 46845 County: ALLEN	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	PARKVIEW HOSPITAL	150021	23060	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF	PARKVIEW PSYCHIATRIC UNIT	15S021	23060	4	01/01/1984	N	P	P	4.00
5.00	Subprovider - IRF	PARKVIEW REHABILITATION UNIT	15T021	23060	5	01/01/1984	N	P	P	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF	PARKVIEW CONTINUING CARE CENTER	155516	23060		04/06/1994	N	P	N	9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTG									11.00
12.00	Hospital-Based HHA	PARKVIEW HOME HEALTH SERVICES	157423	23060		04/25/1995	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	PARKVIEW HOME HEALTH & HOSPICE	151552	23060		06/27/1996				14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FOHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
17.20	Hospital-Based (OPT) I									17.20
17.30	Hospital-Based (OOT) I									17.30
17.40	Hospital-Based (OSP) I									17.40
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)	2		21.00	
Inpatient PPS Information					
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	N	N	22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.	N	N	22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.	N	N	22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	3		N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	8,645	14,062	0	1,666	11,663	547	24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150021		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/27/2016 3:19 pm			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	49	1,282	0	212	24		25.00	
						Urban/Rural	Date of Geogr		
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
						V	XVII	XIX	
						1.00	2.00	3.00	
<b>Prospective Payment System (PPS)-Capital</b>									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
<b>Teaching Hospitals</b>									
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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 150021

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

Worksheet S-2  
Part I  
Date/Time Prepared:  
5/27/2016 3:19 pm

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.				0.00	0.00	61.20
						1.00	
		ACA Provisions Affecting the Health Resources and Services Administration (HRSA)					
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
		Teaching Hospitals that Claim Residents in Nonprovider Settings					
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)					Y	63.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
		Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.					
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
		Program Name		Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150021		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/27/2016 3:19 pm		
	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
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)	FORT WAYNE MEDICAL EDUCATION PROGRAM	1350	3.56	14.03	0.202388	65.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))			
			1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010								
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		66.00	
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))			
					1.00	2.00		3.00
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)	FORT WAYNE MEDICAL EDUCATION PROGRAM	1350	3.56	14.03	0.202388	67.00	
					1.00	2.00	3.00	
<b>Inpatient Psychiatric Facility PPS</b>								
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.				Y			70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N		0	71.00
<b>Inpatient Rehabilitation Facility PPS</b>								
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				Y			75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N		0	76.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150021	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/27/2016 3:19 pm			
					1.00		
<b>Long Term Care Hospital PPS</b>							
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	
<b>TEFRA Providers</b>							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00	
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N		87.00	
				V	XIX		
				1.00	2.00		
<b>Title V and XIX Services</b>							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				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	
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	
<b>Rural Providers</b>							
105.00	Does this hospital qualify as a critical access hospital (CAH)?			N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.					107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.			N		108.00	
				Physical	Occupational	Speech	Respiratory
				1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.			N			
					1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.				N		110.00
					1.00	2.00	3.00
<b>Miscellaneous Cost Reporting Information</b>							
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:			833,144	424,812	174,079	118.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150021	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/27/2016 3:19 pm
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
<b>Transplant Center Information</b>				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
<b>All Providers</b>				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	15H032	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: PARKVIEW HEALTH SYSTEM, INC.	Contractor's Name: WISCONSIN PHYSICIAN SERVICES		Contractor's Number: 08101
142.00	Street: 10501 CORPORATE DRIVE	PO Box: 5600		
143.00	City: FORT WAYNE	State: IN	Zip Code: 46895-5600	
			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.	Y		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
		1.00	2.00	3.00
				Title XIX
				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
156.00	Subprovider - IPF	N	N	N
157.00	Subprovider - IRF	N	N	N
158.00	SUBPROVIDER			
159.00	SNF	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N
161.00	CMHC		N	N
161.10	CORF		N	N
161.20	OUTPATIENT PHYSICAL THERAPY		N	N
161.30	OUTPATIENT OCCUPATIONAL THERAPY		N	N
161.40	OUTPATIENT SPEECH PATHOLOGY		N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150021		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/27/2016 3:19 pm		
							1.00	
<b>Multi campus</b>								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00
							1.00	
<b>Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act</b>								
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	
							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. 1, 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: 150021	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/27/2016 3:19 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	04/23/2016	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	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.	Y			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
Description		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N	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: 150021	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/27/2016 3:19 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	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
				Y/N	Date
				1.00	2.00
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
				1.00	2.00
<b>Cost Report Preparer Contact Information</b>					
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.	ERIC		NICKESON	41.00
42.00	Enter the employer/company name of the cost report preparer.	PARKVIEW HEALTH SYSTEM, INC.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(260) 373-8406		ERIC.NICKESON@PARKVIEW.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 150021

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

Worksheet S-2  
Part II  
Date/Time Prepared:  
5/27/2016 3:19 pm

		Part B	
		Date	
		4.00	
<b>PS&amp;R Data</b>			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		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	
<b>Cost Report Preparer Contact Information</b>			
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.	DIRECTOR REIMBURSEMENT	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150021

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/27/2016 3:19 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	369	134,685	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)		369	134,685	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	36	13,140	0.00	0	8.00
8.01 PEDIATRIC ICU	31.01	6	2,190	0.00	0	8.01
8.02 NEONATAL ICU	31.02	31	11,315	0.00	0	8.02
9.00 CORONARY CARE UNIT	32.00	100	36,500	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		542	197,830	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	89	32,485		0	16.00
17.00 SUBPROVIDER - IRF	41.00	31	11,315		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	41	14,965		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	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
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	99.20				0	25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	99.30				0	25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	99.40				0	25.40
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		703				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: 150021

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/27/2016 3:19 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	34,100	7,013	89,854			1.00
2.00 HMO and other (see instructions)	27,290	27,391				2.00
3.00 HMO IPF Subprovider	1,899	0				3.00
4.00 HMO IRF Subprovider	1,876	1,518				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	34,100	7,013	89,854			7.00
8.00 INTENSIVE CARE UNIT	7,304	0	9,395			8.00
8.01 PEDIATRIC ICU	0	0	1,035			8.01
8.02 NEONATAL ICU	0	0	7,986			8.02
9.00 CORONARY CARE UNIT	27	0	25,096			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		1,632	5,433			13.00
14.00 Total (see instructions)	41,431	8,645	138,799	17.59	4,029.31	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	5,963	0	20,024	0.00	112.39	16.00
17.00 SUBPROVIDER - IRF	2,287	49	7,816	0.00	40.49	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	4,911	0	13,005	0.00	56.32	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	46,169	0.00	115.54	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	55.62	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
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0	0	0	0.00	0.00	25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0.00	0.00	25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0	0	0	0.00	0.00	25.40
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				17.59	4,409.67	27.00
28.00 Observation Bed Days		2,980	13,758			28.00
29.00 Ambulance Trips	812					29.00
30.00 Employee discount days (see instruction)			3,215			30.00
31.00 Employee discount days - IRF			165			31.00
32.00 Labor & delivery days (see instructions)	0	547	1,019			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: 150021

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/27/2016 3:19 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	8,057	6,398	27,780	1.00
2.00 HMO and other (see instructions)				5,457	0		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
8.01 PEDIATRIC ICU							8.01
8.02 NEONATAL ICU							8.02
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	8,057	6,398		27,780	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0	722	2,236		5,248	16.00
17.00 SUBPROVIDER - IRF	0.00	0	153	76		518	17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY	0.00						19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE	0.00						24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
25.10 CMHC - CORF	0.00						25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0.00						25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0.00						25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0.00						25.40
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER							26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150021

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/27/2016 3:19 pm

	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	315,837,894	-54,361,445	261,476,449	9,056,422.00	28.87
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		1,495,746	0	1,495,746	8,663.00	172.66
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	332	41	373	15.00	24.87
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		107,790,000	-54,361,445	53,428,555	1,740,824.00	30.69
9.00	SNF	44.00	2,602,729	331,600	2,934,329	117,141.00	25.05
10.00	Excluded area salaries (see instructions)		22,585,592	2,736,401	25,321,993	892,912.00	28.36
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract labor: Direct Patient Care		0	0	0	0.00	0.00
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		522,329	0	522,329	4,812.00	108.55
14.00	Home office salaries & wage-related costs		107,790,000	-54,361,445	53,428,555	1,740,824.00	30.69
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
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		78,173,424	0	78,173,424		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		9,471,281	0	9,471,281		
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		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	4.00	31,285,557	-21,818,438	9,467,119	11,472.00	825.24
27.00	Administrative & General	5.00	115,680,164	-53,328,629	62,351,535	1,995,939.00	31.24
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	3,186,061	389,346	3,575,407	151,372.00	23.62
31.00	Laundry & Linen Service	8.00	307,056	37,548	344,604	26,201.00	13.15
32.00	Housekeeping	9.00	4,805,141	587,462	5,392,603	420,108.00	12.84
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	4,642,531	598,305	5,240,836	365,609.00	14.33
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	1,521,120	186,034	1,707,154	36,937.00	46.22
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00
40.00	Pharmacy	15.00	9,627,181	305,160	9,932,341	266,488.00	37.27

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150021

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/27/2016 3:19 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjusted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	3,024,013	369,881	3,393,894	108,996.00	31.14
43.00	Other General Service	18.00	0	0	0.00	0.00	43.00



HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150021

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/27/2016 3:19 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	208,047,562	-41	208,047,521	7,315,583.00	28.44	1.00
2.00	Excluded area salaries (see instructions)	25,188,321	3,068,001	28,256,322	1,010,053.00	27.98	2.00
3.00	Subtotal salaries (line 1 minus line 2)	182,859,241	-3,068,042	179,791,199	6,305,530.00	28.51	3.00
4.00	Subtotal other wages & related costs (see inst.)	108,312,329	-54,361,445	53,950,884	1,745,636.00	30.91	4.00
5.00	Subtotal wage-related costs (see inst.)	78,173,424	0	78,173,424	0.00	43.48	5.00
6.00	Total (sum of lines 3 thru 5)	369,344,994	-57,429,487	311,915,507	8,051,166.00	38.74	6.00
7.00	Total overhead cost (see instructions)	174,078,824	-72,673,331	101,405,493	3,383,122.00	29.97	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150021	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part IV Date/Time Prepared: 5/27/2016 3:19 pm
			Amount Reported	
			1.00	
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions		0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		5,570,580	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		5,486,969	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
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		896,020	7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)		50,946,289	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		442,991	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)		1,107,816	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		490,700	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
<b>TAXES</b>				
17.00	FICA-Employers Portion Only		21,391,122	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		799,288	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		512,930	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		87,644,705	24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150021

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
5/27/2016 3:19 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	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
16.20	Hospital-Based-CMHC 20	0	0	16.20
16.30	Hospital-Based-CMHC 30	0	0	16.30
16.40	Hospital-Based-CMHC 40	0	0	16.40
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 150021 Component CCN: 157423		Period: From 01/01/2015 To 12/31/2015		Worksheet S-4 Date/Time Prepared: 5/27/2016 3:19 pm		
				Home Health Agency I		PPS		
							1.00	
0.00	County							0.00
		Title V	Title XVIII	Title XIX	Other	Total		
		1.00	2.00	3.00	4.00	5.00		
HOME HEALTH AGENCY STATISTICAL DATA								
1.00	Home Health Aide Hours	0	1,981	0	1,432	3,413	1.00	
2.00	Unduplicated Census Count (see instructions)	0.00	2,915.00	0.00	1,586.00	4,501.00	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	3.00
4.00	Director(s) and Assistant Director(s)						1.00	4.00
5.00	Other Administrative Personnel						37.36	5.00
6.00	Direct Nursing Service						44.77	6.00
7.00	Nursing Supervisor						9.91	7.00
8.00	Physical Therapy Service						10.99	8.00
9.00	Physical Therapy Supervisor						0.00	9.00
10.00	Occupational Therapy Service						7.67	10.00
11.00	Occupational Therapy Supervisor						0.00	11.00
12.00	Speech Pathology Service						1.86	12.00
13.00	Speech Pathology Supervisor						0.54	13.00
14.00	Medical Social Service						0.00	14.00
15.00	Medical Social Service Supervisor						0.00	15.00
16.00	Home Health Aide						4.79	16.00
17.00	Home Health Aide Supervisor						0.00	17.00
18.00	QUALITY AND MISC STAFF						57.92	18.00
HOME HEALTH AGENCY CBSA CODES								
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.				2		19.00	
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	23060					20.00	
20.01		50031					20.01	
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)		
		Without Outliers	With Outliers					
		1.00	2.00	3.00	4.00	5.00		
PPS ACTIVITY DATA								
21.00	Skilled Nursing Visits	7,936	203	379	144	8,662	21.00	
22.00	Skilled Nursing Visit Charges	1,561,890	38,675	79,990	28,845	1,709,400	22.00	
23.00	Physical Therapy Visits	2,659	0	50	49	2,758	23.00	
24.00	Physical Therapy Visit Charges	557,205	0	10,440	10,235	577,880	24.00	
25.00	Occupational Therapy Visits	1,038	0	6	19	1,063	25.00	
26.00	Occupational Therapy Visit Charges	217,375	0	1,255	3,970	222,600	26.00	
27.00	Speech Pathology Visits	295	0	3	1	299	27.00	
28.00	Speech Pathology Visit Charges	61,710	0	625	210	62,545	28.00	
29.00	Medical Social Service Visits	261	0	9	14	284	29.00	
30.00	Medical Social Service Visit Charges	59,845	0	2,060	3,445	65,350	30.00	
31.00	Home Health Aide Visits	1,173	25	7	27	1,232	31.00	
32.00	Home Health Aide Visit Charges	116,620	2,430	695	2,650	122,395	32.00	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	13,362	228	454	254	14,298	33.00	
34.00	Other Charges	25,084	409	2,162	855	28,510	34.00	
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	2,599,729	41,514	97,227	50,210	2,788,680	35.00	
36.00	Total Number of Episodes (standard/non outlier)	1,011		170	23	1,204	36.00	
37.00	Total Number of Outlier Episodes		6		1	7	37.00	
38.00	Total Non-Routine Medical Supply Charges	0	0	0	0	0	38.00	

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 150021

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

Worksheet S-7

Date/Time Prepared:  
5/27/2016 3:19 pm

		1.00	2.00	
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.	N		1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N		2.00

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
				1.00	2.00
3.00	RUX	0	0	0	3.00
4.00	RUL	0	0	0	4.00
5.00	RVX	0	0	0	5.00
6.00	RVL	31	0	31	6.00
7.00	RHX	0	0	0	7.00
8.00	RHL	0	0	0	8.00
9.00	RMX	0	0	0	9.00
10.00	RML	0	0	0	10.00
11.00	RLX	0	0	0	11.00
12.00	RUC	50	0	50	12.00
13.00	RUB	146	0	146	13.00
14.00	RUA	275	0	275	14.00
15.00	RVC	272	0	272	15.00
16.00	RVB	1,042	0	1,042	16.00
17.00	RVA	1,850	0	1,850	17.00
18.00	RHC	75	0	75	18.00
19.00	RHB	239	0	239	19.00
20.00	RHA	443	0	443	20.00
21.00	RMC	11	0	11	21.00
22.00	RMB	28	0	28	22.00
23.00	RMA	112	0	112	23.00
24.00	RLB	0	0	0	24.00
25.00	RLA	0	0	0	25.00
26.00	ES3	0	0	0	26.00
27.00	ES2	0	0	0	27.00
28.00	ES1	0	0	0	28.00
29.00	HE2	13	0	13	29.00
30.00	HE1	0	0	0	30.00
31.00	HD2	2	0	2	31.00
32.00	HD1	10	0	10	32.00
33.00	HC2	0	0	0	33.00
34.00	HC1	3	0	3	34.00
35.00	HB2	0	0	0	35.00
36.00	HB1	51	0	51	36.00
37.00	LE2	0	0	0	37.00
38.00	LE1	0	0	0	38.00
39.00	LD2	0	0	0	39.00
40.00	LD1	7	0	7	40.00
41.00	LC2	0	0	0	41.00
42.00	LC1	20	0	20	42.00
43.00	LB2	0	0	0	43.00
44.00	LB1	0	0	0	44.00
45.00	CE2	0	0	0	45.00
46.00	CE1	0	0	0	46.00
47.00	CD2	0	0	0	47.00
48.00	CD1	0	0	0	48.00
49.00	CC2	5	0	5	49.00
50.00	CC1	6	0	6	50.00
51.00	CB2	0	0	0	51.00
52.00	CB1	39	0	39	52.00
53.00	CA2	0	0	0	53.00
54.00	CA1	129	0	129	54.00
55.00	SE3	0	0	0	55.00
56.00	SE2	0	0	0	56.00
57.00	SE1	0	0	0	57.00
58.00	SSC	0	0	0	58.00
59.00	SSB	0	0	0	59.00
60.00	SSA	0	0	0	60.00
61.00	IB2	0	0	0	61.00
62.00	IB1	0	0	0	62.00
63.00	IA2	0	0	0	63.00
64.00	IA1	0	0	0	64.00
65.00	BB2	0	0	0	65.00
66.00	BB1	0	0	0	66.00
67.00	BA2	0	0	0	67.00
68.00	BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 150021

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

Worksheet S-7

Date/Time Prepared:  
5/27/2016 3:19 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	10	0	10	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	34	0	34	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	8	0	8	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		4,911	0	4,911	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
SNF SERVICES						
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).			23060	23060	201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing		2,037,363	26.56	Y	202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		0	0.00		205.00
206.00	BENEFITS AND OVERHEAD COSTS		4,698,864	61.26	Y	206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		7,670,500			207.00

HOSPITAL IDENTIFICATION DATA

Provider CCN: 150021  
Component CCN: 151552

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

Worksheet S-9  
Parts I & II  
Date/Time Prepared:  
5/27/2016 3:19 pm

		Hospice I						
		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of col.s. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART I - ENROLLMENT DAYS</b>								
1.00	Continuous Home Care	0	0	0	0	0	0	1.00
2.00	Routine Home Care	34,341	1,058	6,167	331	3,425	38,824	2.00
3.00	Inpatient Respite Care	76	0	0	0	1	77	3.00
4.00	General Inpatient Care	2,369	115	0	0	520	3,004	4.00
5.00	Total Hospice Days	36,786	1,173	6,167	331	3,946	41,905	5.00
<b>Part II - CENSUS DATA</b>								
6.00	Number of Patients Receiving Hospice Care	1,191	46	109	6	196	1,433	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00				7.00
8.00	Average Length of Stay (line 5/line 6)	30.89	25.50	56.58	55.17	20.13	29.24	8.00
9.00	Unduplicated Census Count	1,099	42	93	4	185	1,326	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 150021	Period: From 01/01/2015 To 12/31/2015	Worksheet S-10	Date/Time Prepared: 5/27/2016 3:19 pm
				1.00	
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.217605	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			27,732,121	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid			8,169,847	5.00
6.00	Medicaid charges			275,202,865	6.00
7.00	Medicaid cost (line 1 times line 6)			59,885,519	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)			23,983,551	8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP			398,996	9.00
10.00	Stand-alone SCHIP charges			1,752,893	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)			381,438	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)			18,567,165	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			150,856,882	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			32,827,212	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)			14,260,047	16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			8,276	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)			38,243,598	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	24,021,019	14,327,961	38,348,980	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	5,227,094	3,117,836	8,344,930	21.00
22.00	Partial payment by patients approved for charity care	71,818	61,621	133,439	22.00
23.00	Cost of charity care (line 21 minus line 22)	5,155,276	3,056,215	8,211,491	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			72,950,898	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			985,359	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			71,965,539	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			15,660,061	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			23,871,552	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			62,115,150	31.00



RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150021

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

Worksheet A  
Date/Time Prepared:  
5/27/2016 3:19 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	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100		45,666,202	45,666,202	-25,091,296	20,574,906	1.00
2.00	00200		0	0	25,812,003	25,812,003	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	31,285,557	60,122,331	91,407,888	-18,657,281	72,750,607	4.00
5.01	00540	0	0	0	1,603,671	1,603,671	5.01
5.02	00550	0	0	0	0	0	5.02
5.03	00560	0	0	0	0	0	5.03
5.04	00570	2,534,031	538,832	3,072,863	292,276	3,365,139	5.04
5.05	00580	0	0	0	0	0	5.05
5.06	00591	0	0	0	0	0	5.06
5.07	00590	113,146,133	87,310,698	200,456,831	-1,247,536	199,209,295	5.07
5.08	00592	0	0	0	0	0	5.08
6.00	00600	0	0	0	0	0	6.00
7.00	00700	623,965	7,140,868	7,764,833	110,184	7,875,017	7.00
7.01	00701	2,562,096	2,898,401	5,460,497	304,355	5,764,852	7.01
8.00	00800	307,056	2,387,062	2,694,118	37,548	2,731,666	8.00
9.00	00900	4,805,141	1,138,229	5,943,370	560,479	6,503,849	9.00
10.00	01000	4,642,531	7,098,462	11,740,993	-6,411,012	5,329,981	10.00
10.01	01001	0	0	0	7,003,541	7,003,541	10.01
10.02	01002	0	0	0	0	0	10.02
10.03	01003	0	0	0	0	0	10.03
11.00	01100	0	0	0	0	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	1,521,120	1,027,971	2,549,091	184,706	2,733,797	13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	8,058,779	34,602,838	42,661,617	-31,360,885	11,300,732	15.00
15.01	01501	659,273	12,635,363	13,294,636	86,375	13,381,011	15.01
15.02	01502	909,129	792,757	1,701,886	-117,842	1,584,044	15.02
15.03	01503	0	-976,623	-976,623	55,996,918	55,020,295	15.03
16.00	01600	0	0	0	0	0	16.00
17.00	01700	2,847,635	1,279,319	4,126,954	347,186	4,474,140	17.00
17.01	01701	176,378	306,826	483,204	20,785	503,989	17.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	332	3,235,522	3,235,854	41	3,235,895	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	95,152	95,152	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	199,533	199,533	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	31,849,878	6,099,719	37,949,597	2,140,669	40,090,266	30.00
31.00	03100	4,281,364	310,707	4,592,071	238,844	4,830,915	31.00
31.01	03101	809,608	506,542	1,316,150	104,299	1,420,449	31.01
31.02	03102	2,965,310	803,022	3,768,332	297,914	4,066,246	31.02
32.00	03200	12,479,663	2,300,904	14,780,567	858,603	15,639,170	32.00
40.00	04000	5,999,747	2,000,260	8,000,007	-159,356	7,840,651	40.00
41.00	04100	2,088,198	229,433	2,317,631	253,160	2,570,791	41.00
43.00	04300	0	0	0	3,258,187	3,258,187	43.00
44.00	04400	2,602,729	265,265	2,867,994	304,131	3,172,125	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	9,305,052	38,532,540	47,837,592	-32,425,966	15,411,626	50.00
50.01	05001	211,268	772,747	984,015	-230,156	753,859	50.01
51.00	05100	2,373,962	457,929	2,831,891	3,340,247	6,172,138	51.00
52.00	05200	507,892	106,376	614,268	-552,373	61,895	52.00
54.00	05400	8,514,643	7,323,712	15,838,355	-2,053,537	13,784,818	54.00
54.01	05401	0	0	0	0	0	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	0	0	0	0	0	54.03
54.04	05404	0	0	0	0	0	54.04
54.05	05405	160,971	46,803	207,774	19,673	227,447	54.05
54.06	05406	0	0	0	0	0	54.06
54.07	05407	0	0	0	0	0	54.07
54.08	05408	25,709	34,652	60,361	3,016	63,377	54.08
54.09	05409	0	0	0	0	0	54.09
55.00	05500	2,788,354	3,533,339	6,321,693	230,829	6,552,522	55.00
56.00	05600	327,414	64,477	391,891	28,093	419,984	56.00
58.00	05800	539,669	279,286	818,955	63,050	882,005	58.00
60.00	06000	12,165,501	14,321,488	26,486,989	-1,150,050	25,336,939	60.00
60.01	06001	397,463	806,898	1,204,361	120,591	1,324,952	60.01
62.00	06200	4,159	2,868,646	2,872,805	1,667,632	4,540,437	62.00
62.30	06250	0	0	0	0	0	62.30

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150021

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

Worksheet A  
Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
65.00	06500	RESPIRATORY THERAPY	4,475,741	936,307	5,412,048	-1,310,171	4,101,877	65.00
65.01	06501	WOUND CARE	607,071	1,467,201	2,074,272	-56,563	2,017,709	65.01
65.02	06502	DIALYSIS	46,977	2,038,959	2,085,936	-2,991	2,082,945	65.02
65.03	03330	ENDOSCOPY	2,055,467	4,086,835	6,142,302	-1,864,944	4,277,358	65.03
66.00	06600	PHYSICAL THERAPY	6,000,462	711,746	6,712,208	-2,209,960	4,502,248	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	290,328	-85,565	204,763	2,093,070	2,297,833	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	734,920	734,920	68.00
68.01	06801	NEURO REHAB	1,017,842	257,880	1,275,722	122,335	1,398,057	68.01
69.00	06900	ELECTROCARDIOLOGY	249,237	180,667	429,904	848,539	1,278,443	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	155,392	29,632	185,024	338,238	523,262	70.00
70.01	03950	NUTRITION SUPPORT	581,567	113,500	695,067	66,258	761,325	70.01
70.03	03952	CARDIAC CATH LAB	2,731,704	17,750,266	20,481,970	-15,026,507	5,455,463	70.03
70.04	03953	CARDIAC REHA SERVICES	106,976	10,658	117,634	13,010	130,644	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	31,200,164	31,200,164	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,160	838,091	839,251	-439,037	400,214	90.00
90.01	09001	ANTI COAG CLINIC	688,633	289,829	978,462	646,575	1,625,037	90.01
91.00	09100	EMERGENCY	7,744,974	4,098,837	11,843,811	515,637	12,359,448	91.00
91.01	09101	PARTIAL HOSPITALIZATION	109,006	4,314	113,320	12,674	125,994	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,193,911	4,526,511	6,720,422	252,057	6,972,479	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	9,361,984	9,844,195	19,206,179	-9,245,025	9,961,154	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	7,199,004	7,199,004	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	312,896,142	395,969,666	708,865,808	13,684	708,879,492	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,423	89	8,512	1,153	9,665	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	2,160	-8,634	-6,474	264	-6,210	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	66,819	789,194	856,013	-27,656	828,357	194.05
194.06	07956	STUCKY RESEARCH CTR	1,600,355	598,873	2,199,228	-8,606	2,190,622	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	-77,631	-77,631	77,631	0	194.07
194.08	07958	FOUNDATION	0	29,555	29,555	0	29,555	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	69,580	1,452,347	1,521,927	8,504	1,530,431	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	127,113	288,293	415,406	15,535	430,941	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	891,184	2,024,937	2,916,121	-279,477	2,636,644	194.15
194.16	07966	FITNESS	0	0	0	178,363	178,363	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	2,725	2,725	-918	1,807	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	121	121	0	121	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	164,565	644,935	809,500	20,113	829,613	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	8,314,525	8,314,525	0	8,314,525	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	11,553	8,262	19,815	1,410	21,225	194.28
200.00		TOTAL (SUM OF LINES 118-199)	315,837,894	410,037,257	725,875,151	0	725,875,151	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150021

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

Worksheet A  
Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-328,369	20,246,537	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-562,205	25,249,798	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-41,073,894	31,676,713	4.00
5.01	00540	COMMUNICATIONS	-386,265	1,217,406	5.01
5.02	00550	DATA PROCESSING	0	0	5.02
5.03	00560	MATERIALS MANAGEMENT	0	0	5.03
5.04	00570	PATIENT SERVICES	0	3,365,139	5.04
5.05	00580	PATIENT ACCOUNTING	0	0	5.05
5.06	00591	AMBULATORY SVCS ADMIN	0	0	5.06
5.07	00590	OTHER A&G	-81,543,845	117,665,450	5.07
5.08	00592	CAREW MEDICAL PARK ADMIN	0	0	5.08
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-10,837	7,864,180	7.00
7.01	00701	FACILITY ENGINEERING	-1,101,197	4,663,655	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	519,029	3,250,695	8.00
9.00	00900	HOUSEKEEPING	0	6,503,849	9.00
10.00	01000	DIETARY	-4,561,770	768,211	10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	7,003,541	10.01
10.02	01002	CAFETERIA	0	0	10.02
10.03	01003	PREADMITS AND ER	0	0	10.03
11.00	01100	CAFETERIA	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	2,733,797	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	14.00
15.00	01500	PHARMACY	-26,176	11,274,556	15.00
15.01	01501	OUTPATIENT PHARMACY	-447,482	12,933,529	15.01
15.02	01502	IV SOLUTIONS	0	1,584,044	15.02
15.03	01503	MED SURG SUPPLY	-22,362	54,997,933	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	16.00
17.00	01700	SOCIAL SERVICE	-55,975	4,418,165	17.00
17.01	01701	REHAB ADMIN	0	503,989	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	3,235,895	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	95,152	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	0	199,533	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-130,563	39,959,703	30.00
31.00	03100	INTENSIVE CARE UNIT	-15	4,830,900	31.00
31.01	03101	PEDIATRIC ICU	-129,370	1,291,079	31.01
31.02	03102	NEONATAL ICU	-61	4,066,185	31.02
32.00	03200	CORONARY CARE UNIT	0	15,639,170	32.00
40.00	04000	SUBPROVIDER - I PF	409,306	8,249,957	40.00
41.00	04100	SUBPROVIDER - I RF	-28,319	2,542,472	41.00
43.00	04300	NURSERY	0	3,258,187	43.00
44.00	04400	SKILLED NURSING FACILITY	0	3,172,125	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-816	15,410,810	50.00
50.01	05001	CAREW MEDICAL PARK SURG	-168,798	585,061	50.01
51.00	05100	RECOVERY ROOM	0	6,172,138	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-7	61,888	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-294,838	13,489,980	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	-37,110	190,337	54.05
54.06	05406	RADIOLOGY - CMP	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	-27,786	35,591	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	-305,891	6,246,631	55.00
56.00	05600	RADIOISOTOPE	0	419,984	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	882,005	58.00
60.00	06000	LABORATORY	-12,613,693	12,723,246	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	1,324,952	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	-31	4,540,406	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	-6,218	4,095,659	65.00
65.01	06501	WOUND CARE	-22,230	1,995,479	65.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150021

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

Worksheet A  
Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
65.02	06502	DIALYSIS	0	2,082,945	65.02
65.03	03330	ENDOSCOPY	-548,408	3,728,950	65.03
66.00	06600	PHYSICAL THERAPY	-156,728	4,345,520	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	91,240	2,389,073	67.00
68.00	06800	SPEECH PATHOLOGY	0	734,920	68.00
68.01	06801	NEURO REHAB	-149,911	1,248,146	68.01
69.00	06900	ELECTROCARDIOLOGY	0	1,278,443	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-253	523,009	70.00
70.01	03950	NUTRITION SUPPORT	-2,580	758,745	70.01
70.03	03952	CARDIAC CATH LAB	-896,847	4,558,616	70.03
70.04	03953	CARDIAC REHA SERVICES	0	130,644	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-8,052	-8,052	71.00
71.01	07101	COST OF SOLUTIONS	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	31,200,164	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	-2,138	398,076	90.00
90.01	09001	ANTI COAG CLINIC	0	1,625,037	90.01
91.00	09100	EMERGENCY	-2,006,342	10,353,106	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	125,994	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES	-297,554	6,674,925	95.00
99.10	09910	CORF	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	-373,916	9,587,238	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
116.00	11600	HOSPICE	0	7,199,004	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-147,309,277	561,570,215	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9,665	190.00
194.00	07950	NON ALLOWABLE	0	0	194.00
194.01	07951	TELEVISION	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	194.02
194.03	07953	OP CLINIC	0	-6,210	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	194.04
194.05	07955	EDUCARE CTR	0	828,357	194.05
194.06	07956	STUCKY RESEARCH CTR	-63,416	2,127,206	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	194.07
194.08	07958	FOUNDATION	0	29,555	194.08
194.09	07959	LV HEALTH PLAN	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	194.11
194.12	07962	GUEST SERVICES	0	1,530,431	194.12
194.13	07963	HUNTINGTON ARC	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	430,941	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	-159	2,636,485	194.15
194.16	07966	FITNESS	0	178,363	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	-52,636	-50,829	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	121	194.21
194.22	07972	EBT	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	-453,113	376,500	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	-339,444	7,975,081	194.25
194.26	07976	ISH	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	21,225	194.28
200.00		TOTAL (SUM OF LINES 118-199)	-148,218,045	577,657,106	200.00

RECLASSIFICATIONS

Provider CCN: 150021

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

Worksheet A-6

Date/Time Prepared:  
5/27/2016 3:19 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - DIETARY PERSONNEL</b>					
1.00	KITCHEN-NO CONNECT W/CAFE	10.01	2,769,285	4,234,256	1.00
	O		2,769,285	4,234,256	
<b>B - PHARMACY SALARIES AND SOLUTIONS</b>					
1.00	IV SOLUTIONS	15.02	154,238	0	1.00
	O		154,238	0	
<b>C - OTHER A&amp;G</b>					
1.00	OTHER A&G	5.07	67,438	0	1.00
	O		67,438	0	
<b>D - BLOOD BANK</b>					
1.00	ANTI COAG CLINIC	90.01	200,149	359,589	1.00
2.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	491,276	1,053,295	2.00
	O		691,425	1,412,884	
<b>E - TRANSITIONAL REHAB RECLASS</b>					
1.00	SUBPROVIDER - IRF	41.00	57	0	1.00
	TOTALS		57	0	
<b>F - BLOOD BANK LAB ADMIN</b>					
1.00	ANATOMICAL PATHOLOGY	60.01	59,768	19,438	1.00
2.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	50,515	72,037	2.00
	O		110,283	91,475	
<b>I - EQUIPMENT DEPRECIATION</b>					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	25,620,649	1.00
	O		0	25,620,649	
<b>J - MED SURG/IV SUPPLIES</b>					
1.00	IV SOLUTIONS	15.02	0	877,126	1.00
2.00	MED SURG SUPPLY	15.03	0	55,996,918	2.00
3.00	ELECTROCARDIOLOGY	69.00	0	321	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
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
	O		0	56,874,365	
<b>K - OPERATION OF PLANT</b>					
1.00	OPERATION OF PLANT	7.00	0	35,753	1.00
	O		0	35,753	
<b>L - IV SALARIES</b>					
1.00	ADULTS & PEDIATRICS	30.00	513,373	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	20,265	0	2.00
3.00	PEDIATRIC ICU	31.01	20,265	0	3.00
4.00	NEONATAL ICU	31.02	13,510	0	4.00
5.00	CORONARY CARE UNIT	32.00	33,775	0	5.00

RECLASSIFICATIONS

Provider CCN: 150021

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

Worksheet A-6

Date/Time Prepared:  
5/27/2016 3:19 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
6.00	SUBPROVIDER - IRF	41.00	6,755	0	6.00
7.00	SKILLED NURSING FACILITY	44.00	13,510	0	7.00
8.00	EMERGENCY	91.00	54,039	0	8.00
			675,492	0	
<b>M - COST OF DRUGS SOLD</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	31,200,164	1.00
			0	31,200,164	
<b>N - PBH ADMIN COSTS</b>					
1.00	ADULTS & PEDIATRICS	30.00	368,323	459,635	1.00
			368,323	459,635	
<b>O - FITNESS CENTER</b>					
1.00	FITNESS	194.16	149,785	28,578	1.00
			149,785	28,578	
<b>S - CAPITAL INSURANCE</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	529,353	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	191,354	2.00
			0	720,707	
<b>T - HOSPICE RECLASS</b>					
1.00	HOSPICE	116.00	2,938,461	3,281,772	1.00
			2,938,461	3,281,772	
<b>U - ALLOC A&amp;G OVERHEAD TO HHA &amp; HOSPICE</b>					
1.00	HOSPICE	116.00	544,897	433,874	1.00
			544,897	433,874	
<b>W - RECLASS PTO DOLLARS</b>					
1.00	PATIENT SERVICES	5.04	10,500	0	1.00
2.00	OTHER A&G	5.07	13,610	0	2.00
3.00	OPERATION OF PLANT	7.00	3,741	0	3.00
4.00	FACILITY ENGINEERING	7.01	13,141	0	4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	1,543	0	5.00
6.00	HOUSEKEEPING	9.00	21,311	0	6.00
7.00	DIETARY	10.00	18,340	0	7.00
8.00	NURSING ADMINISTRATION	13.00	5,132	0	8.00
9.00	PHARMACY	15.00	19,771	0	9.00
10.00	OUTPATIENT PHARMACY	15.01	3,259	0	10.00
11.00	IV SOLUTIONS	15.02	1,189	0	11.00
12.00	SOCIAL SERVICE	17.00	5,188	0	12.00
13.00	ADULTS & PEDIATRICS	30.00	84,969	0	13.00
14.00	CORONARY CARE UNIT	32.00	4,829	0	14.00
15.00	SUBPROVIDER - IPF	40.00	21,158	0	15.00
16.00	SUBPROVIDER - IRF	41.00	28,595	0	16.00
17.00	SKILLED NURSING FACILITY	44.00	35,190	0	17.00
18.00	OPERATING ROOM	50.00	20,530	0	18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	28,353	0	19.00
20.00	RADIOLOGY - NHMP	54.05	2,176	0	20.00
21.00	RADIOLOGY-THERAPEUTIC	55.00	111	0	21.00
22.00	RADIOISOTOPE	56.00	886	0	22.00
23.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	2,899	0	23.00
24.00	RESPIRATORY THERAPY	65.00	15,109	0	24.00
25.00	WOUND CARE	65.01	4,709	0	25.00
26.00	ENDOSCOPY	65.03	5,083	0	26.00
27.00	PHYSICAL THERAPY	66.00	44,840	0	27.00
28.00	NEURO REHAB	68.01	7,741	0	28.00
29.00	ELECTROCARDIOLOGY	69.00	761	0	29.00
30.00	ELECTROENCEPHALOGRAPHY	70.00	151	0	30.00
31.00	NUTRITION SUPPORT	70.01	2,016	0	31.00
32.00	ANTI COAG CLINIC	90.01	5,420	0	32.00
33.00	EMERGENCY	91.00	45,501	0	33.00
34.00	AMBULANCE SERVICES	95.00	10	0	34.00
35.00	OP CLINIC	194.03	29	0	35.00
36.00	EDUCARE CTR	194.05	87	0	36.00
37.00	GUEST SERVICES	194.12	941	0	37.00
38.00	SENIOR HEALTH SERVICES	194.14	1,719	0	38.00
			480,538	0	
<b>Y - EMPLOYEE BENEFIT RECLASS</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,189,735	1.00
2.00	OTHER A&G	5.07	0	2,766	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	202	3.00
4.00	CARDIAC CATH LAB	70.03	0	20	4.00
5.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	18	5.00
			0	3,192,741	

RECLASSIFICATIONS

Provider CCN: 150021

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

Worksheet A-6

Date/Time Prepared:  
5/27/2016 3:19 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
<b>Z - PTO ACCRUAL RECLASS PVHOS</b>						
1.00	PATIENT SERVICES	5.04	275,433	0		1.00
2.00	OTHER A&G	5.07	582,519	0		2.00
3.00	OPERATION OF PLANT	7.00	67,821	0		3.00
4.00	FACILITY ENGINEERING	7.01	273,833	0		4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	33,375	0		5.00
6.00	HOUSEKEEPING	9.00	499,787	0		6.00
7.00	DIETARY	10.00	509,509	0		7.00
8.00	NURSING ADMINISTRATION	13.00	165,336	0		8.00
9.00	PHARMACY	15.00	878,340	0		9.00
10.00	OUTPATIENT PHARMACY	15.01	71,659	0		10.00
11.00	IV SOLUTIONS	15.02	98,816	0		11.00
12.00	SOCIAL SERVICE	17.00	309,519	0		12.00
13.00	REHAB ADMIN	17.01	19,171	0		13.00
14.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	36	0		14.00
15.00	ADULTS & PEDIATRICS	30.00	3,366,530	0		15.00
16.00	INTENSIVE CARE UNIT	31.00	465,356	0		16.00
17.00	PEDIATRIC ICU	31.01	87,999	0		17.00
18.00	NEONATAL ICU	31.02	338,832	0		18.00
19.00	CORONARY CARE UNIT	32.00	1,356,457	0		19.00
20.00	SUBPROVIDER - IPF	40.00	170,089	0		20.00
21.00	SUBPROVIDER - IRF	41.00	229,883	0		21.00
22.00	SKILLED NURSING FACILITY	44.00	282,900	0		22.00
23.00	OPERATING ROOM	50.00	1,045,406	0		23.00
24.00	CAREW MEDICAL PARK SURG	50.01	22,963	0		24.00
25.00	RECOVERY ROOM	51.00	258,034	0		25.00
26.00	DELIVERY ROOM & LABOR ROOM	52.00	55,204	0		26.00
27.00	RADIOLOGY-DIAGNOSTIC	54.00	925,486	0		27.00
28.00	RADIOLOGY - NHMP	54.05	17,497	0		28.00
29.00	RADIOLOGY - PULM CLINIC	54.08	2,794	0		29.00
30.00	RADIOLOGY-THERAPEUTIC	55.00	303,076	0		30.00
31.00	RADIOISOTOPE	56.00	35,588	0		31.00
32.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	58,658	0		32.00
33.00	LABORATORY	60.00	1,326,874	0		33.00
34.00	ANATOMICAL PATHOLOGY	60.01	43,202	0		34.00
35.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	452	0		35.00
36.00	RESPIRATORY THERAPY	65.00	486,484	0		36.00
37.00	WOUND CARE	65.01	65,985	0		37.00
38.00	DIALYSIS	65.02	5,106	0		38.00
39.00	ENDOSCOPY	65.03	223,416	0		39.00
40.00	PHYSICAL THERAPY	66.00	652,211	0		40.00
41.00	NEURO REHAB	68.01	110,633	0		41.00
42.00	ELECTROCARDIOLOGY	69.00	27,090	0		42.00
43.00	ELECTROENCEPHALOGRAPHY	70.00	16,890	0		43.00
44.00	NUTRITION SUPPORT	70.01	63,212	0		44.00
45.00	CARDIAC CATH LAB	70.03	296,918	0		45.00
46.00	CARDIAC REHA SERVICES	70.04	11,628	0		46.00
47.00	CLINIC	90.00	126	0		47.00
48.00	ANTI COAG CLINIC	90.01	77,199	0		48.00
49.00	EMERGENCY	91.00	843,464	0		49.00
50.00	AMBULANCE SERVICES	95.00	238,464	0		50.00
51.00	HOME HEALTH AGENCY	101.00	10,455	0		51.00
52.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	1,020	0		52.00
53.00	OP CLINIC	194.03	235	0		53.00
54.00	EDUCARE CTR	194.05	7,263	0		54.00
55.00	GUEST SERVICES	194.12	7,563	0		55.00
56.00	SENIOR HEALTH SERVICES	194.14	13,816	0		56.00
57.00	MEDICAL OFFICE BUILDINGS	194.23	17,887	0		57.00
58.00	RWJ FOUNDATION	194.28	1,256	0		58.00
	<b>0</b>		<b>17,356,755</b>	<b>0</b>		
<b>AA - PTO RECLASS PVN</b>						
1.00	PATIENT SERVICES	5.04	23,964	0		1.00
2.00	OTHER A&G	5.07	59,352	0		2.00
3.00	OPERATION OF PLANT	7.00	4,736	0		3.00
4.00	FACILITY ENGINEERING	7.01	21,100	0		4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	2,630	0		5.00
6.00	HOUSEKEEPING	9.00	41,206	0		6.00
7.00	DIETARY	10.00	45,423	0		7.00
8.00	NURSING ADMINISTRATION	13.00	15,566	0		8.00
9.00	PHARMACY	15.00	90,250	0		9.00

RECLASSIFICATIONS

Provider CCN: 150021

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

Worksheet A-6

Date/Time Prepared:  
5/27/2016 3:19 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
10.00	OUTPATIENT PHARMACY	15.01	5,703	0	10.00
11.00	IV SOLUTIONS	15.02	11,198	0	11.00
12.00	SOCIAL SERVICE	17.00	33,598	0	12.00
13.00	REHAB ADMIN	17.01	2,405	0	13.00
14.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	5	0	14.00
15.00	ADULTS & PEDIATRICS	30.00	336,642	0	15.00
16.00	INTENSIVE CARE UNIT	31.00	58,380	0	16.00
17.00	PEDIATRIC ICU	31.01	11,040	0	17.00
18.00	NEONATAL ICU	31.02	42,507	0	18.00
19.00	CORONARY CARE UNIT	32.00	165,299	0	19.00
20.00	OPERATING ROOM	50.00	110,442	0	20.00
21.00	CAREW MEDICAL PARK SURG	50.01	2,881	0	21.00
22.00	RECOVERY ROOM	51.00	32,371	0	22.00
23.00	DELIVERY ROOM & LABOR ROOM	52.00	6,925	0	23.00
24.00	RADIOLOGY-DIAGNOSTIC	54.00	87,508	0	24.00
25.00	RADIOLOGY - PULM CLINIC	54.08	351	0	25.00
26.00	RADIOLOGY-THERAPEUTIC	55.00	37,910	0	26.00
27.00	RADIOISOTOPE	56.00	3,571	0	27.00
28.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	4,435	0	28.00
29.00	LABORATORY	60.00	166,458	0	29.00
30.00	ANATOMICAL PATHOLOGY	60.01	5,420	0	30.00
31.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	57	0	31.00
32.00	RESPIRATORY THERAPY	65.00	45,792	0	32.00
33.00	WOUND CARE	65.01	3,528	0	33.00
34.00	DIALYSIS	65.02	641	0	34.00
35.00	ENDOSCOPY	65.03	22,901	0	35.00
36.00	PHYSICAL THERAPY	66.00	36,598	0	36.00
37.00	NEURO REHAB	68.01	6,072	0	37.00
38.00	ELECTROCARDIOLOGY	69.00	2,631	0	38.00
39.00	ELECTROENCEPHALOGRAPHY	70.00	1,967	0	39.00
40.00	NUTRITION SUPPORT	70.01	5,897	0	40.00
41.00	CARDIAC CATH LAB	70.03	37,249	0	41.00
42.00	CARDIAC REHA SERVICES	70.04	1,459	0	42.00
43.00	CLINIC	90.00	16	0	43.00
44.00	ANTI COAG CLINIC	90.01	4,218	0	44.00
45.00	EMERGENCY	91.00	59,925	0	45.00
46.00	AMBULANCE SERVICES	95.00	29,905	0	46.00
47.00	HOME HEALTH AGENCY	101.00	1,312	0	47.00
48.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	115	0	48.00
49.00	EDUCARE CTR	194.05	824	0	49.00
50.00	STUCKY RESEARCH CTR	194.06	21,822	0	50.00
51.00	SCHOOL NURSE/COMMUNITY OUTREACH	194.15	12,152	0	51.00
52.00	MEDICAL OFFICE BUILDINGS	194.23	2,244	0	52.00
53.00	RWJ FOUNDATION	194.28	154	0	53.00
	0		1,726,755	0	
<b>AB - PTO RECLASS PBH</b>					
1.00	FACILITY ENGINEERING	7.01	577	0	1.00
2.00	HOUSEKEEPING	9.00	2,920	0	2.00
3.00	DIETARY	10.00	2,905	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	17,871	0	4.00
5.00	SUBPROVIDER - IPF	40.00	62,737	0	5.00
6.00	OCCUPATIONAL THERAPY	67.00	3,918	0	6.00
7.00	PARTIAL HOSPITALIZATION	91.01	1,471	0	7.00
	0		92,399	0	
<b>AC - PTO ACCRUAL RECLASS PBH</b>					
1.00	FACILITY ENGINEERING	7.01	4,397	0	1.00
2.00	HOUSEKEEPING	9.00	22,238	0	2.00
3.00	DIETARY	10.00	22,128	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	136,108	0	4.00
5.00	SUBPROVIDER - IPF	40.00	477,819	0	5.00
6.00	OCCUPATIONAL THERAPY	67.00	29,838	0	6.00
7.00	PARTIAL HOSPITALIZATION	91.01	11,203	0	7.00
	0		703,731	0	
<b>AD - PTO RECLASS HOME HEALTH</b>					
1.00	HOME HEALTH AGENCY	101.00	197,285	0	1.00
	0		197,285	0	



RECLASSIFICATIONS

Provider CCN: 150021

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

Worksheet A-6

Date/Time Prepared:  
5/27/2016 3:19 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>AE - PTO ACCRUAL RECLASS HOME HEALTH</b>					
1.00	HOME HEALTH AGENCY	101.00	1,141,617	0	1.00
	O		1,141,617	0	
<b>AF - PARAMEDICAL EDUCATION</b>					
1.00	PARAMED ED PRGM-(SPECIFY)	23.00	80,565	14,587	1.00
2.00	PARAMED ED PHARMACY	23.02	199,533	0	2.00
	O		280,098	14,587	
<b>AG - DIABETES CLINIC RECLASS</b>					
1.00	ADULTS & PEDIATRICS	30.00	0	438,948	1.00
	O		0	438,948	
<b>AH - CORPORATE ALLOCATION RECLASS</b>					
1.00	OTHER A&G	5.07	0	54,361,445	1.00
	O		0	54,361,445	
<b>AK - TELEPHONE EXPENSE RECLASS</b>					
1.00	COMMUNICATIONS	5.01	0	1,603,671	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
49.00		0.00	0	0	49.00
50.00		0.00	0	0	50.00
	O		0	1,603,671	
<b>AM - NEW LIFE CENTER NURSING ADMIN</b>					
1.00	ADULTS & PEDIATRICS	30.00	301,490	63,146	1.00
2.00	NURSERY	43.00	206,402	43,230	2.00
	O		507,892	106,376	
<b>AN - OCCUPATIONAL HEALTH</b>					
1.00	OCCUPATIONAL HEALTH	194.07	0	77,631	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

RECLASSIFICATIONS

Provider CCN: 150021

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

Worksheet A-6

Date/Time Prepared:  
5/27/2016 3:19 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
			0	77,631	
AO - CONVERSION TABLE RECLASS					
1.00	RECOVERY ROOM	51.00	363,380	1,215,098	1.00
2.00	OCCUPATIONAL THERAPY	67.00	1,947,543	112,154	2.00
3.00	SPEECH PATHOLOGY	68.00	694,902	40,018	3.00
4.00	ELECTROCARDIOLOGY	69.00	669,672	148,398	4.00
5.00	ELECTROENCEPHALOGRAPHY	70.00	261,631	57,977	5.00
6.00	RECOVERY ROOM	51.00	361,092	1,207,445	6.00
7.00	OUTPATIENT PHARMACY	15.01	1,283	4,755	7.00
			4,299,503	2,785,845	
AP - NURSERY RECLASS NORTH					
1.00	NURSERY	43.00	1,807,719	517,273	1.00
			1,807,719	517,273	
AQ - NURSERY RECLASS PVHOS					
1.00	NURSERY	43.00	503,979	179,584	1.00
			503,979	179,584	
500.00	Grand Total: Increases		37,567,955	187,672,213	500.00

RECLASSIFICATIONS

Provider CCN: 150021

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

Worksheet A-6  
Date/Time Prepared:  
5/27/2016 3:19 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
<b>A - DIETARY PERSONNEL</b>							
1.00	DIETARY	10.00	2,769,285	4,234,256	0		1.00
	O		2,769,285	4,234,256			
<b>B - PHARMACY SALARIES AND SOLUTIONS</b>							
1.00	PHARMACY	15.00	154,238	0	0		1.00
	O		154,238	0			
<b>C - OTHER A&amp;G</b>							
1.00	EMERGENCY	91.00	67,438	0	0		1.00
	O		67,438	0			
<b>D - BLOOD BANK</b>							
1.00	LABORATORY	60.00	691,425	1,412,884	0		1.00
2.00		0.00	0	0	0		2.00
	O		691,425	1,412,884			
<b>E - TRANSITIONAL REHAB RECLASS</b>							
1.00	PHYSICAL THERAPY	66.00	57	0	0		1.00
	TOTALS		57	0			
<b>F - BLOOD BANK LAB ADMIN</b>							
1.00	LABORATORY	60.00	110,283	91,475	0		1.00
2.00		0.00	0	0	0		2.00
	O		110,283	91,475			
<b>I - EQUIPMENT DEPRECIATION</b>							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	25,620,649	9		1.00
	O		0	25,620,649			
<b>J - MED SURG/IV SUPPLIES</b>							
1.00	PATIENT SERVICES	5.04	0	16,864	0		1.00
2.00	OTHER A&G	5.07	0	5,830	0		2.00
3.00	FACILITY ENGINEERING	7.01	0	415	0		3.00
4.00	HOUSEKEEPING	9.00	0	2,288	0		4.00
5.00	PHARMACY	15.00	0	779,144	0		5.00
6.00	OUTPATIENT PHARMACY	15.01	0	172	0		6.00
7.00	IV SOLUTIONS	15.02	0	584,618	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	934,600	0		8.00
9.00	INTENSIVE CARE UNIT	31.00	0	304,431	0		9.00
10.00	PEDIATRIC ICU	31.01	0	14,884	0		10.00
11.00	NEONATAL ICU	31.02	0	96,786	0		11.00
12.00	CORONARY CARE UNIT	32.00	0	700,521	0		12.00
13.00	SUBPROVIDER - IPF	40.00	0	4,219	0		13.00
14.00	SUBPROVIDER - IRF	41.00	0	11,885	0		14.00
15.00	SKILLED NURSING FACILITY	44.00	0	26,163	0		15.00
16.00	OPERATING ROOM	50.00	0	30,445,673	0		16.00
17.00	CAREW MEDICAL PARK SURG	50.01	0	256,000	0		17.00
18.00	RECOVERY ROOM	51.00	0	87,604	0		18.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,063,300	0		20.00
21.00	RADIOLOGY - PULM CLINIC	54.08	0	129	0		21.00
22.00	RADIOLOGY-THERAPEUTIC	55.00	0	108,917	0		22.00
23.00	RADIOISOTOPE	56.00	0	11,490	0		23.00
24.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	2,821	0		24.00
25.00	LABORATORY	60.00	0	237,476	0		25.00
26.00	ANATOMICAL PATHOLOGY	60.01	0	7,116	0		26.00
27.00	RESPIRATORY THERAPY	65.00	0	716,932	0		27.00
28.00	WOUND CARE	65.01	0	130,299	0		28.00
29.00	DIALYSIS	65.02	0	8,496	0		29.00
30.00	ENDOSCOPY	65.03	0	2,111,821	0		30.00
31.00	PHYSICAL THERAPY	66.00	0	145,209	0		31.00
32.00	NEURO REHAB	68.01	0	1,800	0		32.00
33.00	NUTRITION SUPPORT	70.01	0	3,537	0		33.00
34.00	CARDIAC CATH LAB	70.03	0	15,350,534	0		34.00
35.00	EMERGENCY	91.00	0	373,543	0		35.00
36.00	AMBULANCE SERVICES	95.00	0	10,332	0		36.00
37.00	HOME HEALTH AGENCY	101.00	0	316,525	0		37.00
38.00	SCHOOL NURSE/COMMUNITY OUTREACH	194.15	0	1,973	0		38.00
39.00	MEDICAL OFFICE BUILDINGS	194.23	0	18	0		39.00
	O		0	56,874,365			
<b>K - OPERATION OF PLANT</b>							
1.00	EDUCARE CTR	194.05	0	35,753	0		1.00
	O		0	35,753			
<b>L - IV SALARIES</b>							
1.00	IV SOLUTIONS	15.02	675,492	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00

RECLASSIFICATIONS

Provider CCN: 150021

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

Worksheet A-6  
Date/Time Prepared:  
5/27/2016 3:19 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
6.00		0.00	0	0	0	6.00	
7.00		0.00	0	0	0	7.00	
8.00		0.00	0	0	0	8.00	
			675,492		0		
<b>M - COST OF DRUGS SOLD</b>							
1.00	PHARMACY	15.00	0	31,200,164	0	1.00	
			0	31,200,164			
<b>N - PBH ADMIN COSTS</b>							
1.00	SUBPROVIDER - IPF	40.00	368,323	459,635	0	1.00	
			368,323	459,635			
<b>O - FITNESS CENTER</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	149,785	28,578	0	1.00	
			149,785	28,578			
<b>S - CAPITAL INSURANCE</b>							
1.00	OTHER A&G	5.07	0	720,707	9	1.00	
2.00		0.00	0	0	9	2.00	
			0	720,707			
<b>T - HOSPICE RECLASS</b>							
1.00	HOME HEALTH AGENCY	101.00	2,938,461	3,281,772	0	1.00	
			2,938,461	3,281,772			
<b>U - ALLOC A&amp;G OVERHEAD TO HHA &amp; HOSPICE</b>							
1.00	HOME HEALTH AGENCY	101.00	544,897	433,874	0	1.00	
			544,897	433,874			
<b>W - RECLASS PTO DOLLARS</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	480,538	0	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
5.00		0.00	0	0	0	5.00	
6.00		0.00	0	0	0	6.00	
7.00		0.00	0	0	0	7.00	
8.00		0.00	0	0	0	8.00	
9.00		0.00	0	0	0	9.00	
10.00		0.00	0	0	0	10.00	
11.00		0.00	0	0	0	11.00	
12.00		0.00	0	0	0	12.00	
13.00		0.00	0	0	0	13.00	
14.00		0.00	0	0	0	14.00	
15.00		0.00	0	0	0	15.00	
16.00		0.00	0	0	0	16.00	
17.00		0.00	0	0	0	17.00	
18.00		0.00	0	0	0	18.00	
19.00		0.00	0	0	0	19.00	
20.00		0.00	0	0	0	20.00	
21.00		0.00	0	0	0	21.00	
22.00		0.00	0	0	0	22.00	
23.00		0.00	0	0	0	23.00	
24.00		0.00	0	0	0	24.00	
25.00		0.00	0	0	0	25.00	
26.00		0.00	0	0	0	26.00	
27.00		0.00	0	0	0	27.00	
28.00		0.00	0	0	0	28.00	
29.00		0.00	0	0	0	29.00	
30.00		0.00	0	0	0	30.00	
31.00		0.00	0	0	0	31.00	
32.00		0.00	0	0	0	32.00	
33.00		0.00	0	0	0	33.00	
34.00		0.00	0	0	0	34.00	
35.00		0.00	0	0	0	35.00	
36.00		0.00	0	0	0	36.00	
37.00		0.00	0	0	0	37.00	
38.00		0.00	0	0	0	38.00	
			480,538		0		
<b>Y - EMPLOYEE BENEFIT RECLASS</b>							
1.00	FACILITY ENGINEERING	7.01	0	68	0	1.00	
2.00	HOME HEALTH AGENCY	101.00	0	2,911,706	0	2.00	
3.00	SCHOOL NURSE/COMMUNITY OUTREACH	194.15	0	280,967	0	3.00	
4.00		0.00	0	0	0	4.00	
5.00		0.00	0	0	0	5.00	
			0	3,192,741			

RECLASSIFICATIONS

Provider CCN: 150021

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

Worksheet A-6

Date/Time Prepared:  
5/27/2016 3:19 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7	Ref.	
6.00	7.00	8.00	9.00	10.00		
<b>Z - PTO ACCRUAL RECLASS PVHOS</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	17,326,328	0	0	1.00
2.00	STUCKY RESEARCH CTR	194.06	28,195	0	0	2.00
3.00	SCHOOL NURSE/COMMUNITY OUTREACH	194.15	2,232	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
18.00		0.00	0	0	0	18.00
19.00		0.00	0	0	0	19.00
20.00		0.00	0	0	0	20.00
21.00		0.00	0	0	0	21.00
22.00		0.00	0	0	0	22.00
23.00		0.00	0	0	0	23.00
24.00		0.00	0	0	0	24.00
25.00		0.00	0	0	0	25.00
26.00		0.00	0	0	0	26.00
27.00		0.00	0	0	0	27.00
28.00		0.00	0	0	0	28.00
29.00		0.00	0	0	0	29.00
30.00		0.00	0	0	0	30.00
31.00		0.00	0	0	0	31.00
32.00		0.00	0	0	0	32.00
33.00		0.00	0	0	0	33.00
34.00		0.00	0	0	0	34.00
35.00		0.00	0	0	0	35.00
36.00		0.00	0	0	0	36.00
37.00		0.00	0	0	0	37.00
38.00		0.00	0	0	0	38.00
39.00		0.00	0	0	0	39.00
40.00		0.00	0	0	0	40.00
41.00		0.00	0	0	0	41.00
42.00		0.00	0	0	0	42.00
43.00		0.00	0	0	0	43.00
44.00		0.00	0	0	0	44.00
45.00		0.00	0	0	0	45.00
46.00		0.00	0	0	0	46.00
47.00		0.00	0	0	0	47.00
48.00		0.00	0	0	0	48.00
49.00		0.00	0	0	0	49.00
50.00		0.00	0	0	0	50.00
51.00		0.00	0	0	0	51.00
52.00		0.00	0	0	0	52.00
53.00		0.00	0	0	0	53.00
54.00		0.00	0	0	0	54.00
55.00		0.00	0	0	0	55.00
56.00		0.00	0	0	0	56.00
57.00		0.00	0	0	0	57.00
58.00		0.00	0	0	0	58.00
0			17,356,755	0	0	
<b>AA - PTO RECLASS PVN</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,726,755	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00

RECLASSIFICATIONS

Provider CCN: 150021

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

Worksheet A-6

Date/Time Prepared:  
5/27/2016 3:19 pm

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7	Ref.		
	6.00	7.00	8.00	9.00	10.00			
13.00		0.00	0	0	0	0		13.00
14.00		0.00	0	0	0	0		14.00
15.00		0.00	0	0	0	0		15.00
16.00		0.00	0	0	0	0		16.00
17.00		0.00	0	0	0	0		17.00
18.00		0.00	0	0	0	0		18.00
19.00		0.00	0	0	0	0		19.00
20.00		0.00	0	0	0	0		20.00
21.00		0.00	0	0	0	0		21.00
22.00		0.00	0	0	0	0		22.00
23.00		0.00	0	0	0	0		23.00
24.00		0.00	0	0	0	0		24.00
25.00		0.00	0	0	0	0		25.00
26.00		0.00	0	0	0	0		26.00
27.00		0.00	0	0	0	0		27.00
28.00		0.00	0	0	0	0		28.00
29.00		0.00	0	0	0	0		29.00
30.00		0.00	0	0	0	0		30.00
31.00		0.00	0	0	0	0		31.00
32.00		0.00	0	0	0	0		32.00
33.00		0.00	0	0	0	0		33.00
34.00		0.00	0	0	0	0		34.00
35.00		0.00	0	0	0	0		35.00
36.00		0.00	0	0	0	0		36.00
37.00		0.00	0	0	0	0		37.00
38.00		0.00	0	0	0	0		38.00
39.00		0.00	0	0	0	0		39.00
40.00		0.00	0	0	0	0		40.00
41.00		0.00	0	0	0	0		41.00
42.00		0.00	0	0	0	0		42.00
43.00		0.00	0	0	0	0		43.00
44.00		0.00	0	0	0	0		44.00
45.00		0.00	0	0	0	0		45.00
46.00		0.00	0	0	0	0		46.00
47.00		0.00	0	0	0	0		47.00
48.00		0.00	0	0	0	0		48.00
49.00		0.00	0	0	0	0		49.00
50.00		0.00	0	0	0	0		50.00
51.00		0.00	0	0	0	0		51.00
52.00		0.00	0	0	0	0		52.00
53.00		0.00	0	0	0	0		53.00
0			1,726,755	0				
<b>AB - PTO RECLASS PBH</b>								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	92,399	0	0	0		1.00
2.00		0.00	0	0	0	0		2.00
3.00		0.00	0	0	0	0		3.00
4.00		0.00	0	0	0	0		4.00
5.00		0.00	0	0	0	0		5.00
6.00		0.00	0	0	0	0		6.00
7.00		0.00	0	0	0	0		7.00
0			92,399	0				
<b>AC - PTO ACCRUAL RECLASS PBH</b>								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	703,731	0	0	0		1.00
2.00		0.00	0	0	0	0		2.00
3.00		0.00	0	0	0	0		3.00
4.00		0.00	0	0	0	0		4.00
5.00		0.00	0	0	0	0		5.00
6.00		0.00	0	0	0	0		6.00
7.00		0.00	0	0	0	0		7.00
0			703,731	0				
<b>AD - PTO RECLASS HOME HEALTH</b>								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	197,285	0	0	0		1.00
0			197,285	0				
<b>AE - PTO ACCRUAL RECLASS HOME HEALTH</b>								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,141,617	0	0	0		1.00
0			1,141,617	0				
<b>AF - PARAMEDICAL EDUCATION</b>								
1.00	LABORATORY	60.00	80,565	14,587	0	0		1.00
2.00	PHARMACY	15.00	199,533	0	0	0		2.00
0			280,098	14,587				
<b>AG - DIABETES CLINIC RECLASS</b>								
1.00	CLINIC	90.00	0	438,948	0	0		1.00
0			0	438,948				

RECLASSIFICATIONS

Provider CCN: 150021

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

Worksheet A-6  
Date/Time Prepared:  
5/27/2016 3:19 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
<b>AH - CORPORATE ALLOCATION RECLASS</b>							
1.00	OTHER A&G	5.07	54,361,445	0	0		1.00
	O		54,361,445	0			
<b>AK - TELEPHONE EXPENSE RECLASS</b>							
1.00	PATIENT SERVICES	5.04	0	757	0		1.00
2.00	OTHER A&G	5.07	0	1,246,684	0		2.00
3.00	OPERATION OF PLANT	7.00	0	1,867	0		3.00
4.00	FACILITY ENGINEERING	7.01	0	8,210	0		4.00
5.00	HOUSEKEEPING	9.00	0	24,695	0		5.00
6.00	DIETARY	10.00	0	5,776	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	1,328	0		7.00
8.00	PHARMACY	15.00	0	1,940	0		8.00
9.00	OUTPATIENT PHARMACY	15.01	0	112	0		9.00
10.00	IV SOLUTIONS	15.02	0	299	0		10.00
11.00	SOCIAL SERVICE	17.00	0	1,119	0		11.00
12.00	REHAB ADMIN	17.01	0	791	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	2,784	0		13.00
14.00	INTENSIVE CARE UNIT	31.00	0	726	0		14.00
15.00	PEDIATRIC ICU	31.01	0	121	0		15.00
16.00	NEONATAL ICU	31.02	0	149	0		16.00
17.00	CORONARY CARE UNIT	32.00	0	1,236	0		17.00
18.00	SUBPROVIDER - IRF	41.00	0	245	0		18.00
19.00	SUBPROVIDER - IPF	40.00	0	58,982	0		19.00
20.00	SKILLED NURSING FACILITY	44.00	0	1,306	0		20.00
21.00	OPERATING ROOM	50.00	0	9,656	0		21.00
22.00	RECOVERY ROOM	51.00	0	9,569	0		22.00
23.00	DELIVERY ROOM & LABOR ROOM	52.00	0	234	0		23.00
24.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,963	0		24.00
26.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,351	0		26.00
27.00	RADIOISOTOPE	56.00	0	462	0		27.00
28.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	121	0		28.00
29.00	LABORATORY	60.00	0	3,618	0		29.00
30.00	ANATOMICAL PATHOLOGY	60.01	0	121	0		30.00
31.00	RESPIRATORY THERAPY	65.00	0	2,928	0		31.00
32.00	WOUND CARE	65.01	0	486	0		32.00
33.00	DIALYSIS	65.02	0	242	0		33.00
34.00	ENDOSCOPY	65.03	0	4,523	0		34.00
35.00	PHYSICAL THERAPY	66.00	0	3,726	0		35.00
36.00	OCCUPATIONAL THERAPY	67.00	0	383	0		36.00
37.00	NEURO REHAB	68.01	0	311	0		37.00
38.00	ELECTROCARDIOLOGY	69.00	0	149	0		38.00
39.00	ELECTROENCEPHALOGRAPHY	70.00	0	378	0		39.00
40.00	NUTRITION SUPPORT	70.01	0	1,330	0		40.00
41.00	CARDIAC CATH LAB	70.03	0	10,160	0		41.00
42.00	CARDIAC REHA SERVICES	70.04	0	77	0		42.00
43.00	CLINIC	90.00	0	231	0		43.00
44.00	EMERGENCY	91.00	0	5,391	0		44.00
45.00	AMBULANCE SERVICES	95.00	0	5,990	0		45.00
46.00	HOME HEALTH AGENCY	101.00	0	168,459	0		46.00
47.00	EDUCARE CTR	194.05	0	77	0		47.00
48.00	STUCKY RESEARCH CTR	194.06	0	2,233	0		48.00
49.00	SCHOOL NURSE/COMMUNITY OUTREACH	194.15	0	6,457	0		49.00
50.00	BREAST DIAGNOSTIC CTR	194.18	0	918	0		50.00
	O		0	1,603,671			
<b>AM - NEW LIFE CENTER NURSING ADMIN</b>							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	507,892	106,376	0		1.00
2.00		0.00	0	0	0		2.00
	O		507,892	106,376			
<b>AN - OCCUPATIONAL HEALTH</b>							
1.00	PHARMACY	15.00	0	8,189	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	427	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	26,823	0		3.00
4.00	LABORATORY	60.00	0	1,069	0		4.00
5.00	RESPIRATORY THERAPY	65.00	0	18	0		5.00
6.00	ELECTROCARDIOLOGY	69.00	0	185	0		6.00
7.00	EMERGENCY	91.00	0	40,920	0		7.00
	O		0	77,631			
<b>AO - CONVERSION TABLE RECLASS</b>							
1.00	OPERATING ROOM	50.00	363,380	1,215,098	0		1.00
2.00	PHYSICAL THERAPY	66.00	1,947,543	112,154	0		2.00
3.00	PHYSICAL THERAPY	66.00	694,902	40,018	0		3.00
4.00	RESPIRATORY THERAPY	65.00	669,672	148,398	0		4.00

Provider CCN: 150021

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

Worksheet A-6  
Date/Time Prepared:  
5/27/2016 3:19 pm

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
5.00	RESPIRATORY THERAPY	65.00	261,631	57,977		0	5.00
6.00	OPERATING ROOM	50.00	361,092	1,207,445		0	6.00
7.00	PHARMACY	15.00	1,283	4,755		0	7.00
			4,299,503	2,785,845			
AP - NURSERY RECLASS NORTH							
1.00	ADULTS & PEDIATRICS	30.00	1,807,719	517,273		0	1.00
			1,807,719	517,273			
AQ - NURSERY RECLASS PVHOS							
1.00	ADULTS & PEDIATRICS	30.00	503,979	179,584		0	1.00
			503,979	179,584			
500.00	Grand Total: Decreases		91,929,400	133,310,768			500.00



RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150021

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/27/2016 3:19 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	6,760,319	0	0	0	1.00
2.00	Land Improvements	63,230,093	985,819	0	985,819	2.00
3.00	Buildings and Fixtures	705,007,707	10,550,226	0	10,550,226	3.00
4.00	Building Improvements	9,508,702	0	0	0	4.00
5.00	Fixed Equipment	18,810,071	2,412	0	2,412	5.00
6.00	Movable Equipment	164,944,572	7,315,930	0	7,315,930	6.00
7.00	HIT designated Assets	30,568,998	3,029,894	0	3,029,894	7.00
8.00	Subtotal (sum of lines 1-7)	998,830,462	21,884,281	0	21,884,281	8.00
9.00	Reconciling Items	-2,534,959	0	0	0	9.00
10.00	Total (line 8 minus line 9)	1,001,365,421	21,884,281	0	21,884,281	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	6,760,319	0			1.00
2.00	Land Improvements	64,215,912	5,343,597			2.00
3.00	Buildings and Fixtures	715,099,593	86,066,229			3.00
4.00	Building Improvements	9,508,702	719,517			4.00
5.00	Fixed Equipment	18,811,338	191,616			5.00
6.00	Movable Equipment	169,818,075	99,338,413			6.00
7.00	HIT designated Assets	33,598,892	0			7.00
8.00	Subtotal (sum of lines 1-7)	1,017,812,831	191,659,372			8.00
9.00	Reconciling Items	-6,497,764	0			9.00
10.00	Total (line 8 minus line 9)	1,024,310,595	191,659,372			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150021

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	45,666,202	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	45,666,202	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	45,666,202				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	45,666,202				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150021

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	814,395,862	0	814,395,862	0.809149	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	203,416,965	11,327,908	192,089,057	0.190851	0	2.00
3.00	Total (sum of lines 1-2)	1,017,812,827	11,327,908	1,006,484,919	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	20,246,537	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	25,249,798	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	45,496,335	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	CAP REL COSTS-BLDG & FIXT	0	0	0	0	20,246,537	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	25,249,798	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	45,496,335	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-4,483,558	CAP REL COSTS-BLDG & FIXT	1.00	9 1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0 2.00
3.00 Investment income - other (chapter 2)		0		0.00	0 3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-386,265	COMMUNICATIONS	5.01	0 7.00
8.00 Television and radio service (chapter 21)	A	-4,453	OPERATION OF PLANT	7.00	0 8.00
9.00 Parking lot (chapter 21)		0		0.00	0 9.00
10.00 Provider-based physician adjustment	A-8-2	-37,796,859			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	25,668,128			0 12.00
13.00 Laundry and linen service		0		0.00	0 13.00
14.00 Cafeteria-employees and guests	A	-1,384,282	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	-317,316	OUTPATIENT PHARMACY	15.01	0 17.00
18.00 Sale of medical records and abstracts		0		0.00	0 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0 19.00
20.00 Vending machines		0		0.00	0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00	25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0 26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0 27.00
28.00 Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00	28.00
29.00 Physicians' assistant		0		0.00	0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00	30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00	30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0 32.00
33.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.00

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
				Cost Center		Line #	
				1.00	2.00	3.00	
37.00	EKG NONPATIENT EXPENSE	A	-8,052	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	37.00
37.04	FITNESS CENTER EMPLOYEE REVENUE	B	-146,289	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	37.04
37.05	HEALTH FITNESS EMPLOYEE DUES	B	-2,766	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	37.05
37.06	NONALLOWABLE LOBBYING FEES	A	-27,775	OTHER A&G	5.07	0	37.06
37.09	CAPITAL COST NEW B&F	A	4,384,585	CAP REL COSTS-BLDG & FIXT	1.00	9	37.09
37.10	CAPITAL COST NEW M&E	A	28,576	CAP REL COSTS-MVBLE EQUIP	2.00	9	37.10
38.00	TELEMETRY	A	-130,073	ADULTS & PEDIATRICS	30.00	0	38.00
38.06	SELF FUNDED INSURANCE ADJUSTMEN	A	-41,022,086	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	38.06
38.36	CAPITAL COSTS NEW M&E	A	-158,531	CAP REL COSTS-BLDG & FIXT	1.00	9	38.36
38.38	CAPITAL COSTS NEW M&E	A	7,944	CAP REL COSTS-BLDG & FIXT	1.00	9	38.38
39.02	LIQUOR EXPENSE	A	-14,772	OTHER A&G	5.07	0	39.02
39.07	TELEPHONE OFFSET	A	-64	CAP REL COSTS-BLDG & FIXT	1.00	9	39.07
39.08	TELEPHONE OFFSET	A	-590,781	CAP REL COSTS-MVBLE EQUIP	2.00	9	39.08
39.09	CAFETERIA EMPLOYEE ADJUSTMENT	B	-3,177,005	DIETARY	10.00	0	39.09
40.02	OFFSET LAB SERVICES BILLED	B	-1,857,281	LABORATORY	60.00	0	40.02
40.03	OFFSET LAB SERVICES BILLED	B	-1,727,914	LABORATORY	60.00	0	40.03
40.04	OFFSET LAB SERVICES BILLED	B	-2,033,101	LABORATORY	60.00	0	40.04
40.06	LAB SERVICES BILLED	B	-3,899,534	LABORATORY	60.00	0	40.06
40.09	OFFSET OTHER OPERATING REVENUE	B	-26,140	PHARMACY	15.00	0	40.09
40.11	OFFSET LAB SERVICES BILLED NORTH HOS	B	-1,651,287	LABORATORY	60.00	0	40.11
40.13	OFFSET LAB SERVICES BILLED AVIL	B	-123,971	LABORATORY	60.00	0	40.13
40.14	OFFSET LAB SERVICES BILLED LAGR	B	-873,991	LABORATORY	60.00	0	40.14
41.07	VENDING MACHINES	A	-6,384	OPERATION OF PLANT	7.00	0	41.07
41.08	VENDING MACHINES	A	-12,638	CAP REL COSTS-BLDG & FIXT	1.00	9	41.08
41.09	VENDING MACHINES	A	-163	OTHER A&G	5.07	0	41.09
41.10	VENDING MACHINES	A	-308	OTHER A&G	5.07	0	41.10
42.00	INTERUNIT RENT INCOME OFFSET	B	-27,163	RADIOLOGY - PULM CLINIC	54.08	0	42.00
43.00	RENTAL PROPERTY ADJUSTMENT	A	-137,938	OTHER A&G	5.07	0	43.00
44.00	FILM DUPLICATION	B	-328	RADIOLOGY-DIAGNOSTIC	54.00	0	44.00
44.01	REMOVE PMG LOSSES ALLOCATED TO PARKV	A	-15	INTENSIVE CARE UNIT	31.00	0	44.01
44.02	REMOVE PMG LOSSES ALLOCATED TO PARKV	A	-15	CARDIAC CATH LAB	70.03	0	44.02
44.03	REMOVE PMG LOSSES ALLOCATED TO PARKV	A	-171	CAREW MEDICAL PARK SURG	50.01	0	44.03
46.01	INTEREST EXPENSE	A	-22,362	MED SURG SUPPLY	15.03	0	46.01
47.00	HHA PHYSICIAN OFFSET	A	-30,802	HOME HEALTH AGENCY	101.00	0	47.00
47.01	MEDICAL PARK 11	A	-453,091	MEDICAL OFFICE BUILDINGS	194.23	0	47.01
47.03	HOPD LIBERTY MILLS	A	-50,772	LABORATORY	60.00	0	47.03
47.04	HOPD LIBERTY MILLS	A	-50,772	RADIOLOGY-DIAGNOSTIC	54.00	0	47.04
48.04	OFFSET PULM REHAB REVENUE	B	-3,965	RESPIRATORY THERAPY	65.00	0	48.04
49.07	GROSS UP BREAST DIAGNOSTIC EXP	A	-52,636	BREAST DIAGNOSTIC CTR	194.18	0	49.07
49.17	INDIANA SALES TAX DISCOUNT	B	-376,610	OTHER A&G	5.07	0	49.17
49.20	INTERUNIT RENT EXPENSE	A	-1,772	CLINIC	90.00	0	49.20
49.21	INTERUNIT RENT EXPENSE	A	-149,911	NEURO REHAB	68.01	0	49.21
49.22	INTERUNIT RENT EXPENSE	A	-546,015	ENDOSCOPY	65.03	0	49.22
49.24	INTERUNIT RENT EXPENSE	A	-130,166	OUTPATIENT PHARMACY	15.01	0	49.24
49.26	INTERUNIT RENT EXPENSE	A	-243,150	RADIOLOGY-DIAGNOSTIC	54.00	0	49.26
49.27	INTERUNIT RENT EXPENSE	A	-168,627	CAREW MEDICAL PARK SURG	50.01	0	49.27
49.28	INTERUNIT RENT EXPENSE	A	-37,110	RADIOLOGY - NHMP	54.05	0	49.28
49.30	INTERUNIT RENT EXPENSE	A	-56,250	LABORATORY	60.00	0	49.30
49.31	INTERUNIT RENT EXPENSE	A	-156,725	PHYSICAL THERAPY	66.00	0	49.31
49.33	INTERUNIT RENT EXPENSE	A	-333,524	HOME HEALTH AGENCY	101.00	0	49.33
49.36	OFFSET ONCOLOGY RENT INCOME	B	-150,279	RADIOLOGY-THERAPEUTIC	55.00	0	49.36
49.38	OFFSET NUTRITION CLASS REVENUE	B	-2,580	NUTRITION SUPPORT	70.01	0	49.38
49.43	INTERUNIT RENT EXPENSE	A	-788,960	CARDIAC CATH LAB	70.03	0	49.43
49.44	INTERUNIT RENT EXPENSE	A	-576,028	OTHER A&G	5.07	0	49.44
49.45	INTERUNIT RENT EXPENSE	A	-59,280	STUCKY RESEARCH CTR	194.06	0	49.45
49.46	INTERUNIT RENT EXPENSE	A	-307,370	PREMIER SURGERY CENTER	194.25	0	49.46
49.56	ONCOLOGY OTHER REVENUE	B	-86,218	RADIOLOGY-THERAPEUTIC	55.00	0	49.56
49.63	A&G OTHER REVENUE	B	-302,955	OTHER A&G	5.07	0	49.63
49.71	REMOVE PPG SUBSIDY	A	-159	SCHOOL NURSE/COMMUNITY OUTREACH	194.15	0	49.71

Provider CCN: 150021

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

Worksheet A-8

Date/Time Prepared:  
 5/27/2016 3:19 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	
49.72 REMOVE PPG SUBSIDY	A	-297,554	AMBULANCE SERVICES	95.00	0 49.72
49.73 REMOVE PPG SUBSIDY	A	91,240	OCCUPATIONAL THERAPY	67.00	0 49.73
49.74 REMOVE PPG SUBSIDY	A	-7	WOUND CARE	65.01	0 49.74
49.75 REMOVE PPG SUBSIDY	A	-7	DELIVERY ROOM & LABOR ROOM	52.00	0 49.75
49.76 REMOVE PPG SUBSIDY	A	-7	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 49.76
49.77 REMOVE PPG SUBSIDY	A	-61	NEONATAL ICU	31.02	0 49.77
49.78 REMOVE PPG SUBSIDY	A	427,900	SUBPROVIDER - IPF	40.00	0 49.78
49.79 REMOVE PPG SUBSIDY	A	-71,325,400	OTHER A&G	5.07	0 49.79
49.80 REMOVE PPG SUBSIDY	A	-483	DIETARY	10.00	0 49.80
49.81 REMOVE PPG SUBSIDY	A	-36	PHARMACY	15.00	0 49.81
49.82 REMOVE PPG SUBSIDY	A	-9	SOCIAL SERVICE	17.00	0 49.82
49.83 REMOVE PPG SUBSIDY	A	-490	ADULTS & PEDIATRICS	30.00	0 49.83
49.84 REMOVE PPG SUBSIDY	A	-14	PEDIATRIC ICU	31.01	0 49.84
49.85 REMOVE PPG SUBSIDY	A	-816	OPERATING ROOM	50.00	0 49.85
49.86 REMOVE PPG SUBSIDY	A	-588	RADIOLOGY-DIAGNOSTIC	54.00	0 49.86
49.87 REMOVE PPG SUBSIDY	A	-623	RADIOLOGY - PULM CLINIC	54.08	0 49.87
49.88 REMOVE PPG SUBSIDY	A	-9,291	RADIOLOGY-THERAPEUTIC	55.00	0 49.88
49.89 REMOVE PPG SUBSIDY	A	-6,312	LABORATORY	60.00	0 49.89
49.90 REMOVE PPG SUBSIDY	A	-31	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0 49.90
49.91 REMOVE PPG SUBSIDY	A	-356	RESPIRATORY THERAPY	65.00	0 49.91
49.92 REMOVE PPG SUBSIDY	A	-2,393	ENDOSCOPY	65.03	0 49.92
49.93 REMOVE PPG SUBSIDY	A	-3	PHYSICAL THERAPY	66.00	0 49.93
49.94 REMOVE PPG SUBSIDY	A	-253	ELECTROENCEPHALOGRAPHY	70.00	0 49.94
49.95 REMOVE PPG SUBSIDY	A	-366	CLINIC	90.00	0 49.95
49.96 REMOVE PPG SUBSIDY	A	-212	EMERGENCY	91.00	0 49.96
49.97 REMOVE PPG SUBSIDY	A	-9,590	HOME HEALTH AGENCY	101.00	0 49.97
49.98 REMOVE PPG SUBSIDY	A	-4,136	STUCKY RESEARCH CTR	194.06	0 49.98
49.99 REMOVE PPG SUBSIDY	A	-22	MEDICAL OFFICE BUILDINGS	194.23	0 49.99
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-148,218,045			50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN: 150021

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

Worksheet A-8-1

Date/Time Prepared: 5/27/2016 3:19 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE COST REPORT	0	66,107 1.00
2.00	7.01	FACILITY ENGINEERING	HOME OFFICE COST REPORT	0	1,101,197 2.00
3.00	8.00	LAUNDRY & LINEN SERVICE	PURCHASED SERVICES	2,359,647	1,964,500 3.00
4.00	0.00			0	0 4.00
4.04	4.00	EMPLOYEE BENEFITS DEPARTMENT	MANAGED CARE SERVICES	4,008,281	3,911,027 4.04
4.06	5.07	OTHER A&G	HOME OFFICE COST REPORT	134,041,223	107,790,000 4.06
4.07	8.00	LAUNDRY & LINEN SERVICE	CARRY FORWARD	123,882	0 4.07
4.09	194.25	PREMIER SURGERY CENTER	HOME OFFICE COST REPORT	0	32,074 4.09
4.11	0.00			0	0 4.11
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			140,533,033	114,864,905 5.00

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

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

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

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

6.00	C		0.00	HOSPITAL LAUNDR	33.00	6.00
7.00	B		0.00	PV HEALTH SYSTEM	100.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 150021

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

Worksheet A-8-1

Date/Time Prepared:  
5/27/2016 3:19 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	-66,107	9		1.00
2.00	-1,101,197	0		2.00
3.00	395,147	0		3.00
4.00	0	0		4.00
4.04	97,254	0		4.04
4.06	26,251,223	0		4.06
4.07	123,882	0		4.07
4.09	-32,074	0		4.09
4.11	0	0		4.11
5.00	25,668,128			5.00

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

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

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

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

6.00	LAUNDRY		6.00
7.00	HOME OFFICE		7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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



PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150021

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

Worksheet A-8-2

Date/Time Prepared:  
5/27/2016 3:19 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	70.03	AGGREGATE-CARDIAC CATH LAB	202,142	0	202,142	171,400	1,144	1.00
2.00	5.07	AGGREGATE-OTHER A&G	34,926,054	0	349,260	171,400	1,600	2.00
3.00	5.07	AGGREGATE-OTHER A&G	68,750	0	68,750	171,400	220	3.00
4.00	5.07	AGGREGATE-OTHER A&G	326,662	0	326,662	171,400	1,907	4.00
5.00	5.07	AGGREGATE-OTHER A&G	21,500	0	21,500	171,400	104	5.00
6.00	17.00	AGGREGATE-SOCIAL SERVICE	127,410	0	127,410	171,400	867	6.00
7.00	5.07	AGGREGATE-OTHER A&G	48,000	0	48,000	171,400	520	7.00
8.00	31.01	AGGREGATE-PEDIATRIC ICU	131,086	128,808	2,278	171,400	21	8.00
9.00	41.00	AGGREGATE-SUBPROVIDER - IRF	47,135	28,319	18,816	171,400	358	9.00
10.00	5.07	AGGREGATE-OTHER A&G	2,340	0	2,340	171,400	20	10.00
11.00	40.00	AGGREGATE-SUBPROVIDER - IPF	49,660	0	49,660	171,400	377	11.00
12.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	96,196	0	96,196	171,400	438	12.00
13.00	60.00	AGGREGATE-LABORATORY	652,999	333,280	319,719	219,500	4,598	13.00
14.00	65.00	AGGREGATE-RESPIRATORY THERAPY	7,006	0	7,006	171,400	62	14.00
15.00	65.01	AGGREGATE-WOUND CARE	42,000	0	42,000	171,400	240	15.00
16.00	91.00	AGGREGATE-EMERGENCY	191,116	0	191,116	171,400	1,248	16.00
17.00	91.00	AGGREGATE-EMERGENCY	82,980	0	82,980	171,400	546	17.00
18.00	91.00	AGGREGATE-EMERGENCY	62,239	0	62,239	171,400	374	18.00
19.00	91.00	AGGREGATE-EMERGENCY	1,848,447	1,848,447	0	171,400	0	19.00
200.00			38,933,722	2,338,854	2,018,074		14,644	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	70.03	AGGREGATE-CARDIAC CATH LAB	94,270	4,714	0	0	0	1.00
2.00	5.07	AGGREGATE-OTHER A&G	131,846	6,592	0	0	0	2.00
3.00	5.07	AGGREGATE-OTHER A&G	18,129	906	0	0	0	3.00
4.00	5.07	AGGREGATE-OTHER A&G	157,144	7,857	0	0	0	4.00
5.00	5.07	AGGREGATE-OTHER A&G	8,570	429	0	0	0	5.00
6.00	17.00	AGGREGATE-SOCIAL SERVICE	71,444	3,572	0	0	0	6.00
7.00	5.07	AGGREGATE-OTHER A&G	42,850	2,143	0	0	0	7.00
8.00	31.01	AGGREGATE-PEDIATRIC ICU	1,730	87	0	0	0	8.00
9.00	41.00	AGGREGATE-SUBPROVIDER - IRF	29,501	1,475	0	0	0	9.00
10.00	5.07	AGGREGATE-OTHER A&G	1,648	82	0	0	0	10.00
11.00	40.00	AGGREGATE-SUBPROVIDER - IPF	31,066	1,553	0	0	0	11.00
12.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	36,093	1,805	0	0	0	12.00
13.00	60.00	AGGREGATE-LABORATORY	485,222	24,261	0	0	0	13.00
14.00	65.00	AGGREGATE-RESPIRATORY THERAPY	5,109	255	0	0	0	14.00
15.00	65.01	AGGREGATE-WOUND CARE	19,777	989	0	0	0	15.00
16.00	91.00	AGGREGATE-EMERGENCY	102,840	5,142	0	0	0	16.00
17.00	91.00	AGGREGATE-EMERGENCY	44,993	2,250	0	0	0	17.00
18.00	91.00	AGGREGATE-EMERGENCY	30,819	1,541	0	0	0	18.00
19.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	19.00
200.00			1,313,051	65,653	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	70.03	AGGREGATE-CARDIAC CATH LAB	0	94,270	107,872	107,872		1.00
2.00	5.07	AGGREGATE-OTHER A&G	0	131,846	217,414	34,794,208		2.00
3.00	5.07	AGGREGATE-OTHER A&G	0	18,129	50,621	50,621		3.00
4.00	5.07	AGGREGATE-OTHER A&G	0	157,144	169,518	169,518		4.00
5.00	5.07	AGGREGATE-OTHER A&G	0	8,570	12,930	12,930		5.00
6.00	17.00	AGGREGATE-SOCIAL SERVICE	0	71,444	55,966	55,966		6.00
7.00	5.07	AGGREGATE-OTHER A&G	0	42,850	5,150	5,150		7.00
8.00	31.01	AGGREGATE-PEDIATRIC ICU	0	1,730	548	129,356		8.00
9.00	41.00	AGGREGATE-SUBPROVIDER - IRF	0	29,501	0	28,319		9.00
10.00	5.07	AGGREGATE-OTHER A&G	0	1,648	692	692		10.00
11.00	40.00	AGGREGATE-SUBPROVIDER - IPF	0	31,066	18,594	18,594		11.00
12.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	36,093	60,103	60,103		12.00
13.00	60.00	AGGREGATE-LABORATORY	0	485,222	0	333,280		13.00
14.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	5,109	1,897	1,897		14.00
15.00	65.01	AGGREGATE-WOUND CARE	0	19,777	22,223	22,223		15.00
16.00	91.00	AGGREGATE-EMERGENCY	0	102,840	88,276	88,276		16.00
17.00	91.00	AGGREGATE-EMERGENCY	0	44,993	37,987	37,987		17.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150021

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

Worksheet A-8-2

Date/Time Prepared:  
5/27/2016 3:19 pm

	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		
18.00	91.00	AGGREGATE-EMERGENCY	0	30,819	31,420	31,420		18.00
19.00	91.00	AGGREGATE-EMERGENCY	0	0	0	1,848,447		19.00
200.00			0	1,313,051	881,211	37,796,859		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150021

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT	20,246,537	20,246,537				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	25,249,798		25,249,798			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	31,676,713	523,123	77,692	32,277,528		4.00
5.01 00540 COMMUNICATIONS	1,217,406	0	0	0	1,217,406	5.01
5.02 00550 DATA PROCESSING	0	157,920	0	0	240,154	5.02
5.03 00560 MATERIALS MANAGEMENT	0	98,690	0	0	20,775	5.03
5.04 00570 PATIENT SERVICES	3,365,139	176,696	39,601	364,253	68,972	5.04
5.05 00580 PATIENT ACCOUNTING	0	5,194	0	0	42,104	5.05
5.06 00591 AMBULATORY SVCS ADMIN	0	0	0	0	0	5.06
5.07 00590 OTHER A&G	117,665,450	1,081,436	1,678,192	7,621,714	140,438	5.07
5.08 00592 CAREW MEDICAL PARK ADMIN	0	1,354	4,974	0	0	5.08
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	7,864,180	1,880,893	584,325	89,690	6,648	7.00
7.01 00701 FACILITY ENGINEERING	4,663,655	1,527,120	333,281	368,251	32,686	7.01
8.00 00800 LAUNDRY & LINEN SERVICE	3,250,695	22,836	12,183	44,137	17,728	8.00
9.00 00900 HOUSEKEEPING	6,503,849	385,320	65,976	690,690	7,756	9.00
10.00 01000 DIETARY	768,211	711,826	696,259	316,559	10,526	10.00
10.01 01001 KITCHEN-NO CONNECT W/CAFE	7,003,541	0	0	354,693	0	10.01
10.02 01002 CAFETERIA	0	0	0	0	0	10.02
10.03 01003 PREADMITS AND ER	0	0	0	0	0	10.03
11.00 01100 CAFETERIA	0	0	0	0	0	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	2,733,797	56,697	10,433	218,654	2,493	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	239,072	4,895	0	8,587	14.00
15.00 01500 PHARMACY	11,274,556	217,416	2,122,016	1,113,291	21,329	15.00
15.01 01501 OUTPATIENT PHARMACY	12,933,529	67,131	3,839	94,931	277	15.01
15.02 01502 IV SOLUTIONS	1,584,044	0	31,652	63,922	0	15.02
15.03 01503 MED SURG SUPPLY	54,997,933	0	0	0	0	15.03
16.00 01600 MEDICAL RECORDS & LIBRARY	0	164,734	263,267	0	2,770	16.00
17.00 01700 SOCIAL SERVICE	4,418,165	90,800	16,003	409,339	9,418	17.00
17.01 01701 REHAB ADMIN	503,989	0	1,455	25,354	5,540	17.01
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	3,235,895	0	0	48	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	95,152	3,077	0	10,319	0	23.00
23.01 02301 PARAMED ED RADIOLOGY	0	0	0	0	0	23.01
23.02 02302 PARAMED ED PHARMACY	199,533	3,471	0	25,556	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	39,959,703	2,938,790	1,738,411	4,439,734	208,856	30.00
31.00 03100 INTENSIVE CARE UNIT	4,830,900	230,466	346,538	618,038	21,052	31.00
31.01 03101 PEDIATRIC ICU	1,291,079	71,655	145,360	118,976	2,770	31.01
31.02 03102 NEONATAL ICU	4,066,185	250,282	2,523	430,373	21,883	31.02
32.00 03200 CORONARY CARE UNIT	15,639,170	709,328	840,727	1,798,260	14,127	32.00
40.00 04000 SUBPROVIDER - IPF	8,249,957	607,283	262,970	815,008	9,972	40.00
41.00 04100 SUBPROVIDER - IRF	2,542,472	255,997	23,677	301,437	13,296	41.00
43.00 04300 NURSERY	3,258,187	50,357	167,189	322,521	277	43.00
44.00 04400 SKILLED NURSING FACILITY	3,172,125	308,749	19,996	375,832	6,648	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	15,410,810	1,461,828	4,531,398	1,249,681	26,038	50.00
50.01 05001 CAREW MEDICAL PARK SURG	585,061	102,681	9,057	30,370	2,770	50.01
51.00 05100 RECOVERY ROOM	6,172,138	676,415	150,994	434,046	16,066	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	61,888	316,638	0	7,958	12,742	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	13,489,980	452,370	3,030,861	1,223,941	28,254	54.00
54.01 05401 RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05 05405 RADIOLOGY - NHMP	190,337	34,439	0	23,137	0	54.05
54.06 05406 RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07 05407 RADIOLOGY - WP	0	0	0	0	0	54.07
54.08 05408 RADIOLOGY - PULM CLINIC	35,591	80,319	19,430	3,696	831	54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	6,246,631	473,922	472,805	400,823	27,977	55.00
56.00 05600 RADIOISOTOPE	419,984	70,567	216,171	47,065	831	56.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	882,005	184,851	556,690	77,574	3,047	58.00
60.00 06000 LABORATORY	12,723,246	468,127	1,079,322	1,636,435	19,944	60.00
60.01 06001 ANATOMICAL PATHOLOGY	1,324,952	15,826	286,182	64,790	1,662	60.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150021

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,540,406	0	0	69,991	554	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	4,095,659	159,459	397,407	524,085	10,249	65.00
65.01	06501	WOUND CARE	1,995,479	41,264	23,885	87,261	0	65.01
65.02	06502	DIALYSIS	2,082,945	46,621	14,409	6,753	831	65.02
65.03	03330	ENDOSCOPY	3,728,950	342,633	659,212	295,466	2,216	65.03
66.00	06600	PHYSICAL THERAPY	4,345,520	231,750	119,060	524,057	2,770	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	2,389,073	15,779	0	290,952	277	67.00
68.00	06800	SPEECH PATHOLOGY	734,920	0	0	89,004	277	68.00
68.01	06801	NEURO REHAB	1,248,146	91,078	11,859	146,305	3,047	68.01
69.00	06900	ELECTROCARDIOLOGY	1,278,443	0	15,283	121,599	831	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	523,009	17,052	44,845	55,847	277	70.00
70.01	03950	NUTRITION SUPPORT	758,745	0	648	83,597	1,662	70.01
70.03	03952	CARDIAC CATH LAB	4,558,616	346,577	723,293	392,680	24,930	70.03
70.04	03953	CARDIAC REHA SERVICES	130,644	35,179	16,217	15,378	2,493	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-8,052	0	15,177	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	31,200,164	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	398,076	18,290	0	167	1,662	90.00
90.01	09001	ANTI COAG CLINIC	1,625,037	38,546	806	124,958	1,939	90.01
91.00	09100	EMERGENCY	10,353,106	767,401	337,207	1,111,803	33,240	91.00
91.01	09101	PARTIAL HOSPITALIZATION	125,994	11,337	0	15,585	277	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	6,674,925	76,652	2,713,024	315,373	2,770	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	9,587,238	203,685	28,907	925,935	16,343	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	7,199,004	0	0	446,152	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	561,570,215	19,618,999	24,967,583	31,874,044	1,183,889	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9,665	49,397	256	1,224	1,108	190.00
194.00	07950	NON ALLOWABLE	0	0	408	0	6,648	194.00
194.01	07951	TELEVISION	0	0	0	0	277	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	-6,210	0	474	310	831	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	828,357	185,939	306	9,605	277	194.05
194.06	07956	STUCKY RESEARCH CTR	2,127,206	13,084	254,593	204,159	277	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	29,555	44,631	0	0	3,047	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	1,530,431	0	0	10,001	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	430,941	54,094	297	18,270	277	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	2,636,485	4,257	15,032	115,414	1,108	194.15
194.16	07966	FITNESS	178,363	23,171	0	19,185	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	-50,829	43,497	0	0	1,108	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	121	103,560	2,063	0	0	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	376,500	3,285	8,786	23,656	277	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	7,975,081	102,623	0	0	18,282	194.25
194.26	07976	ISH	0	0	0	0	0	194.26

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150021

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
194.27 07977 MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28 07979 RWJ FOUNDATION	21,225	0	0	1,660	0	194.28
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)	577,657,106	20,246,537	25,249,798	32,277,528	1,217,406	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150021

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description			DATA PROCESSING	MATERIALS MANAGEMENT	PATIENT SERVICES	PATIENT ACCOUNTING	AMBULATORY SVCS ADMIN		
			5.02	5.03	5.04	5.05	5.06		
<b>GENERAL SERVICE COST CENTERS</b>									
1.00	00100	CAP REL COSTS-BLDG & FIXT							1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP							2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT							4.00
5.01	00540	COMMUNICATIONS							5.01
5.02	00550	DATA PROCESSING	398,074						5.02
5.03	00560	MATERIALS MANAGEMENT	0	119,465					5.03
5.04	00570	PATIENT SERVICES	5,349	200	4,020,210				5.04
5.05	00580	PATIENT ACCOUNTING	0	0	0	47,298			5.05
5.06	00591	AMBULATORY SVCS ADMIN	0	0	0	0	0		5.06
5.07	00590	OTHER A&G	8,303	2,224	0	0	0		5.07
5.08	00592	CAREW MEDICAL PARK ADMIN	0	0	0	0	0		5.08
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0		6.00
7.00	00700	OPERATION OF PLANT	1,437	291	0	0	0		7.00
7.01	00701	FACILITY ENGINEERING	6,547	631	0	0	0		7.01
8.00	00800	LAUNDRY & LINEN SERVICE	1,437	759	0	0	0		8.00
9.00	00900	HOUSEKEEPING	22,874	1,185	0	0	0		9.00
10.00	01000	DIETARY	20,000	1,139	0	0	0		10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	0	0	0	0		10.01
10.02	01002	CAFETERIA	0	0	0	0	0		10.02
10.03	01003	PREADMITS ANDER	0	0	0	0	0		10.03
11.00	01100	CAFETERIA	0	0	0	0	0		11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	1,916	26	0	0	0		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0		14.00
15.00	01500	PHARMACY	12,175	573	0	0	0		15.00
15.01	01501	OUTPATIENT PHARMACY	1,158	38	0	0	0		15.01
15.02	01502	IV SOLUTIONS	1,637	440	0	0	0		15.02
15.03	01503	MED SURG SUPPLY	0	71,501	0	0	0		15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0		16.00
17.00	01700	SOCIAL SERVICE	5,150	15	0	0	0		17.00
17.01	01701	REHAB ADMIN	359	5	0	0	0		17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0		23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0		23.01
23.02	02302	PARAMED ED PHARMACY	0	0	0	0	0		23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	74,289	4,348	539,732	4,091	0		30.00
31.00	03100	INTENSIVE CARE UNIT	9,102	690	85,292	556	0		31.00
31.01	03101	PEDIATRIC ICU	1,397	50	9,338	61	0		31.01
31.02	03102	NEONATAL ICU	5,748	437	77,415	505	0		31.02
32.00	03200	CORONARY CARE UNIT	26,027	1,842	195,756	1,277	0		32.00
40.00	04000	SUBPROVIDER - IPF	14,012	508	77,044	503	0		40.00
41.00	04100	SUBPROVIDER - IRF	4,790	146	30,247	197	0		41.00
43.00	04300	NURSERY	0	0	13,447	88	0		43.00
44.00	04400	SKILLED NURSING FACILITY	6,547	249	23,750	155	0		44.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	21,516	6,265	562,770	6,205	0		50.00
50.01	05001	CAREW MEDICAL PARK SURG	719	299	73	120	0		50.01
51.00	05100	RECOVERY ROOM	4,750	418	76,527	1,310	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,397	18	7,674	50	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,525	4,890	379,625	6,444	0		54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0		54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0		54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0		54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0		54.04
54.05	05405	RADIOLOGY - NHMP	479	3	23	18	0		54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0		54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0		54.07
54.08	05408	RADIOLOGY - PULM CLINIC	40	5	1	0	0		54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0		54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	3,952	144	7,517	1,350	0		55.00
56.00	05600	RADIOISOTOPE	519	30	7,002	79	0		56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	838	39	33,209	429	0		58.00
60.00	06000	LABORATORY	31,656	11,387	231,540	3,098	0		60.00
60.01	06001	ANATOMICAL PATHOLOGY	1,158	659	11,470	165	0		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	28,458	223	0		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0		62.30
65.00	06500	RESPIRATORY THERAPY	8,822	298	87,319	624	0		65.00
65.01	06501	WOUND CARE	1,158	77	17,314	254	0		65.01
65.02	06502	DIALYSIS	200	45	13,147	90	0		65.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150021

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description			DATA PROCESSING	MATERIALS MANAGEMENT	PATIENT SERVICES	PATIENT ACCOUNTING	AMBULATORY SVCS ADMIN	
			5.02	5.03	5.04	5.05	5.06	
65.03	03330	ENDOSCOPY	4,351	1,030	43,428	1,400		0 65.03
66.00	06600	PHYSICAL THERAPY	11,217	110	41,873	316		0 66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0		0 66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0		0 66.02
67.00	06700	OCCUPATIONAL THERAPY	559	4	32,972	230		0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	11,658	95		0 68.00
68.01	06801	NEURO REHAB	1,756	51	12	103		0 68.01
69.00	06900	ELECTROCARDIOLOGY	958	240	20,776	518		0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	319	32	9,103	101		0 70.00
70.01	03950	NUTRITION SUPPORT	1,397	136	795	6		0 70.01
70.03	03952	CARDIAC CATH LAB	4,551	869	159,565	2,227		0 70.03
70.04	03953	CARDIAC REHA SERVICES	279	8	1	20		0 70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	223,880	2,342		0 71.00
71.01	07101	COST OF SOLUTIONS	0	0	141,707	1,135		0 71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	266,194	2,791		0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	393,922	4,025		0 73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0		0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0		0 76.98
76.99	07699	LITHOTRIpsy	0	0	0	0		0 76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	15	423	9		0 90.00
90.01	09001	ANTI COAG CLINIC	878	267	41	59		0 90.01
91.00	09100	EMERGENCY	17,924	1,921	158,153	3,160		0 91.00
91.01	09101	PARTIAL HOSPITALIZATION	240	4	17	21		0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						0 92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	4,950	1,169	0	316		0 95.00
99.10	09910	CORF	0	0	0	0		0 99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0		0 99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0		0 99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0		0 99.40
101.00	10100	HOME HEALTH AGENCY	18,962	1,071	0	351		0 101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	181		0 116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	393,324	118,801	4,020,210	47,298		0 118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		0 190.00
194.00	07950	NON ALLOWABLE	0	0	0	0		0 194.00
194.01	07951	TELEVISION	0	0	0	0		0 194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0		0 194.02
194.03	07953	OP CLINIC	0	0	0	0		0 194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0		0 194.04
194.05	07955	EDUCARE CTR	120	60	0	0		0 194.05
194.06	07956	STUCKY RESEARCH CTR	2,196	224	0	0		0 194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0		0 194.07
194.08	07958	FOUNDATION	0	0	0	0		0 194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0		0 194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0		0 194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0		0 194.11
194.12	07962	GUEST SERVICES	279	77	0	0		0 194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0		0 194.13
194.14	07964	SENIOR HEALTH SERVICES	279	22	0	0		0 194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	1,437	85	0	0		0 194.15
194.16	07966	FITNESS	0	0	0	0		0 194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0		0 194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	61	0	0		0 194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0		0 194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0		0 194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0		0 194.21
194.22	07972	EBT	0	0	0	0		0 194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	439	135	0	0		0 194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0		0 194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0		0 194.25
194.26	07976	ISH	0	0	0	0		0 194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0		0 194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0		0 194.28
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)	398,074	119,465	4,020,210	47,298		0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150021

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description			Subtotal	OTHER A&G	CAREW MEDICAL PARK ADMIN	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5A.06	5.07	5.08	6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	MATERIALS MANAGEMENT						5.03
5.04	00570	PATIENT SERVICES						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00591	AMBULATORY SVCS ADMIN						5.06
5.07	00590	OTHER A&G	128,197,757	128,197,757				5.07
5.08	00592	CAREW MEDICAL PARK ADMIN	6,328	1,805	8,133			5.08
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0		6.00
7.00	00700	OPERATION OF PLANT	10,427,464	2,974,121	0	0	13,401,585	7.00
7.01	00701	FACILITY ENGINEERING	6,932,171	1,977,194	0	0	1,253,939	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	3,349,775	955,423	0	0	18,751	8.00
9.00	00900	HOUSEKEEPING	7,677,650	2,189,819	0	0	316,391	9.00
10.00	01000	DIETARY	2,524,520	720,044	0	0	584,490	10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE	7,358,234	2,098,716	0	0	0	10.01
10.02	01002	CAFETERIA	0	0	0	0	0	10.02
10.03	01003	PREADMITS AND ER	0	0	0	0	0	10.03
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,024,016	862,510	0	0	46,554	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	252,554	72,033	0	0	196,306	14.00
15.00	01500	PHARMACY	14,761,356	4,210,234	0	0	178,524	15.00
15.01	01501	OUTPATIENT PHARMACY	13,100,903	3,736,640	0	0	55,122	15.01
15.02	01502	IV SOLUTIONS	1,681,695	479,653	0	0	0	15.02
15.03	01503	MED SURG SUPPLY	55,069,434	15,706,799	0	0	0	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	430,771	122,865	0	0	135,265	16.00
17.00	01700	SOCIAL SERVICE	4,948,890	1,411,522	0	0	74,557	17.00
17.01	01701	REHAB ADMIN	536,702	153,078	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	3,235,943	922,956	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	108,548	30,960	0	0	2,527	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	228,560	65,190	0	0	2,850	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	49,907,954	14,234,747	0	0	2,413,081	30.00
31.00	03100	INTENSIVE CARE UNIT	6,142,634	1,752,002	0	0	189,238	31.00
31.01	03101	PEDIATRIC ICU	1,640,686	467,956	0	0	58,837	31.01
31.02	03102	NEONATAL ICU	4,855,351	1,384,843	0	0	205,510	31.02
32.00	03200	CORONARY CARE UNIT	19,226,514	5,483,786	0	0	582,438	32.00
40.00	04000	SUBPROVIDER - I PF	10,037,257	2,862,826	0	0	498,648	40.00
41.00	04100	SUBPROVIDER - I RF	3,172,259	904,792	0	0	210,203	41.00
43.00	04300	NURSERY	3,812,066	1,087,277	0	0	41,349	43.00
44.00	04400	SKILLED NURSING FACILITY	3,914,051	1,116,366	0	0	253,518	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	23,276,511	6,638,926	0	0	1,200,327	50.00
50.01	05001	CAREW MEDICAL PARK SURG	731,150	208,539	8,133	0	84,313	50.01
51.00	05100	RECOVERY ROOM	7,532,664	2,148,466	0	0	555,414	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	408,365	116,474	0	0	259,996	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,633,890	5,314,758	0	0	371,447	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	248,436	70,859	0	0	28,278	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	139,913	39,906	0	0	65,951	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	7,635,121	2,177,689	0	0	389,144	55.00
56.00	05600	RADIOISOTOPE	762,248	217,408	0	0	57,944	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,738,682	495,907	0	0	151,784	58.00
60.00	06000	LABORATORY	16,204,755	4,621,920	0	0	384,385	60.00
60.01	06001	ANATOMICAL PATHOLOGY	1,706,864	486,832	0	0	12,995	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,639,632	1,323,316	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	5,283,922	1,507,080	0	0	130,934	65.00
65.01	06501	WOUND CARE	2,166,692	617,984	0	0	33,883	65.01
65.02	06502	DIALYSIS	2,165,041	617,513	0	0	38,281	65.02



COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150021

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description			Subtotal	OTHER A&G	CAREW MEDICAL PARK ADMIN	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5A. 06	5. 07	5. 08	6. 00	7. 00	
65.03	03330	ENDOSCOPY	5,078,686	1,448,543	0	0	281,340	65.03
66.00	06600	PHYSICAL THERAPY	5,276,673	1,505,013	0	0	190,293	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	2,729,846	778,607	0	0	12,957	67.00
68.00	06800	SPEECH PATHOLOGY	835,954	238,431	0	0	0	68.00
68.01	06801	NEURO REHAB	1,502,357	428,502	0	0	74,785	68.01
69.00	06900	ELECTROCARDIOLOGY	1,438,648	410,331	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	650,585	185,560	0	0	14,001	70.00
70.01	03950	NUTRITION SUPPORT	846,986	241,577	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	6,213,308	1,772,160	0	0	284,579	70.03
70.04	03953	CARDIAC REHA SERVICES	200,219	57,106	0	0	28,886	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	233,347	66,555	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	142,842	40,741	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	268,985	76,720	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	31,598,111	9,012,413	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	418,642	119,405	0	0	15,018	90.00
90.01	09001	ANTI COAG CLINIC	1,792,531	511,266	0	0	31,651	90.01
91.00	09100	EMERGENCY	12,783,915	3,646,228	0	0	630,123	91.00
91.01	09101	PARTIAL HOSPITALIZATION	153,475	43,774	0	0	9,309	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	9,789,179	2,792,070	0	0	62,940	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	10,782,492	3,075,382	0	0	167,248	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	7,645,337	2,180,603	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	560,218,047	123,220,721	8,133	0	12,886,304	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	61,650	17,584	0	0	40,561	190.00
194.00	07950	NON ALLOWABLE	7,056	2,013	0	0	0	194.00
194.01	07951	TELEVISION	277	79	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	-4,595	0	0	0	0	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	1,024,664	292,255	0	0	152,677	194.05
194.06	07956	STUCKY RESEARCH CTR	2,601,739	742,068	0	0	10,743	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	77,233	22,028	0	0	36,647	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	1,540,788	439,464	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	504,180	143,802	0	0	44,417	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	2,773,818	791,148	0	0	3,496	194.15
194.16	07966	FITNESS	220,719	62,953	0	0	19,026	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	-6,163	0	0	0	35,716	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	105,744	30,160	0	0	85,035	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	413,078	117,818	0	0	2,698	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	8,095,986	2,309,137	0	0	84,265	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	22,885	6,527	0	0	0	194.28
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	577,657,106	128,197,757	8,133	0	13,401,585	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150021

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description		FACILITY ENGINEERING	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	KITCHEN-NO CONNECT W/CAFE	
		7.01	8.00	9.00	10.00	10.01	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00591						5.06
5.07	00590						5.07
5.08	00592						5.08
6.00	00600						6.00
7.00	00700						7.00
7.01	00701	10,163,304					7.01
8.00	00800		4,339,637				8.00
9.00	00900	264,708	0	10,448,568			9.00
10.00	01000	489,013	0	517,002	4,835,069		10.00
10.01	01001	0	0	0	0	9,456,950	10.01
10.02	01002	0	0	0	1,345,320	0	10.02
10.03	01003	0	0	0	39,849	107,987	10.03
11.00	01100	0	0	0	0	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	38,950	0	41,179	0	0	13.00
14.00	01400	164,239	0	173,639	0	0	14.00
15.00	01500	149,361	0	157,910	0	0	15.00
15.01	01501	46,118	0	48,758	0	0	15.01
15.02	01502	0	0	0	0	0	15.02
15.03	01503	0	0	0	0	0	15.03
16.00	01600	113,169	0	119,647	0	0	16.00
17.00	01700	62,378	0	65,949	0	0	17.00
17.01	01701	0	0	0	0	0	17.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	2,114	0	2,235	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	2,384	0	2,521	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	2,018,897	1,737,592	2,134,448	1,725,158	4,675,045	30.00
31.00	03100	158,326	148,416	167,388	167,418	453,689	31.00
31.01	03101	49,226	0	52,043	17,735	48,061	31.01
31.02	03102	171,940	35,585	181,781	0	0	31.02
32.00	03200	487,296	676,115	515,187	347,441	941,538	32.00
40.00	04000	417,193	112,831	441,072	750,064	2,032,615	40.00
41.00	04100	175,866	45,566	185,931	165,089	447,379	41.00
43.00	04300	34,595	0	36,575	0	0	43.00
44.00	04400	212,105	105,019	224,245	276,995	750,636	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	1,004,251	0	1,061,731	0	0	50.00
50.01	05001	70,540	0	74,578	0	0	50.01
51.00	05100	464,686	18,660	491,283	0	0	51.00
52.00	05200	217,525	0	229,976	0	0	52.00
54.00	05400	310,771	142,340	328,558	0	0	54.00
54.01	05401	0	0	0	0	0	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	0	0	0	0	0	54.03
54.04	05404	0	0	0	0	0	54.04
54.05	05405	23,659	0	25,013	0	0	54.05
54.06	05406	0	0	0	0	0	54.06
54.07	05407	0	0	0	0	0	54.07
54.08	05408	55,178	0	58,336	0	0	54.08
54.09	05409	0	0	0	0	0	54.09
55.00	05500	325,577	0	344,211	0	0	55.00
56.00	05600	48,478	0	51,253	0	0	56.00
58.00	05800	126,990	151,453	134,258	0	0	58.00
60.00	06000	321,595	434	340,002	0	0	60.00
60.01	06001	10,872	0	11,494	0	0	60.01
62.00	06200	0	0	0	0	0	62.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	109,545	6,943	115,815	0	0	65.00
65.01	06501	28,348	12,585	29,971	0	0	65.01
65.02	06502	32,028	20,396	33,861	0	0	65.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150021

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description			FACILITY ENGINEERING	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	KITCHEN-NO CONNECT W/CAFE	
			7.01	8.00	9.00	10.00	10.01	
65.03	03330	ENDOSCOPY	235,383	47,302	248,855	0	0	65.03
66.00	06600	PHYSICAL THERAPY	159,208	0	168,321	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	10,840	0	11,461	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	NEURO REHAB	62,569	11,717	66,150	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,714	0	12,385	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	238,093	157,095	251,720	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	24,168	0	25,551	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	12,565	0	13,284	0	0	90.00
90.01	09001	ANTI COAG CLINIC	26,480	434	27,996	0	0	90.01
91.00	09100	EMERGENCY	527,191	909,154	557,366	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	7,788	0	8,234	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	52,659	0	55,673	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	139,928	0	147,937	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	9,732,195	4,339,637	9,992,783	4,835,069	9,456,950	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEN	33,935	0	35,877	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	0	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	127,737	0	135,048	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	8,988	0	9,503	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	30,661	0	32,416	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	37,162	0	39,289	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	2,925	0	3,092	0	0	194.15
194.16	07966	FITNESS	15,918	0	16,830	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	29,882	0	31,592	0	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	71,144	0	75,216	0	0	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	2,257	0	2,386	0	0	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	70,500	0	74,536	0	0	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	0	194.28
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	10,163,304	4,339,637	10,448,568	4,835,069	9,456,950	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150021

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description			CAFETERIA	PREADMITS AND ER	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			10.02	10.03	11.00	12.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	MATERIALS MANAGEMENT						5.03
5.04	00570	PATIENT SERVICES						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00591	AMBULATORY SVCS ADMIN						5.06
5.07	00590	OTHER A&G						5.07
5.08	00592	CAREW MEDICAL PARK ADMIN						5.08
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	FACILITY ENGINEERING						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE						10.01
10.02	01002	CAFETERIA	1,345,320					10.02
10.03	01003	PREADMITS AND ER	20,979	168,815				10.03
11.00	01100	CAFETERIA	1,324,341	0	1,324,341			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	0	8,966	0	4,022,175	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	56,769	0	264,730	15.00
15.01	01501	OUTPATIENT PHARMACY	0	0	5,380	0	25,088	15.01
15.02	01502	IV SOLUTIONS	0	0	7,621	0	35,541	15.02
15.03	01503	MED SURG SUPPLY	0	0	0	0	0	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	24,770	0	0	17.00
17.01	01701	REHAB ADMIN	0	0	1,625	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	0	0	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	168,815	320,660	0	1,495,346	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	42,591	0	198,613	31.00
31.01	03101	PEDIATRIC ICU	0	0	6,501	0	30,315	31.01
31.02	03102	NEONATAL ICU	0	0	26,899	0	125,440	31.02
32.00	03200	CORONARY CARE UNIT	0	0	122,168	0	569,706	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	65,455	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	22,416	0	0	41.00
43.00	04300	NURSERY	0	0	22,136	0	103,227	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	30,654	0	142,949	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	100,368	0	395,658	50.00
50.01	05001	CAREW MEDICAL PARK SURG	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	22,136	0	103,227	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	6,445	0	30,053	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	73,020	0	25,872	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	0	1,307	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	2,466	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	3,923	0	0	58.00
60.00	06000	LABORATORY	0	0	54,359	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	5,380	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	56	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	41,077	0	0	65.00
65.01	06501	WOUND CARE	0	0	8,238	0	38,416	65.01
65.02	06502	DIALYSIS	0	0	897	0	4,181	65.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150021

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description		CAFETERIA	PREADMITS AND ER	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		10.02	10.03	11.00	12.00	13.00	
65.03	03330	0	0	20,343	0	0	65.03
66.00	06600	0	0	53,406	0	0	66.00
66.01	06601	0	0	0	0	0	66.01
66.02	03650	0	0	0	0	0	66.02
67.00	06700	0	0	2,578	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
68.01	06801	0	0	8,182	0	0	68.01
69.00	06900	0	0	4,539	0	0	69.00
70.00	07000	0	0	1,569	0	0	70.00
70.01	03950	0	0	6,445	0	0	70.01
70.03	03952	0	0	21,295	0	0	70.03
70.04	03953	0	0	1,233	0	0	70.04
71.00	07100	0	0	0	0	0	71.00
71.01	07101	0	0	0	0	0	71.01
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
76.97	07697	0	0	0	0	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	18,816	90.01
91.00	09100	0	0	83,668	0	361,685	91.00
91.01	09101	0	0	1,121	0	0	91.01
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	23,033	0	0	95.00
99.10	09910	0	0	0	0	0	99.10
99.20	09920	0	0	0	0	0	99.20
99.30	09930	0	0	0	0	0	99.30
99.40	09940	0	0	0	0	0	99.40
101.00	10100	0	0	0	0	5,488	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	0	0	0	0	0	116.00
118.00	11800	1,345,320	168,815	1,310,388	0	3,975,658	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
194.00	07950	0	0	0	0	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	0	0	0	0	0	194.04
194.05	07955	0	0	616	0	0	194.05
194.06	07956	0	0	0	0	0	194.06
194.07	07957	0	0	0	0	0	194.07
194.08	07958	0	0	0	0	0	194.08
194.09	07959	0	0	0	0	0	194.09
194.10	07960	0	0	0	0	0	194.10
194.11	07961	0	0	0	0	0	194.11
194.12	07962	0	0	0	0	0	194.12
194.13	07963	0	0	0	0	0	194.13
194.14	07964	0	0	1,401	0	0	194.14
194.15	07965	0	0	9,975	0	46,517	194.15
194.16	07966	0	0	0	0	0	194.16
194.17	07967	0	0	0	0	0	194.17
194.18	07968	0	0	0	0	0	194.18
194.19	07969	0	0	0	0	0	194.19
194.20	07970	0	0	0	0	0	194.20
194.21	07971	0	0	0	0	0	194.21
194.22	07972	0	0	0	0	0	194.22
194.23	07973	0	0	1,961	0	0	194.23
194.24	07974	0	0	0	0	0	194.24
194.25	07975	0	0	0	0	0	194.25
194.26	07976	0	0	0	0	0	194.26
194.27	07977	0	0	0	0	0	194.27
194.28	07979	0	0	0	0	0	194.28
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		1,345,320	168,815	1,324,341	0	4,022,175	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150021

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	OUTPATIENT PHARMACY	I V SOLUTIONS	MED SURG SUPPLY	
		14.00	15.00	15.01	15.02	15.03	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	MATERIALS MANAGEMENT					5.03
5.04	00570	PATIENT SERVICES					5.04
5.05	00580	PATIENT ACCOUNTING					5.05
5.06	00591	AMBULATORY SVCS ADMIN					5.06
5.07	00590	OTHER A&G					5.07
5.08	00592	CAREW MEDICAL PARK ADMIN					5.08
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	FACILITY ENGINEERING					7.01
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE					10.01
10.02	01002	CAFETERIA					10.02
10.03	01003	PREADMITS AND ER					10.03
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	858,771				14.00
15.00	01500	PHARMACY	0	19,778,884			15.00
15.01	01501	OUTPATIENT PHARMACY	0	5,384,876	22,402,885		15.01
15.02	01502	I V SOLUTIONS	0	0	0	2,204,510	15.02
15.03	01503	MED SURG SUPPLY	789,859	0	0	0	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
17.01	01701	REHAB ADMIN	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	0	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	6,183	3,662	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	68	0	0	31.00
31.01	03101	PEDIATRIC ICU	0	4	0	0	31.01
31.02	03102	NEONATAL ICU	0	32	0	0	31.02
32.00	03200	CORONARY CARE UNIT	0	192	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	9	1,399	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	2	33	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	14	723	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	62,272	329	0	0	50.00
50.01	05001	CAREW MEDICAL PARK SURG	2	537	0	0	50.01
51.00	05100	RECOVERY ROOM	0	33	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	991	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2	0	0	58.00
60.00	06000	LABORATORY	0	73	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	42	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	179	6	0	0	65.00
65.01	06501	WOUND CARE	9	0	0	0	65.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150021

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	OUTPATIENT PHARMACY	I V SOLUTIONS	MED SURG SUPPLY	
		14.00	15.00	15.01	15.02	15.03	
65.02	06502	DIALYSIS	0	2	0	0	0 65.02
65.03	03330	ENDOSCOPY	27	564	0	0	0 65.03
66.00	06600	PHYSICAL THERAPY	134	0	0	0	0 66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0 66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
68.01	06801	NEURO REHAB	0	217	0	0	0 68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	0	0 70.01
70.03	03952	CARDIAC CATH LAB	0	30	0	0	0 70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	0	0 70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	39,933,879	0 71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	2,204,510	0 71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	31,632,213	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	13,499,771	22,402,885	0	0 73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	43,755	0	0	0 90.00
90.01	09001	ANTI COAG CLINIC	1	89	0	0	0 90.01
91.00	09100	EMERGENCY	54	899	0	0	0 91.00
91.01	09101	PARTIAL HOSPITALIZATION	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							
95.00	09500	AMBULANCE SERVICES	24	2,423	0	0	0 95.00
99.10	09910	CORF	0	0	0	0	0 99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0 99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0 99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0 99.40
101.00	10100	HOME HEALTH AGENCY	0	835,184	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0	0	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	858,769	19,775,936	22,402,885	2,204,510	71,566,092 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	0 194.00
194.01	07951	TELEVISION	0	0	0	0	0 194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0 194.02
194.03	07953	OP CLINIC	0	0	0	0	0 194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	0 194.04
194.05	07955	EDUCARE CTR	0	0	0	0	0 194.05
194.06	07956	STUCKY RESEARCH CTR	0	0	0	0	0 194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0 194.07
194.08	07958	FOUNDATION	0	0	0	0	0 194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0 194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0 194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0 194.11
194.12	07962	GUEST SERVICES	0	0	0	0	0 194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0 194.13
194.14	07964	SENIOR HEALTH SERVICES	0	0	0	0	0 194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	2,606	0	0	0 194.15
194.16	07966	FITNESS	0	0	0	0	0 194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0 194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	27	0	0	0 194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0 194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0 194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	0 194.21
194.22	07972	EBT	0	0	0	0	0 194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	2	0	0	0	0 194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0 194.24
194.25	07975	PREMIER SURGERY CENTER	0	315	0	0	0 194.25
194.26	07976	ISH	0	0	0	0	0 194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0 194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	0 194.28
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)	858,771	19,778,884	22,402,885	2,204,510	71,566,092 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150021

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		16.00	17.00	17.01	19.00	20.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	MATERIALS MANAGEMENT					5.03
5.04	00570	PATIENT SERVICES					5.04
5.05	00580	PATIENT ACCOUNTING					5.05
5.06	00591	AMBULATORY SVCS ADMIN					5.06
5.07	00590	OTHER A&G					5.07
5.08	00592	CAREW MEDICAL PARK ADMIN					5.08
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	FACILITY ENGINEERING					7.01
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE					10.01
10.02	01002	CAFETERIA					10.02
10.03	01003	PREADMITS AND ER					10.03
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
15.01	01501	OUTPATIENT PHARMACY					15.01
15.02	01502	IV SOLUTIONS					15.02
15.03	01503	MED SURG SUPPLY					15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	921,717				16.00
17.00	01700	SOCIAL SERVICE	0	6,588,066			17.00
17.01	01701	REHAB ADMIN	0	0	691,405		17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	0	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	34,808	4,380,404	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	106	617,961	0	0	31.00
31.01	03101	PEDIATRIC ICU	426	0	0	0	31.01
31.02	03102	NEONATAL ICU	0	44,140	0	0	31.02
32.00	03200	CORONARY CARE UNIT	2,235	1,145,665	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	106	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	98,802	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	160,947	0	0	0	50.00
50.01	05001	CAREW MEDICAL PARK SURG	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	29,592	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	301,883	0	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	1,171	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	2,768	0	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	16,818	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	13,625	0	0	0	65.00
65.01	06501	WOUND CARE	426	0	0	0	65.01



COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150021

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		16.00	17.00	17.01	19.00	20.00	
65.02	06502	DIALYSIS	319	0	0	0	65.02
65.03	03330	ENDOSCOPY	86,115	0	0	0	65.03
66.00	06600	PHYSICAL THERAPY	6,493	0	248,699	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	142,844	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	142,844	0	68.00
68.01	06801	NEURO REHAB	5,109	0	58,216	0	68.01
69.00	06900	ELECTROCARDIOLOGY	19,905	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,384	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	106	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	131,035	399,896	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	1,384	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	426	0	0	0	90.00
90.01	09001	ANTI COAG CLINIC	4,045	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	1,384	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	17,457	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	35,766	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	875,839	6,588,066	691,405	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	0	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	0	0	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	0	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	0	0	0	194.15
194.16	07966	FITNESS	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	0	0	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	0	0	0	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	45,878	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	194.28
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	921,717	6,588,066	691,405	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150021

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	PARAMED RADIOLOGY	PARAMED PHARMACY	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 COMMUNICATIONS						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 MATERIALS MANAGEMENT						5.03
5.04 00570 PATIENT SERVICES						5.04
5.05 00580 PATIENT ACCOUNTING						5.05
5.06 00591 AMBULATORY SVCS ADMIN						5.06
5.07 00590 OTHER A&G						5.07
5.08 00592 CAREW MEDICAL PARK ADMIN						5.08
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
7.01 00701 FACILITY ENGINEERING						7.01
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
10.01 01001 KITCHEN-NO CONNECT W/CAFE						10.01
10.02 01002 CAFETERIA						10.02
10.03 01003 PREADMITS ANDER						10.03
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
15.01 01501 OUTPATIENT PHARMACY						15.01
15.02 01502 IV SOLUTIONS						15.02
15.03 01503 MED SURG SUPPLY						15.03
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
17.01 01701 REHAB ADMIN						17.01
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000 NURSING SCHOOL						20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	4,158,899					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV		0				22.00
23.00 02300 PARAMED PRGM-(SPECIFY)			146,384			23.00
23.01 02301 PARAMED RADIOLOGY				0		23.01
23.02 02302 PARAMED PHARMACY					301,505	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	2,380,139	0	0	0	77	30.00
31.00 03100 INTENSIVE CARE UNIT	409,652	0	0	0	1	31.00
31.01 03101 PEDIATRIC ICU	0	0	0	0	0	31.01
31.02 03102 NEONATAL ICU	0	0	0	0	1	31.02
32.00 03200 CORONARY CARE UNIT	119,360	0	0	0	4	32.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	29	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	1	41.00
43.00 04300 NURSERY	283,221	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	15	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	360,992	0	0	0	7	50.00
50.01 05001 CAREW MEDICAL PARK SURG	0	0	0	0	11	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	1	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	66,958	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	21	54.00
54.01 05401 RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05 05405 RADIOLOGY - NHMP	0	0	0	0	0	54.05
54.06 05406 RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07 05407 RADIOLOGY - WP	0	0	0	0	0	54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0	0	0	0	0	54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00 06000 LABORATORY	0	0	146,384	0	2	60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	0	0	0	1	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150021

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMED PRGM	PARAMED RADIOLOGY	PARAMED PHARMACY	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
65.00	06500	RESPIRATORY THERAPY	3,327	0	0	0	0	65.00
65.01	06501	WOUND CARE	0	0	0	0	0	65.01
65.02	06502	DIALYSIS	0	0	0	0	0	65.02
65.03	03330	ENDOSCOPY	0	0	0	0	12	65.03
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	NEURO REHAB	0	0	0	0	5	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0	0	0	0	1	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	282,772	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	916	90.00
90.01	09001	ANTI COAG CLINIC	0	0	0	0	2	90.01
91.00	09100	EMERGENCY	535,250	0	0	0	19	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	51	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	17,493	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,158,899	0	146,384	0	301,442	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	0	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	0	0	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	0	0	0	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	0	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	0	0	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	0	0	0	55	194.15
194.16	07966	FITNESS	0	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	0	0	0	1	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	0	0	0	0	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	7	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	0	194.28
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150021

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM	PARAMED ED RADIOLOGY	PARAMED ED PHARMACY	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
202.00   TOTAL (sum lines 118-201)	4,158,899	0	146,384	0	301,505	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150021

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	COMMUNICATIONS				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	MATERIALS MANAGEMENT				5.03
5.04	00570	PATIENT SERVICES				5.04
5.05	00580	PATIENT ACCOUNTING				5.05
5.06	00591	AMBULATORY SVCS ADMIN				5.06
5.07	00590	OTHER A&G				5.07
5.08	00592	CAREW MEDICAL PARK ADMIN				5.08
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	FACILITY ENGINEERING				7.01
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE				10.01
10.02	01002	CAFETERIA				10.02
10.03	01003	PREADMITS AND ER				10.03
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
15.01	01501	OUTPATIENT PHARMACY				15.01
15.02	01502	IV SOLUTIONS				15.02
15.03	01503	MED SURG SUPPLY				15.03
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
17.01	01701	REHAB ADMIN				17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				23.00
23.01	02301	PARAMED ED RADIOLOGY				23.01
23.02	02302	PARAMED ED PHARMACY				23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	87,637,016	-2,380,139	85,256,877	30.00
31.00	03100	INTENSIVE CARE UNIT	10,448,103	-409,652	10,038,451	31.00
31.01	03101	PEDIATRIC ICU	2,371,790	0	2,371,790	31.01
31.02	03102	NEONATAL ICU	7,031,522	0	7,031,522	31.02
32.00	03200	CORONARY CARE UNIT	30,219,645	-119,360	30,100,285	32.00
40.00	04000	SUBPROVIDER - I PF	17,219,504	0	17,219,504	40.00
41.00	04100	SUBPROVIDER - I RF	5,428,339	0	5,428,339	41.00
43.00	04300	NURSERY	5,420,446	-283,221	5,137,225	43.00
44.00	04400	SKILLED NURSING FACILITY	7,027,290	0	7,027,290	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	34,262,319	-360,992	33,901,327	50.00
50.01	05001	CAREW MEDICAL PARK SURG	1,177,803	0	1,177,803	50.01
51.00	05100	RECOVERY ROOM	11,366,162	0	11,366,162	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,335,792	-66,958	1,268,834	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,503,551	0	25,503,551	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	397,416	0	397,416	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	360,591	0	360,591	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	10,871,742	0	10,871,742	55.00
56.00	05600	RADIOISOTOPE	1,142,565	0	1,142,565	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,819,817	0	2,819,817	58.00
60.00	06000	LABORATORY	22,073,909	0	22,073,909	60.00
60.01	06001	ANATOMICAL PATHOLOGY	2,234,480	0	2,234,480	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	5,963,004	0	5,963,004	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150021

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
65.00	06500	RESPIRATORY THERAPY	7,212,453	-3,327	7,209,126	65.00
65.01	06501	WOUND CARE	2,936,552	0	2,936,552	65.01
65.02	06502	DIALYSIS	2,912,519	0	2,912,519	65.02
65.03	03330	ENDOSCOPY	7,447,170	0	7,447,170	65.03
66.00	06600	PHYSICAL THERAPY	7,608,240	0	7,608,240	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	3,689,133	0	3,689,133	67.00
68.00	06800	SPEECH PATHOLOGY	1,217,229	0	1,217,229	68.00
68.01	06801	NEURO REHAB	2,217,809	0	2,217,809	68.01
69.00	06900	ELECTROCARDIOLOGY	1,873,423	0	1,873,423	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	877,198	0	877,198	70.00
70.01	03950	NUTRITION SUPPORT	1,095,114	0	1,095,114	70.01
70.03	03952	CARDIAC CATH LAB	9,469,212	0	9,469,212	70.03
70.04	03953	CARDIAC REHA SERVICES	338,547	0	338,547	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	40,233,781	0	40,233,781	71.00
71.01	07101	COST OF SOLUTIONS	2,388,093	0	2,388,093	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	31,977,918	0	31,977,918	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	76,795,952	0	76,795,952	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	CLINIC	624,011	0	624,011	90.00
90.01	09001	ANTI COAG CLINIC	2,413,311	0	2,413,311	90.01
91.00	09100	EMERGENCY	20,035,552	-535,250	19,500,302	91.00
91.01	09101	PARTIAL HOSPITALIZATION	225,085	0	225,085	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500	AMBULANCE SERVICES	12,795,509	0	12,795,509	95.00
99.10	09910	CORF	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	15,206,918	0	15,206,918	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
116.00	11600	HOSPICE	9,825,940	0	9,825,940	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	553,729,475	-4,158,899	549,570,576	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	189,607	0	189,607	190.00
194.00	07950	NON ALLOWABLE	9,069	0	9,069	194.00
194.01	07951	TELEVISION	356	0	356	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	194.02
194.03	07953	OP CLINIC	-4,595	0	-4,595	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	194.04
194.05	07955	EDUCARE CTR	1,732,997	0	1,732,997	194.05
194.06	07956	STUCKY RESEARCH CTR	3,373,041	0	3,373,041	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	194.07
194.08	07958	FOUNDATION	198,985	0	198,985	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	194.11
194.12	07962	GUEST SERVICES	1,980,252	0	1,980,252	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	770,251	0	770,251	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	3,633,632	0	3,633,632	194.15
194.16	07966	FITNESS	335,446	0	335,446	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	91,055	0	91,055	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	367,299	0	367,299	194.21
194.22	07972	EBT	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	540,200	0	540,200	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	10,680,624	0	10,680,624	194.25
194.26	07976	ISH	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	29,412	0	29,412	194.28
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150021

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
202.00   TOTAL (sum lines 118-201)	577,657,106	-4,158,899	573,498,207		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150021

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	523,123	77,692	600,815	4.00
5.01 00540	COMMUNICATIONS	0	0	0	0	5.01
5.02 00550	DATA PROCESSING	0	157,920	0	157,920	5.02
5.03 00560	MATERIALS MANAGEMENT	0	98,690	0	98,690	5.03
5.04 00570	PATIENT SERVICES	0	176,696	39,601	216,297	5.04
5.05 00580	PATIENT ACCOUNTING	0	5,194	0	5,194	5.05
5.06 00591	AMBULATORY SVCS ADMIN	0	0	0	0	5.06
5.07 00590	OTHER A&G	37,988,603	1,081,436	1,678,192	40,748,231	5.07
5.08 00592	CAREW MEDICAL PARK ADMIN	0	1,354	4,974	6,328	5.08
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	0	1,880,893	584,325	2,465,218	7.00
7.01 00701	FACILITY ENGINEERING	0	1,527,120	333,281	1,860,401	7.01
8.00 00800	LAUNDRY & LINEN SERVICE	0	22,836	12,183	35,019	8.00
9.00 00900	HOUSEKEEPING	0	385,320	65,976	451,296	9.00
10.00 01000	DIETARY	0	711,826	696,259	1,408,085	10.00
10.01 01001	KITCHEN-NO CONNECT W/CAFE	0	0	0	0	10.01
10.02 01002	CAFETERIA	0	0	0	0	10.02
10.03 01003	PREADMITS ANDER	0	0	0	0	10.03
11.00 01100	CAFETERIA	0	0	0	0	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	56,697	10,433	67,130	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	239,072	4,895	243,967	14.00
15.00 01500	PHARMACY	0	217,416	2,122,016	2,339,432	15.00
15.01 01501	OUTPATIENT PHARMACY	0	67,131	3,839	70,970	15.01
15.02 01502	IV SOLUTIONS	0	0	31,652	31,652	15.02
15.03 01503	MED SURG SUPPLY	0	0	0	0	15.03
16.00 01600	MEDICAL RECORDS & LIBRARY	0	164,734	263,267	428,001	16.00
17.00 01700	SOCIAL SERVICE	0	90,800	16,003	106,803	17.00
17.01 01701	REHAB ADMIN	0	0	1,455	1,455	17.01
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	3,077	0	3,077	23.00
23.01 02301	PARAMED ED RADIOLOGY	0	0	0	0	23.01
23.02 02302	PARAMED ED PHARMACY	0	3,471	0	3,471	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	2,938,790	1,738,411	4,677,201	30.00
31.00 03100	INTENSIVE CARE UNIT	0	230,466	346,538	577,004	31.00
31.01 03101	PEDIATRIC ICU	0	71,655	145,360	217,015	31.01
31.02 03102	NEONATAL ICU	0	250,282	2,523	252,805	31.02
32.00 03200	CORONARY CARE UNIT	0	709,328	840,727	1,550,055	32.00
40.00 04000	SUBPROVIDER - I PF	0	607,283	262,970	870,253	40.00
41.00 04100	SUBPROVIDER - I RF	0	255,997	23,677	279,674	41.00
43.00 04300	NURSERY	0	50,357	167,189	217,546	43.00
44.00 04400	SKILLED NURSING FACILITY	0	308,749	19,996	328,745	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	1,461,828	4,531,398	5,993,226	50.00
50.01 05001	CAREW MEDICAL PARK SURG	0	102,681	9,057	111,738	50.01
51.00 05100	RECOVERY ROOM	0	676,415	150,994	827,409	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	316,638	0	316,638	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	452,370	3,030,861	3,483,231	54.00
54.01 05401	RADIOLOGY - WABASH	0	0	0	0	54.01
54.02 05402	RADIOLOGY - MANCHESTER	0	0	0	0	54.02
54.03 05403	RADIOLOGY - EAST STATE	0	0	0	0	54.03
54.04 05404	RADIOLOGY - JEFFERSON	0	0	0	0	54.04
54.05 05405	RADIOLOGY - NHMP	0	34,439	0	34,439	54.05
54.06 05406	RADIOLOGY - CMP	0	0	0	0	54.06
54.07 05407	RADIOLOGY - WP	0	0	0	0	54.07
54.08 05408	RADIOLOGY - PULM CLINIC	0	80,319	19,430	99,749	54.08
54.09 05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	54.09
55.00 05500	RADIOLOGY-THERAPEUTIC	0	473,922	472,805	946,727	55.00
56.00 05600	RADIOISOTOPE	0	70,567	216,171	286,738	56.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	184,851	556,690	741,541	58.00
60.00 06000	LABORATORY	0	468,127	1,079,322	1,547,449	60.00
60.01 06001	ANATOMICAL PATHOLOGY	0	15,826	286,182	302,008	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00



ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150021

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	159,459	397,407	556,866	9,755	65.00
65.01 06501 WOUND CARE	0	41,264	23,885	65,149	1,624	65.01
65.02 06502 DIALYSIS	0	46,621	14,409	61,030	126	65.02
65.03 03330 ENDOSCOPY	0	342,633	659,212	1,001,845	5,500	65.03
66.00 06600 PHYSICAL THERAPY	0	231,750	119,060	350,810	9,754	66.00
66.01 06601 TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02 03650 PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	15,779	0	15,779	5,416	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	1,657	68.00
68.01 06801 NEURO REHAB	0	91,078	11,859	102,937	2,723	68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	15,283	15,283	2,263	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	17,052	44,845	61,897	1,039	70.00
70.01 03950 NUTRITION SUPPORT	0	0	648	648	1,556	70.01
70.03 03952 CARDIAC CATH LAB	0	346,577	723,293	1,069,870	7,309	70.03
70.04 03953 CARDIAC REHA SERVICES	0	35,179	16,217	51,396	286	70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	15,177	15,177	0	71.00
71.01 07101 COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	18,290	0	18,290	3	90.00
90.01 09001 ANTI COAG CLINIC	0	38,546	806	39,352	2,326	90.01
91.00 09100 EMERGENCY	0	767,401	337,207	1,104,608	20,694	91.00
91.01 09101 PARTIAL HOSPITALIZATION	0	11,337	0	11,337	290	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	0	76,652	2,713,024	2,789,676	5,870	95.00
99.10 09910 CORF	0	0	0	0	0	99.10
99.20 09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00 10100 HOME HEALTH AGENCY	0	203,685	28,907	232,592	17,235	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
116.00 11600 HOSPICE	0	0	0	0	8,304	116.00
118.00		37,988,603	19,618,999	24,967,583	82,575,185	593,305
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	49,397	256	49,653	23	190.00
194.00 07950 NON ALLOWABLE	0	0	408	408	0	194.00
194.01 07951 TELEVISION	0	0	0	0	0	194.01
194.02 07952 PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03 07953 OP CLINIC	0	0	474	474	6	194.03
194.04 07954 PHYS. ANSWERING SERVICE	0	0	0	0	0	194.04
194.05 07955 EDUCARE CTR	0	185,939	306	186,245	179	194.05
194.06 07956 STUCKY RESEARCH CTR	0	13,084	254,593	267,677	3,800	194.06
194.07 07957 OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08 07958 FOUNDATION	0	44,631	0	44,631	0	194.08
194.09 07959 LV HEALTH PLAN	0	0	0	0	0	194.09
194.10 07960 PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11 07961 OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12 07962 GUEST SERVICES	0	0	0	0	186	194.12
194.13 07963 HUNTINGTON ARC	0	0	0	0	0	194.13
194.14 07964 SENIOR HEALTH SERVICES	0	54,094	297	54,391	340	194.14
194.15 07965 SCHOOL NURSE/COMMUNITY OUTREACH	0	4,257	15,032	19,289	2,148	194.15
194.16 07966 FITNESS	0	23,171	0	23,171	357	194.16
194.17 07967 NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18 07968 BREAST DIAGNOSTIC CTR	0	43,497	0	43,497	0	194.18
194.19 07969 REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20 07970 START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21 07971 RONALD MCDONALD FAMILY ROOM	0	103,560	2,063	105,623	0	194.21
194.22 07972 EBT	0	0	0	0	0	194.22
194.23 07973 MEDICAL OFFICE BUILDINGS	0	3,285	8,786	12,071	440	194.23
194.24 07974 START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25 07975 PREMIER SURGERY CENTER	0	102,623	0	102,623	0	194.25
194.26 07976 ISH	0	0	0	0	0	194.26
194.27 07977 MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28 07979 RWJ FOUNDATION	0	0	0	0	31	194.28

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150021

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0	1.00	2.00	2A	4.00	
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)	37,988,603	20,246,537	25,249,798	83,484,938	600,815	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150021		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/27/2016 3:19 pm	
Cost Center Description			COMMUNICATIONS	DATA PROCESSING	MATERIALS MANAGEMENT	PATIENT SERVICES	PATIENT ACCOUNTING	
			5.01	5.02	5.03	5.04	5.05	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	COMMUNICATIONS	0					5.01
5.02	00550	DATA PROCESSING	0	157,920				5.02
5.03	00560	MATERIALS MANAGEMENT	0	0	98,690			5.03
5.04	00570	PATIENT SERVICES	0	2,122	165	225,364		5.04
5.05	00580	PATIENT ACCOUNTING	0	0	0	0	5,194	5.05
5.06	00591	AMBULATORY SVCS ADMIN	0	0	0	0	0	5.06
5.07	00590	OTHER A&G	0	3,294	1,837	0	0	5.07
5.08	00592	CAREW MEDICAL PARK ADMIN	0	0	0	0	0	5.08
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	570	241	0	0	7.00
7.01	00701	FACILITY ENGINEERING	0	2,597	521	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	570	627	0	0	8.00
9.00	00900	HOUSEKEEPING	0	9,074	979	0	0	9.00
10.00	01000	DIETARY	0	7,934	941	0	0	10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	0	0	0	0	10.01
10.02	01002	CAFETERIA	0	0	0	0	0	10.02
10.03	01003	PREADMITS AND ER	0	0	0	0	0	10.03
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	760	21	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	4,830	473	0	0	15.00
15.01	01501	OUTPATIENT PHARMACY	0	459	31	0	0	15.01
15.02	01502	IV SOLUTIONS	0	649	363	0	0	15.02
15.03	01503	MED SURG SUPPLY	0	0	59,073	0	0	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	2,043	12	0	0	17.00
17.01	01701	REHAB ADMIN	0	143	4	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	0	0	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	29,472	3,592	30,201	431	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,611	570	4,773	59	31.00
31.01	03101	PEDIATRIC ICU	0	554	41	522	6	31.01
31.02	03102	NEONATAL ICU	0	2,280	361	4,332	53	31.02
32.00	03200	CORONARY CARE UNIT	0	10,325	1,521	10,954	134	32.00
40.00	04000	SUBPROVIDER - IPF	0	5,559	419	4,311	53	40.00
41.00	04100	SUBPROVIDER - IRF	0	1,900	121	1,693	21	41.00
43.00	04300	NURSERY	0	0	0	752	9	43.00
44.00	04400	SKILLED NURSING FACILITY	0	2,597	206	1,329	16	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	8,536	5,174	31,901	653	50.00
50.01	05001	CAREW MEDICAL PARK SURG	0	285	247	4	13	50.01
51.00	05100	RECOVERY ROOM	0	1,885	345	4,282	138	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	554	15	429	5	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,952	4,039	21,242	895	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	190	3	1	2	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	16	4	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,568	119	421	142	55.00
56.00	05600	RADIOISOTOPE	0	206	25	392	8	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	333	32	1,858	45	58.00
60.00	06000	LABORATORY	0	12,558	9,405	12,956	326	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	459	545	642	17	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	1,592	23	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	3,500	246	4,886	66	65.00
65.01	06501	WOUND CARE	0	459	64	969	27	65.01
65.02	06502	DIALYSIS	0	79	37	736	10	65.02

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150021		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/27/2016 3:19 pm	
Cost Center Description			COMMUNICATIONS	DATA PROCESSING	MATERIALS MANAGEMENT	PATIENT SERVICES	PATIENT ACCOUNTING	
			5.01	5.02	5.03	5.04	5.05	
65.03	03330	ENDOSCOPY	0	1,726	851	2,430	147	65.03
66.00	06600	PHYSICAL THERAPY	0	4,450	91	2,343	33	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	222	3	1,845	24	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	652	10	68.00
68.01	06801	NEURO REHAB	0	697	42	1	11	68.01
69.00	06900	ELECTROCARDIOLOGY	0	380	198	1,163	55	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	127	27	509	11	70.00
70.01	03950	NUTRITION SUPPORT	0	554	112	44	1	70.01
70.03	03952	CARDIAC CATH LAB	0	1,805	718	8,929	234	70.03
70.04	03953	CARDIAC REHA SERVICES	0	111	6	0	2	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	12,527	246	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	7,929	119	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	14,895	294	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	22,042	424	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	13	24	1	90.00
90.01	09001	ANTICOAG CLINIC	0	348	221	2	6	90.01
91.00	09100	EMERGENCY	0	7,111	1,587	8,850	333	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	95	3	1	2	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	1,964	965	0	33	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	7,522	885	0	37	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	19	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	156,035	98,141	225,364	5,194	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	0	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	48	50	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	0	871	185	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	0	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	111	63	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	111	18	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	570	70	0	0	194.15
194.16	07966	FITNESS	0	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	0	51	0	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	174	112	0	0	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	0	194.28
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)	0	157,920	98,690	225,364	5,194	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150021	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/27/2016 3:19 pm		
Cost Center Description		AMBULATORY SVCS ADMIN	OTHER A&G	CAREW MEDICAL PARK ADMIN	MAINTENANCE & REPAIRS	OPERATION OF PLANT
		5.06	5.07	5.08	6.00	7.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	COMMUNICATIONS				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	MATERIALS MANAGEMENT				5.03
5.04	00570	PATIENT SERVICES				5.04
5.05	00580	PATIENT ACCOUNTING				5.05
5.06	00591	AMBULATORY SVCS ADMIN	0			5.06
5.07	00590	OTHER A&G	0	40,895,252		5.07
5.08	00592	CAREW MEDICAL PARK ADMIN	0	576	6,904	5.08
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	948,743	0	3,416,441
7.01	00701	FACILITY ENGINEERING	0	630,724	0	319,664
8.00	00800	LAUNDRY & LINEN SERVICE	0	304,779	0	4,780
9.00	00900	HOUSEKEEPING	0	698,551	0	80,657
10.00	01000	DIETARY	0	229,693	0	149,003
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	669,489	0	0
10.02	01002	CAFETERIA	0	0	0	0
10.03	01003	PREADMITS AND ER	0	0	0	0
11.00	01100	CAFETERIA	0	0	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	275,140	0	11,868
14.00	01400	CENTRAL SERVICES & SUPPLY	0	22,979	0	50,044
15.00	01500	PHARMACY	0	1,343,062	0	45,511
15.01	01501	OUTPATIENT PHARMACY	0	1,191,986	0	14,052
15.02	01502	IV SOLUTIONS	0	153,009	0	0
15.03	01503	MED SURG SUPPLY	0	5,010,709	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	39,194	0	34,483
17.00	01700	SOCIAL SERVICE	0	450,275	0	19,007
17.01	01701	REHAB ADMIN	0	48,832	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	294,422	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0
23.00	02300	PARAMED PRGM-(SPECIFY)	0	9,876	0	644
23.01	02301	PARAMED RADIOLOGY	0	0	0	0
23.02	02302	PARAMED PHARMACY	0	20,796	0	726
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	0	4,540,875	0	615,162
31.00	03100	INTENSIVE CARE UNIT	0	558,888	0	48,242
31.01	03101	PEDIATRIC ICU	0	149,278	0	14,999
31.02	03102	NEONATAL ICU	0	441,764	0	52,390
32.00	03200	CORONARY CARE UNIT	0	1,749,324	0	148,480
40.00	04000	SUBPROVIDER - I PF	0	913,240	0	127,119
41.00	04100	SUBPROVIDER - I RF	0	288,628	0	53,587
43.00	04300	NURSERY	0	346,841	0	10,541
44.00	04400	SKILLED NURSING FACILITY	0	356,120	0	64,629
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	0	2,117,813	0	305,997
50.01	05001	CAREW MEDICAL PARK SURG	0	66,524	6,904	21,494
51.00	05100	RECOVERY ROOM	0	685,359	0	141,591
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	37,155	0	66,280
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,695,404	0	94,692
54.01	05401	RADIOLOGY - WABASH	0	0	0	0
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0
54.05	05405	RADIOLOGY - NHMP	0	22,604	0	7,209
54.06	05406	RADIOLOGY - CMP	0	0	0	0
54.07	05407	RADIOLOGY - WP	0	0	0	0
54.08	05408	RADIOLOGY - PULM CLINIC	0	12,730	0	16,813
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	694,681	0	99,204
56.00	05600	RADIOISOTOPE	0	69,353	0	14,771
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	158,194	0	38,694
60.00	06000	LABORATORY	0	1,474,390	0	97,991
60.01	06001	ANATOMICAL PATHOLOGY	0	155,299	0	3,313
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	422,137	0	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	480,758	0	33,379
65.01	06501	WOUND CARE	0	197,136	0	8,638
65.02	06502	DIALYSIS	0	196,986	0	9,759

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150021	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/27/2016 3:19 pm			
Cost Center Description			AMBULATORY SVCS ADMIN	OTHER A&G	CAREW MEDICAL PARK ADMIN	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5.06	5.07	5.08	6.00	7.00	
65.03	03330	ENDOSCOPY	0	462,084	0	0	71,722	65.03
66.00	06600	PHYSICAL THERAPY	0	480,098	0	0	48,511	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	248,375	0	0	3,303	67.00
68.00	06800	SPEECH PATHOLOGY	0	76,059	0	0	0	68.00
68.01	06801	NEURO REHAB	0	136,692	0	0	19,065	68.01
69.00	06900	ELECTROCARDIOLOGY	0	130,895	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	59,193	0	0	3,569	70.00
70.01	03950	NUTRITION SUPPORT	0	77,063	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0	565,318	0	0	72,547	70.03
70.04	03953	CARDIAC REHA SERVICES	0	18,217	0	0	7,364	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	21,231	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	12,996	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	24,474	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,874,954	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	38,090	0	0	3,828	90.00
90.01	09001	ANTI COAG CLINIC	0	163,093	0	0	8,069	90.01
91.00	09100	EMERGENCY	0	1,163,145	0	0	160,636	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	13,964	0	0	2,373	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	890,668	0	0	16,045	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	981,045	0	0	42,636	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	695,611	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	39,307,581	6,904	0	3,285,081	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,609	0	0	10,340	190.00
194.00	07950	NON ALLOWABLE	0	642	0	0	0	194.00
194.01	07951	TELEVISION	0	25	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	0	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	93,229	0	0	38,922	194.05
194.06	07956	STUCKY RESEARCH CTR	0	236,719	0	0	2,739	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	7,027	0	0	9,342	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	140,189	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	45,873	0	0	11,323	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	252,376	0	0	891	194.15
194.16	07966	FITNESS	0	20,082	0	0	4,850	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	0	0	0	9,105	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	9,621	0	0	21,678	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	37,584	0	0	688	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	736,613	0	0	21,482	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	2,082	0	0	0	194.28
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	40,895,252	6,904	0	3,416,441	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150021	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/27/2016 3:19 pm			
Cost Center Description		FACILITY ENGINEERING 7.01	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	KITCHEN-NO CONNECT W/CAFE 10.01	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	MATERIALS MANAGEMENT					5.03
5.04	00570	PATIENT SERVICES					5.04
5.05	00580	PATIENT ACCOUNTING					5.05
5.06	00591	AMBULATORY SVCS ADMIN					5.06
5.07	00590	OTHER A&G					5.07
5.08	00592	CAREW MEDICAL PARK ADMIN					5.08
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	FACILITY ENGINEERING	2,820,761				7.01
8.00	00800	LAUNDRY & LINEN SERVICE	4,354	350,951			8.00
9.00	00900	HOUSEKEEPING	73,468	0	1,326,881		9.00
10.00	01000	DIETARY	135,722	0	65,655	2,002,925	10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	0	0	0	676,091
10.02	01002	CAFETERIA	0	0	0	557,298	0
10.03	01003	PREADMITS AND ER	0	0	0	16,507	7,720
11.00	01100	CAFETERIA	0	0	0	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	10,810	0	5,229	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	45,583	0	22,051	0	0
15.00	01500	PHARMACY	41,454	0	20,053	0	0
15.01	01501	OUTPATIENT PHARMACY	12,800	0	6,192	0	0
15.02	01502	IV SOLUTIONS	0	0	0	0	0
15.03	01503	MED SURG SUPPLY	0	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	31,409	0	15,194	0	0
17.00	01700	SOCIAL SERVICE	17,313	0	8,375	0	0
17.01	01701	REHAB ADMIN	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	587	0	284	0	0
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0
23.02	02302	PARAMED ED PHARMACY	662	0	320	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	560,333	140,521	271,056	714,646	334,226
31.00	03100	INTENSIVE CARE UNIT	43,942	12,003	21,257	69,353	32,435
31.01	03101	PEDIATRIC ICU	13,662	0	6,609	7,347	3,436
31.02	03102	NEONATAL ICU	47,721	2,878	23,085	0	0
32.00	03200	CORONARY CARE UNIT	135,246	54,678	65,424	143,927	67,312
40.00	04000	SUBPROVIDER - I PF	115,789	9,125	56,012	310,714	145,314
41.00	04100	SUBPROVIDER - I RF	48,810	3,685	23,612	68,388	31,984
43.00	04300	NURSERY	9,601	0	4,645	0	0
44.00	04400	SKILLED NURSING FACILITY	58,868	8,493	28,477	114,745	53,664
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	278,724	0	134,831	0	0
50.01	05001	CAREW MEDICAL PARK SURG	19,578	0	9,471	0	0
51.00	05100	RECOVERY ROOM	128,971	1,509	62,389	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	60,373	0	29,205	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	86,252	11,511	41,724	0	0
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0
54.05	05405	RADIOLOGY - NHMP	6,566	0	3,176	0	0
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0
54.07	05407	RADIOLOGY - WP	0	0	0	0	0
54.08	05408	RADIOLOGY - PULM CLINIC	15,314	0	7,408	0	0
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	90,362	0	43,712	0	0
56.00	05600	RADIOISOTOPE	13,455	0	6,509	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	35,245	12,248	17,050	0	0
60.00	06000	LABORATORY	89,257	35	43,177	0	0
60.01	06001	ANATOMICAL PATHOLOGY	3,017	0	1,460	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	30,404	562	14,708	0	0
65.01	06501	WOUND CARE	7,868	1,018	3,806	0	0
65.02	06502	DIALYSIS	8,889	1,649	4,300	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150021

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description			FACILITY ENGINEERING	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	KITCHEN-NO CONNECT W/CAFE	
			7.01	8.00	9.00	10.00	10.01	
65.03	03330	ENDOSCOPY	65,329	3,825	31,603	0	0	65.03
66.00	06600	PHYSICAL THERAPY	44,187	0	21,375	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	3,009	0	1,455	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	NEURO REHAB	17,366	948	8,401	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,251	0	1,573	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	66,081	12,704	31,966	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	6,708	0	3,245	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,487	0	1,687	0	0	90.00
90.01	09001	ANTI COAG CLINIC	7,349	35	3,555	0	0	90.01
91.00	09100	EMERGENCY	146,319	73,524	70,781	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	2,162	0	1,046	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	14,615	0	7,070	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	38,836	0	18,787	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,701,108	350,951	1,269,000	2,002,925	676,091	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEN	9,418	0	4,556	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	0	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	35,453	0	17,150	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	2,495	0	1,207	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	8,510	0	4,117	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	10,314	0	4,989	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	812	0	393	0	0	194.15
194.16	07966	FITNESS	4,418	0	2,137	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	8,294	0	4,012	0	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	19,746	0	9,552	0	0	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	626	0	303	0	0	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	19,567	0	9,465	0	0	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	0	194.28
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,820,761	350,951	1,326,881	2,002,925	676,091	202.00



ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150021		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/27/2016 3:19 pm	
Cost Center Description			CAFETERIA	PREADMITS AND ER	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			10.02	10.03	11.00	12.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	MATERIALS MANAGEMENT						5.03
5.04	00570	PATIENT SERVICES						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00591	AMBULATORY SVCS ADMIN						5.06
5.07	00590	OTHER A&G						5.07
5.08	00592	CAREW MEDICAL PARK ADMIN						5.08
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	FACILITY ENGINEERING						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE						10.01
10.02	01002	CAFETERIA	557,298					10.02
10.03	01003	PREADMITS AND ER	8,690	32,917				10.03
11.00	01100	CAFETERIA	548,608	0	548,608			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	0	3,714	0	378,742	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	23,516	0	24,928	15.00
15.01	01501	OUTPATIENT PHARMACY	0	0	2,229	0	2,362	15.01
15.02	01502	IV SOLUTIONS	0	0	3,157	0	3,347	15.02
15.03	01503	MED SURG SUPPLY	0	0	0	0	0	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	10,261	0	0	17.00
17.01	01701	REHAB ADMIN	0	0	673	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	0	0	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	32,917	132,835	0	140,807	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	17,643	0	18,702	31.00
31.01	03101	PEDIATRIC ICU	0	0	2,693	0	2,855	31.01
31.02	03102	NEONATAL ICU	0	0	11,143	0	11,812	31.02
32.00	03200	CORONARY CARE UNIT	0	0	50,608	0	53,645	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	27,115	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	9,286	0	0	41.00
43.00	04300	NURSERY	0	0	9,170	0	9,720	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	12,698	0	13,461	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	41,577	0	37,257	50.00
50.01	05001	CAREW MEDICAL PARK SURG	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	9,170	0	9,720	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	2,670	0	2,830	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	30,249	0	2,436	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	0	123	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	1,021	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,625	0	0	58.00
60.00	06000	LABORATORY	0	0	22,518	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	2,229	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	23	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	17,016	0	0	65.00
65.01	06501	WOUND CARE	0	0	3,413	0	3,617	65.01
65.02	06502	DIALYSIS	0	0	371	0	394	65.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150021

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description		CAFETERIA	PREADMITS AND ER	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		10.02	10.03	11.00	12.00	13.00	
65.03	03330	0	0	8,427	0	0	65.03
66.00	06600	0	0	22,124	0	0	66.00
66.01	06601	0	0	0	0	0	66.01
66.02	03650	0	0	0	0	0	66.02
67.00	06700	0	0	1,068	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
68.01	06801	0	0	3,389	0	0	68.01
69.00	06900	0	0	1,880	0	0	69.00
70.00	07000	0	0	650	0	0	70.00
70.01	03950	0	0	2,670	0	0	70.01
70.03	03952	0	0	8,822	0	0	70.03
70.04	03953	0	0	511	0	0	70.04
71.00	07100	0	0	0	0	0	71.00
71.01	07101	0	0	0	0	0	71.01
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
76.97	07697	0	0	0	0	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	1,772	90.01
91.00	09100	0	0	34,659	0	34,057	91.00
91.01	09101	0	0	464	0	0	91.01
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	9,541	0	0	95.00
99.10	09910	0	0	0	0	0	99.10
99.20	09920	0	0	0	0	0	99.20
99.30	09930	0	0	0	0	0	99.30
99.40	09940	0	0	0	0	0	99.40
101.00	10100	0	0	0	0	517	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	0	0	0	0	0	116.00
118.00	11800	557,298	32,917	542,828	0	374,362	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
194.00	07950	0	0	0	0	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	0	0	0	0	0	194.04
194.05	07955	0	0	255	0	0	194.05
194.06	07956	0	0	0	0	0	194.06
194.07	07957	0	0	0	0	0	194.07
194.08	07958	0	0	0	0	0	194.08
194.09	07959	0	0	0	0	0	194.09
194.10	07960	0	0	0	0	0	194.10
194.11	07961	0	0	0	0	0	194.11
194.12	07962	0	0	0	0	0	194.12
194.13	07963	0	0	0	0	0	194.13
194.14	07964	0	0	580	0	0	194.14
194.15	07965	0	0	4,132	0	4,380	194.15
194.16	07966	0	0	0	0	0	194.16
194.17	07967	0	0	0	0	0	194.17
194.18	07968	0	0	0	0	0	194.18
194.19	07969	0	0	0	0	0	194.19
194.20	07970	0	0	0	0	0	194.20
194.21	07971	0	0	0	0	0	194.21
194.22	07972	0	0	0	0	0	194.22
194.23	07973	0	0	813	0	0	194.23
194.24	07974	0	0	0	0	0	194.24
194.25	07975	0	0	0	0	0	194.25
194.26	07976	0	0	0	0	0	194.26
194.27	07977	0	0	0	0	0	194.27
194.28	07979	0	0	0	0	0	194.28
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		557,298	32,917	548,608	0	378,742	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150021	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/27/2016 3:19 pm			
Cost Center Description		CENTRAL SERVICES & SUPPLY 14.00	PHARMACY 15.00	OUTPATIENT PHARMACY 15.01	IV SOLUTIONS 15.02	MED SURG SUPPLY 15.03	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	MATERIALS MANAGEMENT					5.03
5.04	00570	PATIENT SERVICES					5.04
5.05	00580	PATIENT ACCOUNTING					5.05
5.06	00591	AMBULATORY SVCS ADMIN					5.06
5.07	00590	OTHER A&G					5.07
5.08	00592	CAREW MEDICAL PARK ADMIN					5.08
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	FACILITY ENGINEERING					7.01
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE					10.01
10.02	01002	CAFETERIA					10.02
10.03	01003	PREADMITS AND ER					10.03
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	384,624				14.00
15.00	01500	PHARMACY	0	3,863,981			15.00
15.01	01501	OUTPATIENT PHARMACY	0	1,051,984	2,354,832		15.01
15.02	01502	IV SOLUTIONS	0	0	0	193,367	15.02
15.03	01503	MED SURG SUPPLY	353,761	0	0	0	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
17.01	01701	REHAB ADMIN	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	0	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	2,769	715	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	13	0	0	31.00
31.01	03101	PEDIATRIC ICU	0	1	0	0	31.01
31.02	03102	NEONATAL ICU	0	6	0	0	31.02
32.00	03200	CORONARY CARE UNIT	0	37	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	4	273	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	1	6	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	6	141	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	27,890	64	0	0	50.00
50.01	05001	CAREW MEDICAL PARK SURG	1	105	0	0	50.01
51.00	05100	RECOVERY ROOM	0	7	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	194	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
60.00	06000	LABORATORY	0	14	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	8	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	80	1	0	0	65.00
65.01	06501	WOUND CARE	4	0	0	0	65.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150021

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	OUTPATIENT PHARMACY	IV SOLUTIONS	MED SURG SUPPLY	
		14.00	15.00	15.01	15.02	15.03	
65.02	06502	DIALYSIS	0	0	0	0	65.02
65.03	03330	ENDOSCOPY	12	110	0	0	65.03
66.00	06600	PHYSICAL THERAPY	60	0	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.01	06801	NEURO REHAB	0	42	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0	6	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	3,026,337	71.00
71.01	07101	COST OF SOLUTIONS	0	0	193,367	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	2,397,206	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,637,304	2,354,832	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	8,548	0	0	90.00
90.01	09001	ANTI COAG CLINIC	0	17	0	0	90.01
91.00	09100	EMERGENCY	24	176	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	11	473	0	0	95.00
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	163,161	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	384,623	3,863,406	2,354,832	193,367	5,423,543
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	0	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	0	0	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	0	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	509	0	0	194.15
194.16	07966	FITNESS	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	5	0	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	1	0	0	0	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	61	0	0	194.25
194.26	07976	ISH	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	194.28
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)	384,624	3,863,981	2,354,832	193,367	5,423,543

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150021	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/27/2016 3:19 pm		
Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL
		16.00	17.00	17.01	19.00	20.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	COMMUNICATIONS				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	MATERIALS MANAGEMENT				5.03
5.04	00570	PATIENT SERVICES				5.04
5.05	00580	PATIENT ACCOUNTING				5.05
5.06	00591	AMBULATORY SVCS ADMIN				5.06
5.07	00590	OTHER A&G				5.07
5.08	00592	CAREW MEDICAL PARK ADMIN				5.08
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	FACILITY ENGINEERING				7.01
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE				10.01
10.02	01002	CAFETERIA				10.02
10.03	01003	PREADMITS AND ER				10.03
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
15.01	01501	OUTPATIENT PHARMACY				15.01
15.02	01502	IV SOLUTIONS				15.02
15.03	01503	MED SURG SUPPLY				15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	548,281			16.00
17.00	01700	SOCIAL SERVICE	0	621,708		17.00
17.01	01701	REHAB ADMIN	0	0	51,579	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	20,705	413,374	0	30.00
31.00	03100	INTENSIVE CARE UNIT	63	58,316	0	31.00
31.01	03101	PEDIATRIC ICU	253	0	0	31.01
31.02	03102	NEONATAL ICU	0	4,165	0	31.02
32.00	03200	CORONARY CARE UNIT	1,330	108,115	0	32.00
40.00	04000	SUBPROVIDER - I PF	63	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	7,371	41.00
43.00	04300	NURSERY	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	95,739	0	0	50.00
50.01	05001	CAREW MEDICAL PARK SURG	0	0	0	50.01
51.00	05100	RECOVERY ROOM	17,603	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	179,576	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	697	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600	RADIOISOTOPE	1,646	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,004	0	0	58.00
60.00	06000	LABORATORY	0	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	8,105	0	0	65.00
65.01	06501	WOUND CARE	253	0	0	65.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150021

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		16.00	17.00	17.01	19.00	20.00	
65.02	06502	DIALYSIS	190	0	0		65.02
65.03	03330	ENDOSCOPY	51,225	0	0		65.03
66.00	06600	PHYSICAL THERAPY	3,862	0	18,553		66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0		66.01
66.02	03650	PV REHAB OUTREACH	0	0	0		66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	10,656		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	10,656		68.00
68.01	06801	NEURO REHAB	3,039	0	4,343		68.01
69.00	06900	ELECTROCARDIOLOGY	11,841	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	823	0	0		70.00
70.01	03950	NUTRITION SUPPORT	63	0	0		70.01
70.03	03952	CARDIAC CATH LAB	77,946	37,738	0		70.03
70.04	03953	CARDIAC REHA SERVICES	823	0	0		70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
71.01	07101	COST OF SOLUTIONS	0	0	0		71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
76.99	07699	LI THOTRI PSY	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	253	0	0		90.00
90.01	09001	ANTI COAG CLINIC	2,406	0	0		90.01
91.00	09100	EMERGENCY	0	0	0		91.00
91.01	09101	PARTIAL HOSPITALIZATION	823	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	10,384	0	0		95.00
99.10	09910	CORF	0	0	0		99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0		99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0		99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0		99.40
101.00	10100	HOME HEALTH AGENCY	21,275	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	520,990	621,708	51,579	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
194.00	07950	NON ALLOWABLE	0	0	0		194.00
194.01	07951	TELEVISION	0	0	0		194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0		194.02
194.03	07953	OP CLINIC	0	0	0		194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0		194.04
194.05	07955	EDUCARE CTR	0	0	0		194.05
194.06	07956	STUCKY RESEARCH CTR	0	0	0		194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0		194.07
194.08	07958	FOUNDATION	0	0	0		194.08
194.09	07959	LV HEALTH PLAN	0	0	0		194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0		194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0		194.11
194.12	07962	GUEST SERVICES	0	0	0		194.12
194.13	07963	HUNTINGTON ARC	0	0	0		194.13
194.14	07964	SENIOR HEALTH SERVICES	0	0	0		194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	0	0		194.15
194.16	07966	FITNESS	0	0	0		194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0		194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	0	0		194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0		194.19
194.20	07970	START-UP COSTS NORTH	0	0	0		194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0		194.21
194.22	07972	EBT	0	0	0		194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	0	0		194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0		194.24
194.25	07975	PREMIER SURGERY CENTER	27,291	0	0		194.25
194.26	07976	ISH	0	0	0		194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0		194.27
194.28	07979	RWJ FOUNDATION	0	0	0		194.28
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)	548,281	621,708	51,579	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150021

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM	PARAMED ED RADIOLOGY	PARAMED ED PHARMACY	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	COMMUNICATIONS					5.01
5.02 00550	DATA PROCESSING					5.02
5.03 00560	MATERIALS MANAGEMENT					5.03
5.04 00570	PATIENT SERVICES					5.04
5.05 00580	PATIENT ACCOUNTING					5.05
5.06 00591	AMBULATORY SVCS ADMIN					5.06
5.07 00590	OTHER A&G					5.07
5.08 00592	CAREW MEDICAL PARK ADMIN					5.08
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
7.01 00701	FACILITY ENGINEERING					7.01
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
10.01 01001	KITCHEN-NO CONNECT W/CAFE					10.01
10.02 01002	CAFETERIA					10.02
10.03 01003	PREADMITS AND ER					10.03
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
15.01 01501	OUTPATIENT PHARMACY					15.01
15.02 01502	IV SOLUTIONS					15.02
15.03 01503	MED SURG SUPPLY					15.03
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
17.01 01701	REHAB ADMIN					17.01
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	294,423				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		0			22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)			14,660		23.00
23.01 02301	PARAMED ED RADIOLOGY				0	23.01
23.02 02302	PARAMED ED PHARMACY					23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS					30.00
31.00 03100	INTENSIVE CARE UNIT					31.00
31.01 03101	PEDIATRIC ICU					31.01
31.02 03102	NEONATAL ICU					31.02
32.00 03200	CORONARY CARE UNIT					32.00
40.00 04000	SUBPROVIDER - I PF					40.00
41.00 04100	SUBPROVIDER - I RF					41.00
43.00 04300	NURSERY					43.00
44.00 04400	SKILLED NURSING FACILITY					44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM					50.00
50.01 05001	CAREW MEDICAL PARK SURG					50.01
51.00 05100	RECOVERY ROOM					51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM					52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC					54.00
54.01 05401	RADIOLOGY - WABASH					54.01
54.02 05402	RADIOLOGY - MANCHESTER					54.02
54.03 05403	RADIOLOGY - EAST STATE					54.03
54.04 05404	RADIOLOGY - JEFFERSON					54.04
54.05 05405	RADIOLOGY - NHMP					54.05
54.06 05406	RADIOLOGY - CMP					54.06
54.07 05407	RADIOLOGY - WP					54.07
54.08 05408	RADIOLOGY - PULM CLINIC					54.08
54.09 05409	RADIOLOGY - WHITLEY POOL					54.09
55.00 05500	RADIOLOGY-THERAPEUTIC					55.00
56.00 05600	RADIOISOTOPE					56.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)					58.00
60.00 06000	LABORATORY					60.00
60.01 06001	ANATOMICAL PATHOLOGY					60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL					62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS					62.30

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150021

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description		INTERNS & RESIDENTS		PARAMED PRGM	PARAMED RADIOLOGY	PARAMED PHARMACY	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
		21.00	22.00				
65.00	06500	RESPIRATORY THERAPY					65.00
65.01	06501	WOUND CARE					65.01
65.02	06502	DIALYSIS					65.02
65.03	03330	ENDOSCOPY					65.03
66.00	06600	PHYSICAL THERAPY					66.00
66.01	06601	TRANSITIONAL THERAPY					66.01
66.02	03650	PV REHAB OUTREACH					66.02
67.00	06700	OCCUPATIONAL THERAPY					67.00
68.00	06800	SPEECH PATHOLOGY					68.00
68.01	06801	NEURO REHAB					68.01
69.00	06900	ELECTROCARDIOLOGY					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY					70.00
70.01	03950	NUTRITION SUPPORT					70.01
70.03	03952	CARDIAC CATH LAB					70.03
70.04	03953	CARDIAC REHA SERVICES					70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT					71.00
71.01	07101	COST OF SOLUTIONS					71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					73.00
76.97	07697	CARDIAC REHABILITATION					76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY					76.98
76.99	07699	LI THOTRI PSY					76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC					90.00
90.01	09001	ANTI COAG CLINIC					90.01
91.00	09100	EMERGENCY					91.00
91.01	09101	PARTIAL HOSPITALIZATION					91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES					95.00
99.10	09910	CORF					99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY					99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY					99.40
101.00	10100	HOME HEALTH AGENCY					101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
116.00	11600	HOSPICE					116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					190.00
194.00	07950	NON ALLOWABLE					194.00
194.01	07951	TELEVISION					194.01
194.02	07952	PHYSICIAN PRACTICES					194.02
194.03	07953	OP CLINIC					194.03
194.04	07954	PHYS. ANSWERING SERVICE					194.04
194.05	07955	EDUCARE CTR					194.05
194.06	07956	STUCKY RESEARCH CTR					194.06
194.07	07957	OCCUPATIONAL HEALTH					194.07
194.08	07958	FOUNDATION					194.08
194.09	07959	LV HEALTH PLAN					194.09
194.10	07960	PV RESPIRATORY OUTREACH					194.10
194.11	07961	OUTREACH TRANSCRIPTION					194.11
194.12	07962	GUEST SERVICES					194.12
194.13	07963	HUNTINGTON ARC					194.13
194.14	07964	SENIOR HEALTH SERVICES					194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH					194.15
194.16	07966	FITNESS					194.16
194.17	07967	NONALLOWABLE ADVERTISING					194.17
194.18	07968	BREAST DIAGNOSTIC CTR					194.18
194.19	07969	REGIONAL PAIN CLINIC					194.19
194.20	07970	START-UP COSTS NORTH					194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM					194.21
194.22	07972	EBT					194.22
194.23	07973	MEDICAL OFFICE BUILDINGS					194.23
194.24	07974	START-UP COSTS ORTHO					194.24
194.25	07975	PREMIER SURGERY CENTER					194.25
194.26	07976	ISH					194.26
194.27	07977	MCHA BRYAN HOPD					194.27
194.28	07979	RWJ FOUNDATION					194.28
200.00		Cross Foot Adjustments	294,423	0	14,660	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00



ALLOCATION OF CAPITAL RELATED COSTS		Provi der CCN: 150021		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/27/2016 3:19 pm	
		INTERNS & RESIDENTS		PARAMED ED PRGM	PARAMED ED RADIOLOGY	PARAMED ED PHARMACY	
Cost Center Description		SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
202.00	TOTAL (sum lines 118-201)	294,423	0	14,660	0	26,451	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150021

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.01	00540				5.01
5.02	00550				5.02
5.03	00560				5.03
5.04	00570				5.04
5.05	00580				5.05
5.06	00591				5.06
5.07	00590				5.07
5.08	00592				5.08
6.00	00600				6.00
7.00	00700				7.00
7.01	00701				7.01
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
10.01	01001				10.01
10.02	01002				10.02
10.03	01003				10.03
11.00	01100				11.00
12.00	01200				12.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
15.01	01501				15.01
15.02	01502				15.02
15.03	01503				15.03
16.00	01600				16.00
17.00	01700				17.00
17.01	01701				17.01
19.00	01900				19.00
20.00	02000				20.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
23.01	02301				23.01
23.02	02302				23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	12,744,476	0	12,744,476	30.00
31.00	03100	1,478,378	0	1,478,378	31.00
31.01	03101	421,486	0	421,486	31.01
31.02	03102	862,806	0	862,806	31.02
32.00	03200	4,184,586	0	4,184,586	32.00
40.00	04000	2,600,533	0	2,600,533	40.00
41.00	04100	824,378	0	824,378	41.00
43.00	04300	614,828	0	614,828	43.00
44.00	04400	1,051,190	0	1,051,190	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	9,102,643	0	9,102,643	50.00
50.01	05001	236,929	0	236,929	50.01
51.00	05100	1,898,457	0	1,898,457	51.00
52.00	05200	516,302	0	516,302	52.00
54.00	05400	5,681,178	0	5,681,178	54.00
54.01	05401	0	0	0	54.01
54.02	05402	0	0	0	54.02
54.03	05403	0	0	0	54.03
54.04	05404	0	0	0	54.04
54.05	05405	75,318	0	75,318	54.05
54.06	05406	0	0	0	54.06
54.07	05407	0	0	0	54.07
54.08	05408	152,226	0	152,226	54.08
54.09	05409	0	0	0	54.09
55.00	05500	1,884,397	0	1,884,397	55.00
56.00	05600	395,000	0	395,000	56.00
58.00	05800	1,018,313	0	1,018,313	58.00
60.00	06000	3,340,535	0	3,340,535	60.00
60.01	06001	470,203	0	470,203	60.01
62.00	06200	425,078	0	425,078	62.00
62.30	06250	0	0	0	62.30

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150021

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
65.00	06500	RESPIRATORY THERAPY	1,160,332	0	1,160,332	65.00
65.01	06501	WOUND CARE	294,045	0	294,045	65.01
65.02	06502	DIALYSIS	284,556	0	284,556	65.02
65.03	03330	ENDOSCOPY	1,706,836	0	1,706,836	65.03
66.00	06600	PHYSICAL THERAPY	1,006,251	0	1,006,251	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	291,155	0	291,155	67.00
68.00	06800	SPEECH PATHOLOGY	89,034	0	89,034	68.00
68.01	06801	NEURO REHAB	299,696	0	299,696	68.01
69.00	06900	ELECTROCARDIOLOGY	163,958	0	163,958	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	132,669	0	132,669	70.00
70.01	03950	NUTRITION SUPPORT	82,711	0	82,711	70.01
70.03	03952	CARDIAC CATH LAB	1,961,993	0	1,961,993	70.03
70.04	03953	CARDIAC REHA SERVICES	88,669	0	88,669	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,075,518	0	3,075,518	71.00
71.01	07101	COST OF SOLUTIONS	214,411	0	214,411	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,436,869	0	2,436,869	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,889,556	0	7,889,556	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	CLINIC	74,224	0	74,224	90.00
90.01	09001	ANTI COAG CLINIC	228,551	0	228,551	90.01
91.00	09100	EMERGENCY	2,826,504	0	2,826,504	91.00
91.01	09101	PARTIAL HOSPITALIZATION	32,560	0	32,560	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500	AMBULANCE SERVICES	3,747,315	0	3,747,315	95.00
99.10	09910	CORF	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	1,524,528	0	1,524,528	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
116.00	11600	HOSPICE	703,934	0	703,934	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	80,295,115	0	80,295,115	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	79,599	0	79,599	190.00
194.00	07950	NON ALLOWABLE	1,050	0	1,050	194.00
194.01	07951	TELEVISION	25	0	25	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	194.02
194.03	07953	OP CLINIC	480	0	480	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	194.04
194.05	07955	EDUCARE CTR	371,531	0	371,531	194.05
194.06	07956	STUCKY RESEARCH CTR	515,693	0	515,693	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	194.07
194.08	07958	FOUNDATION	73,627	0	73,627	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	194.11
194.12	07962	GUEST SERVICES	140,549	0	140,549	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	127,939	0	127,939	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	285,570	0	285,570	194.15
194.16	07966	FITNESS	55,015	0	55,015	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	64,964	0	64,964	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	166,220	0	166,220	194.21
194.22	07972	EBT	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	52,812	0	52,812	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	917,102	0	917,102	194.25
194.26	07976	ISH	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	2,113	0	2,113	194.28
200.00		Cross Foot Adjustments	335,534	0	335,534	200.00
201.00		Negative Cost Centers	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150021

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
202.00	TOTAL (sum lines 118-201)	83,484,938	0	83,484,938	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150021

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

Worksheet B-1

Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	DATA PROCESSING (TIME SPENT)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	1,750,160				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		15,653,941			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	45,220	48,166	252,009,330		4.00
5.01 00540	COMMUNICATIONS	0	0	0	4,395	5.01
5.02 00550	DATA PROCESSING	13,651	0	0	867	9,972 5.02
5.03 00560	MATERIALS MANAGEMENT	8,531	0	0	75	0 5.03
5.04 00570	PATIENT SERVICES	15,274	24,551	2,843,928	249	134 5.04
5.05 00580	PATIENT ACCOUNTING	449	0	0	152	0 5.05
5.06 00591	AMBULATORY SVCS ADMIN	0	0	0	0	0 5.06
5.07 00590	OTHER A&G	93,482	1,040,417	59,507,607	507	208 5.07
5.08 00592	CAREW MEDICAL PARK ADMIN	117	3,084	0	0	0 5.08
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	162,589	362,260	700,263	24	36 7.00
7.01 00701	FACILITY ENGINEERING	132,008	206,622	2,875,144	118	164 7.01
8.00 00800	LAUNDRY & LINEN SERVICE	1,974	7,553	344,604	64	36 8.00
9.00 00900	HOUSEKEEPING	33,308	40,903	5,392,603	28	573 9.00
10.00 01000	DIETARY	61,532	431,655	2,471,551	38	501 10.00
10.01 01001	KITCHEN-NO CONNECT W/CAFE	0	0	2,769,285	0	0 10.01
10.02 01002	CAFETERIA	0	0	0	0	0 10.02
10.03 01003	PREADMITS AND ER	0	0	0	0	0 10.03
11.00 01100	CAFETERIA	0	0	0	0	0 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	4,901	6,468	1,707,154	9	48 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	20,666	3,035	0	31	0 14.00
15.00 01500	PHARMACY	18,794	1,315,572	8,692,086	77	305 15.00
15.01 01501	OUTPATIENT PHARMACY	5,803	2,380	741,177	1	29 15.01
15.02 01502	IV SOLUTIONS	0	19,623	499,078	0	41 15.02
15.03 01503	MED SURG SUPPLY	0	0	0	0	0 15.03
16.00 01600	MEDICAL RECORDS & LIBRARY	14,240	163,216	0	10	0 16.00
17.00 01700	SOCIAL SERVICE	7,849	9,921	3,195,940	34	129 17.00
17.01 01701	REHAB ADMIN	0	902	197,954	20	9 17.01
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	373	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	266	0	80,565	0	0 23.00
23.01 02301	PARAMED ED RADIOLOGY	0	0	0	0	0 23.01
23.02 02302	PARAMED ED PHARMACY	300	0	199,533	0	0 23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	254,036	1,077,751	34,663,486	754	1,861 30.00
31.00 03100	INTENSIVE CARE UNIT	19,922	214,841	4,825,365	76	228 31.00
31.01 03101	PEDIATRIC ICU	6,194	90,118	928,912	10	35 31.01
31.02 03102	NEONATAL ICU	21,635	1,564	3,360,159	79	144 31.02
32.00 03200	CORONARY CARE UNIT	61,316	521,220	14,040,023	51	652 32.00
40.00 04000	SUBPROVIDER - IPF	52,495	163,032	6,363,227	36	351 40.00
41.00 04100	SUBPROVIDER - IRF	22,129	14,679	2,353,488	48	120 41.00
43.00 04300	NURSERY	4,353	103,651	2,518,100	1	0 43.00
44.00 04400	SKILLED NURSING FACILITY	26,689	12,397	2,934,329	24	164 44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	126,364	2,809,294	9,756,958	94	539 50.00
50.01 05001	CAREW MEDICAL PARK SURG	8,876	5,615	237,112	10	18 50.01
51.00 05100	RECOVERY ROOM	58,471	93,611	3,388,839	58	119 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	27,371	0	62,129	46	35 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	39,104	1,879,022	9,555,990	102	439 54.00
54.01 05401	RADIOLOGY - WABASH	0	0	0	0	0 54.01
54.02 05402	RADIOLOGY - MANCHESTER	0	0	0	0	0 54.02
54.03 05403	RADIOLOGY - EAST STATE	0	0	0	0	0 54.03
54.04 05404	RADIOLOGY - JEFFERSON	0	0	0	0	0 54.04
54.05 05405	RADIOLOGY - NHMP	2,977	0	180,644	0	12 54.05
54.06 05406	RADIOLOGY - CMP	0	0	0	0	0 54.06
54.07 05407	RADIOLOGY - WP	0	0	0	0	0 54.07
54.08 05408	RADIOLOGY - PULM CLINIC	6,943	12,046	28,854	3	1 54.08
54.09 05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0 54.09
55.00 05500	RADIOLOGY-THERAPEUTIC	40,967	293,122	3,129,451	101	99 55.00
56.00 05600	RADIOISOTOPE	6,100	134,018	367,459	3	13 56.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	15,979	345,127	605,661	11	21 58.00
60.00 06000	LABORATORY	40,466	669,140	12,776,560	72	793 60.00
60.01 06001	ANATOMICAL PATHOLOGY	1,368	177,422	505,853	6	29 60.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150021

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

Worksheet B-1

Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	DATA PROCESSING (TIME SPENT)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	546,459	2	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	13,784	246,378	4,091,823	37	221	65.00
65.01	06501	WOUND CARE	3,567	14,808	681,293	0	29	65.01
65.02	06502	DIALYSIS	4,030	8,933	52,724	3	5	65.02
65.03	03330	ENDOSCOPY	29,618	408,687	2,306,867	8	109	65.03
66.00	06600	PHYSICAL THERAPY	20,033	73,813	4,091,609	10	281	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,364	0	2,271,627	1	14	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	694,902	1	0	68.00
68.01	06801	NEURO REHAB	7,873	7,352	1,142,288	11	44	68.01
69.00	06900	ELECTROCARDIOLOGY	0	9,475	949,391	3	24	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,474	27,802	436,031	1	8	70.00
70.01	03950	NUTRITION SUPPORT	0	402	652,692	6	35	70.01
70.03	03952	CARDIAC CATH LAB	29,959	448,415	3,065,871	90	114	70.03
70.04	03953	CARDIAC REHA SERVICES	3,041	10,054	120,063	9	7	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	9,409	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,581	0	1,302	6	0	90.00
90.01	09001	ANTI COAG CLINIC	3,332	500	975,619	7	22	90.01
91.00	09100	EMERGENCY	66,336	209,056	8,680,465	120	449	91.00
91.01	09101	PARTIAL HOSPITALIZATION	980	0	121,680	1	6	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	6,626	1,681,975	2,462,290	10	124	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	17,607	17,921	7,229,295	59	475	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	3,483,358	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,695,914	15,478,978	248,859,093	4,274	9,853	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,270	159	9,558	4	0	190.00
194.00	07950	NON ALLOWABLE	0	253	0	24	0	194.00
194.01	07951	TELEVISION	0	0	0	1	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	294	2,424	3	0	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	16,073	190	74,993	1	3	194.05
194.06	07956	STUCKY RESEARCH CTR	1,131	157,838	1,593,982	1	55	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	3,858	0	0	11	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	78,084	0	7	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	4,676	184	142,648	1	7	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	368	9,319	901,104	4	36	194.15
194.16	07966	FITNESS	2,003	0	149,785	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	3,760	0	0	4	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	8,952	1,279	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	284	5,447	184,696	1	11	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	8,871	0	0	66	0	194.25
194.26	07976	ISH	0	0	0	0	0	194.26

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150021

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

Worksheet B-1

Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	DATA PROCESSING (TIME SPENT)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
194.27 07977 MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28 07979 RWJ FOUNDATION	0	0	12,963	0	0	194.28
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)	20,246,537	25,249,798	32,277,528	1,217,406	398,074	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	11.568392	1.612999	0.128081	276.997952	39.919174	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			600,815	0	157,920	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.002384	0.000000	15.836342	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150021

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

Worksheet B-1

Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description		MATERIALS MANAGEMENT (COSTED REQUISITION)	PATIENT SERVICES (INPATIENT REVENUE)	PATIENT ACCOUNTING (GROSS REVENUE)	AMBULATORY SVCS ADMIN (FTES)	Reconciliation	
		5.03	5.04	5.05	5.06	5A.07	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	MATERIALS MANAGEMENT	88,114,651				5.03
5.04	00570	PATIENT SERVICES	147,339	1,379,860,410			5.04
5.05	00580	PATIENT ACCOUNTING	0	0	2,525,543,901		5.05
5.06	00591	AMBULATORY SVCS ADMIN	0	0	0	0	5.06
5.07	00590	OTHER A&G	1,640,382	0	0	0	-128,197,757
5.08	00592	CAREW MEDICAL PARK ADMIN	0	0	0	0	0
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	00700	OPERATION OF PLANT	214,742	0	0	0	0
7.01	00701	FACILITY ENGINEERING	465,613	0	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	559,897	0	0	0	0
9.00	00900	HOUSEKEEPING	874,036	0	0	0	0
10.00	01000	DIETARY	839,968	0	0	0	0
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	0	0	0	0
10.02	01002	CAFETERIA	0	0	0	0	0
10.03	01003	PREADMITS AND ER	0	0	0	0	0
11.00	01100	CAFETERIA	0	0	0	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	18,867	0	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0
15.00	01500	PHARMACY	422,690	0	0	0	0
15.01	01501	OUTPATIENT PHARMACY	27,809	0	0	0	0
15.02	01502	IV SOLUTIONS	324,194	0	0	0	0
15.03	01503	MED SURG SUPPLY	52,741,823	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
17.00	01700	SOCIAL SERVICE	10,945	0	0	0	0
17.01	01701	REHAB ADMIN	3,605	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0
23.02	02302	PARAMED ED PHARMACY	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	3,206,819	185,284,022	215,324,164	0	0
31.00	03100	INTENSIVE CARE UNIT	508,539	29,279,914	29,279,914	0	0
31.01	03101	PEDIATRIC ICU	36,699	3,205,481	3,205,481	0	0
31.02	03102	NEONATAL ICU	322,096	26,575,702	26,575,702	0	0
32.00	03200	CORONARY CARE UNIT	1,358,463	67,200,656	67,200,656	0	0
40.00	04000	SUBPROVIDER - I PF	374,457	26,448,201	26,448,201	0	0
41.00	04100	SUBPROVIDER - I RF	107,867	10,383,529	10,383,529	0	0
43.00	04300	NURSERY	0	4,616,250	4,616,250	0	0
44.00	04400	SKILLED NURSING FACILITY	183,489	8,153,255	8,153,255	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	4,619,861	192,961,414	326,602,718	0	0
50.01	05001	CAREW MEDICAL PARK SURG	220,690	24,968	6,302,654	0	0
51.00	05100	RECOVERY ROOM	308,215	26,270,887	68,929,559	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,239	2,634,389	2,634,389	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,606,297	130,320,813	375,338,871	0	0
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0
54.05	05405	RADIOLOGY - NHMP	2,509	7,823	968,464	0	0
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0
54.07	05407	RADIOLOGY - WP	0	0	0	0	0
54.08	05408	RADIOLOGY - PULM CLINIC	3,520	212	20,626	0	0
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	106,471	2,580,445	71,063,665	0	0
56.00	05600	RADIOISOTOPE	22,045	2,403,567	4,135,078	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	28,805	11,400,416	22,594,505	0	0
60.00	06000	LABORATORY	8,397,461	79,484,952	163,037,369	0	0
60.01	06001	ANATOMICAL PATHOLOGY	486,185	3,937,625	8,706,841	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	9,769,311	11,729,155	0	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	219,786	29,975,731	32,850,308	0	0



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150021

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

Worksheet B-1

Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description			MATERIALS MANAGEMENT (COSTED REQUISTION)	PATIENT SERVICES (INPATIENT REVENUE)	PATIENT ACCOUNTING (GROSS REVENUE)	AMBULATORY SVCS ADMIN (FTES)	Reconciliation	
			5.03	5.04	5.05	5.06	5A.07	
65.01	06501	WOUND CARE	56,762	5,943,748	13,362,486	0	0	65.01
65.02	06502	DIALYSIS	33,425	4,513,184	4,756,574	0	0	65.02
65.03	03330	ENDOSCOPY	759,736	14,908,487	73,682,666	0	0	65.03
66.00	06600	PHYSICAL THERAPY	81,362	14,374,599	16,606,176	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	3,093	11,318,755	12,089,284	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,002,084	4,987,784	0	0	68.00
68.01	06801	NEURO REHAB	37,310	3,963	5,400,972	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	177,018	7,132,007	27,275,881	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	23,906	3,124,789	5,336,144	0	0	70.00
70.01	03950	NUTRITION SUPPORT	100,231	272,768	325,392	0	0	70.01
70.03	03952	CARDIAC CATH LAB	640,698	54,776,703	117,225,994	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	5,554	372	1,031,532	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	76,855,350	123,242,908	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	48,646,510	59,728,662	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	91,381,300	146,891,432	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	135,229,103	211,866,090	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	11,290	145,260	482,614	0	0	90.00
90.01	09001	ANTI COAG CLINIC	197,152	14,097	3,124,888	0	0	90.01
91.00	09100	EMERGENCY	1,416,754	54,292,098	166,312,154	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	2,814	5,670	1,093,741	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	861,737	0	16,621,808	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	789,740	0	18,468,220	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	9,529,145	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	87,624,005	1,379,860,410	2,525,543,901	0	-128,197,757	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	35	0	0	0	4,595	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	44,510	0	0	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	165,459	0	0	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	0	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	56,685	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	16,058	0	0	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	62,570	0	0	0	0	194.15
194.16	07966	FITNESS	0	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	45,172	0	0	0	6,163	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	308	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	99,849	0	0	0	0	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	0	194.28
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)	119,465	4,020,210	47,298	0		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150021

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

Worksheet B-1

Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description		MATERIALS MANAGEMENT (COSTED REQUIREMENT)	PATIENT SERVICES (INPATIENT REVENUE)	PATIENT ACCOUNTING (GROSS REVENUE)	AMBULATORY SVCS ADMIN (FTES)	Reconciliation	
		5.03	5.04	5.05	5.06	5A.07	
203.00	Unit cost multiplier (Wkst. B, Part I)	0.001356	0.002913	0.000019	0.000000		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	98,690	225,364	5,194	0		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.001120	0.000163	0.000002	0.000000		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150021

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

Worksheet B-1

Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description		OTHER A&G (ACCUM COST)	CAREW MEDICAL PARK ADMIN (DIRECT EXPENSES)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	FACILITY ENGINEERING (SQUARE FEET)	
		5.07	5.08	6.00	7.00	7.01	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00591						5.06
5.07	00590	449,470,107					5.07
5.08	00592	6,328	10,000				5.08
6.00	00600	0	0	0			6.00
7.00	00700	10,427,464	0	0	1,410,847		7.00
7.01	00701	6,932,171	0	0	132,008	1,278,839	7.01
8.00	00800	3,349,775	0	0	1,974	1,974	8.00
9.00	00900	7,677,650	0	0	33,308	33,308	9.00
10.00	01000	2,524,520	0	0	61,532	61,532	10.00
10.01	01001	7,358,234	0	0	0	0	10.01
10.02	01002	0	0	0	0	0	10.02
10.03	01003	0	0	0	0	0	10.03
11.00	01100	0	0	0	0	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	3,024,016	0	0	4,901	4,901	13.00
14.00	01400	252,554	0	0	20,666	20,666	14.00
15.00	01500	14,761,356	0	0	18,794	18,794	15.00
15.01	01501	13,100,903	0	0	5,803	5,803	15.01
15.02	01502	1,681,695	0	0	0	0	15.02
15.03	01503	55,069,434	0	0	0	0	15.03
16.00	01600	430,771	0	0	14,240	14,240	16.00
17.00	01700	4,948,890	0	0	7,849	7,849	17.00
17.01	01701	536,702	0	0	0	0	17.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	3,235,943	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	108,548	0	0	266	266	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	228,560	0	0	300	300	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	49,907,954	0	0	254,036	254,036	30.00
31.00	03100	6,142,634	0	0	19,922	19,922	31.00
31.01	03101	1,640,686	0	0	6,194	6,194	31.01
31.02	03102	4,855,351	0	0	21,635	21,635	31.02
32.00	03200	19,226,514	0	0	61,316	61,316	32.00
40.00	04000	10,037,257	0	0	52,495	52,495	40.00
41.00	04100	3,172,259	0	0	22,129	22,129	41.00
43.00	04300	8,812,066	0	0	4,353	4,353	43.00
44.00	04400	3,914,051	0	0	26,689	26,689	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	23,276,511	0	0	126,364	126,364	50.00
50.01	05001	731,150	10,000	0	8,876	8,876	50.01
51.00	05100	7,532,664	0	0	58,471	58,471	51.00
52.00	05200	408,365	0	0	27,371	27,371	52.00
54.00	05400	18,633,890	0	0	39,104	39,104	54.00
54.01	05401	0	0	0	0	0	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	0	0	0	0	0	54.03
54.04	05404	0	0	0	0	0	54.04
54.05	05405	248,436	0	0	2,977	2,977	54.05
54.06	05406	0	0	0	0	0	54.06
54.07	05407	0	0	0	0	0	54.07
54.08	05408	139,913	0	0	6,943	6,943	54.08
54.09	05409	0	0	0	0	0	54.09
55.00	05500	7,635,121	0	0	40,967	40,967	55.00
56.00	05600	762,248	0	0	6,100	6,100	56.00
58.00	05800	1,738,682	0	0	15,979	15,979	58.00
60.00	06000	16,204,755	0	0	40,466	40,466	60.00
60.01	06001	1,706,864	0	0	1,368	1,368	60.01
62.00	06200	4,639,632	0	0	0	0	62.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	5,283,922	0	0	13,784	13,784	65.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150021

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

Worksheet B-1

Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description		OTHER A&G (ACCUM COST)	CAREW MEDICAL PARK ADMIN (DIRECT EXPENSES)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	FACILITY ENGINEERING (SQUARE FEET)		
		5.07	5.08	6.00	7.00	7.01		
65.01	06501	WOUND CARE	2,166,692	0	0	3,567	3,567	65.01
65.02	06502	DIALYSIS	2,165,041	0	0	4,030	4,030	65.02
65.03	03330	ENDOSCOPY	5,078,686	0	0	29,618	29,618	65.03
66.00	06600	PHYSICAL THERAPY	5,276,673	0	0	20,033	20,033	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	2,729,846	0	0	1,364	1,364	67.00
68.00	06800	SPEECH PATHOLOGY	835,954	0	0	0	0	68.00
68.01	06801	NEURO REHAB	1,502,357	0	0	7,873	7,873	68.01
69.00	06900	ELECTROCARDIOLOGY	1,438,648	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	650,585	0	0	1,474	1,474	70.00
70.01	03950	NUTRITION SUPPORT	846,986	0	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	6,213,308	0	0	29,959	29,959	70.03
70.04	03953	CARDIAC REHA SERVICES	200,219	0	0	3,041	3,041	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	233,347	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	142,842	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	268,985	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	31,598,111	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	418,642	0	0	1,581	1,581	90.00
90.01	09001	ANTI COAG CLINIC	1,792,531	0	0	3,332	3,332	90.01
91.00	09100	EMERGENCY	12,783,915	0	0	66,336	66,336	91.00
91.01	09101	PARTIAL HOSPITALIZATION	153,475	0	0	980	980	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	9,789,179	0	0	6,626	6,626	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	10,782,492	0	0	17,607	17,607	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	7,645,337	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	432,020,290	10,000	0	1,356,601	1,224,593	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	61,650	0	0	4,270	4,270	190.00
194.00	07950	NON ALLOWABLE	7,056	0	0	0	0	194.00
194.01	07951	TELEVISION	277	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	0	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	1,024,664	0	0	16,073	16,073	194.05
194.06	07956	STUCKY RESEARCH CTR	2,601,739	0	0	1,131	1,131	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	77,233	0	0	3,858	3,858	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	1,540,788	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	504,180	0	0	4,676	4,676	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	2,773,818	0	0	368	368	194.15
194.16	07966	FITNESS	220,719	0	0	2,003	2,003	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	0	0	3,760	3,760	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	105,744	0	0	8,952	8,952	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	413,078	0	0	284	284	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	8,095,986	0	0	8,871	8,871	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	22,885	0	0	0	0	194.28
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)	128,197,757	8,133	0	13,401,585	10,163,304	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150021

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

Worksheet B-1

Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description		OTHER A&G (ACCUM COST)	CAREW MEDICAL PARK ADMIN (DIRECT EXPENSES)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	FACILITY ENGINEERING (SQUARE FEET)	
		5.07	5.08	6.00	7.00	7.01	
203.00	Unit cost multiplier (Wkst. B, Part I)	0.285220	0.813300	0.000000	9.498964	7.947290	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	40,895,252	6,904	0	3,416,441	2,820,761	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.090985	0.690400	0.000000	2.421553	2.205720	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150021

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

Worksheet B-1

Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	KITCHEN-NO CONNECT W/CAFE (MEALS SERVED)	CAFETERIA (NUMBER OF PERSONNEL)	
		8.00	9.00	10.00	10.01	10.02	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	MATERIALS MANAGEMENT					5.03
5.04	00570	PATIENT SERVICES					5.04
5.05	00580	PATIENT ACCOUNTING					5.05
5.06	00591	AMBULATORY SVCS ADMIN					5.06
5.07	00590	OTHER A&G					5.07
5.08	00592	CAREW MEDICAL PARK ADMIN					5.08
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	FACILITY ENGINEERING					7.01
8.00	00800	LAUNDRY & LINEN SERVICE	10,000				8.00
9.00	00900	HOUSEKEEPING	0	1,243,557			9.00
10.00	01000	DIETARY	0	61,532	849,224		10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	0	0	612,934	10.01
10.02	01002	CAFETERIA	0	0	236,290	0	240,033
10.03	01003	PREADMITS AND ER	0	0	6,999	6,999	3,743
11.00	01100	CAFETERIA	0	0	0	0	236,290
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	4,901	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	20,666	0	0	0
15.00	01500	PHARMACY	0	18,794	0	0	0
15.01	01501	OUTPATIENT PHARMACY	0	5,803	0	0	0
15.02	01502	IV SOLUTIONS	0	0	0	0	0
15.03	01503	MED SURG SUPPLY	0	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	14,240	0	0	0
17.00	01700	SOCIAL SERVICE	0	7,849	0	0	0
17.01	01701	REHAB ADMIN	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	266	0	0	0
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0
23.02	02302	PARAMED ED PHARMACY	0	300	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	4,004	254,036	303,004	303,004	0
31.00	03100	INTENSIVE CARE UNIT	342	19,922	29,405	29,405	0
31.01	03101	PEDIATRIC ICU	0	6,194	3,115	3,115	0
31.02	03102	NEONATAL ICU	82	21,635	0	0	0
32.00	03200	CORONARY CARE UNIT	1,558	61,316	61,024	61,024	0
40.00	04000	SUBPROVIDER - I PF	260	52,495	131,740	131,740	0
41.00	04100	SUBPROVIDER - I RF	105	22,129	28,996	28,996	0
43.00	04300	NURSERY	0	4,353	0	0	0
44.00	04400	SKILLED NURSING FACILITY	242	26,689	48,651	48,651	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	126,364	0	0	0
50.01	05001	CAREW MEDICAL PARK SURG	0	8,876	0	0	0
51.00	05100	RECOVERY ROOM	43	58,471	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	27,371	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	328	39,104	0	0	0
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0
54.05	05405	RADIOLOGY - NHMP	0	2,977	0	0	0
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0
54.07	05407	RADIOLOGY - WP	0	0	0	0	0
54.08	05408	RADIOLOGY - PULM CLINIC	0	6,943	0	0	0
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	40,967	0	0	0
56.00	05600	RADIOISOTOPE	0	6,100	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	349	15,979	0	0	0
60.00	06000	LABORATORY	1	40,466	0	0	0
60.01	06001	ANATOMICAL PATHOLOGY	0	1,368	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	16	13,784	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150021

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

Worksheet B-1

Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description			LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	KITCHEN-NO CONNECT W/CAFE (MEALS SERVED)	CAFETERIA (NUMBER OF PERSONNEL)	
			8.00	9.00	10.00	10.01	10.02	
65.01	06501	WOUND CARE	29	3,567	0	0	0	65.01
65.02	06502	DIALYSIS	47	4,030	0	0	0	65.02
65.03	03330	ENDOSCOPY	109	29,618	0	0	0	65.03
66.00	06600	PHYSICAL THERAPY	0	20,033	0	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	1,364	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	NEURO REHAB	27	7,873	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,474	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	362	29,959	0	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0	3,041	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	1,581	0	0	0	90.00
90.01	09001	ANTI COAG CLINIC	1	3,332	0	0	0	90.01
91.00	09100	EMERGENCY	2,095	66,336	0	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	980	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	6,626	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	17,607	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,000	1,189,311	849,224	612,934	240,033	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,270	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	0	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	16,073	0	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	0	1,131	0	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	3,858	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	4,676	0	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	368	0	0	0	194.15
194.16	07966	FITNESS	0	2,003	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	3,760	0	0	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	8,952	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	284	0	0	0	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	8,871	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	0	194.28
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,339,637	10,448,568	4,835,069	9,456,950	1,345,320	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150021

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

Worksheet B-1

Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	KITCHEN-NO CONNECT W/CAFE (MEALS SERVED)	CAFETERIA (NUMBER OF PERSONNEL)	
		8.00	9.00	10.00	10.01	10.02	
203.00	Unit cost multiplier (Wkst. B, Part I)	433.963700	8.402163	5.693514	15.428986	5.604729	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	350,951	1,326,881	2,002,925	676,091	557,298	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	35.095100	1.067005	2.358536	1.103040	2.321756	205.00



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150021

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

Worksheet B-1

Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description		PREADMITS AND ER (MEALS PREADMITS)	CAFETERIA (MEALS FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG FTE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		10.03	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00591						5.06
5.07	00590						5.07
5.08	00592						5.08
6.00	00600						6.00
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
10.01	01001						10.01
10.02	01002						10.02
10.03	01003						10.03
11.00	01100	303,004					11.00
12.00	01200	0	23,632				12.00
13.00	01300	0	160	0	15,391		13.00
14.00	01400	0	0	0	0	999,949	14.00
15.00	01500	0	1,013	0	1,013	0	15.00
15.01	01501	0	96	0	96	0	15.01
15.02	01502	0	136	0	136	0	15.02
15.03	01503	0	0	0	0	919,712	15.03
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	442	0	0	0	17.00
17.01	01701	0	29	0	0	0	17.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	303,004	5,722	0	5,722	7,199	30.00
31.00	03100	0	760	0	760	0	31.00
31.01	03101	0	116	0	116	0	31.01
31.02	03102	0	480	0	480	0	31.02
32.00	03200	0	2,180	0	2,180	0	32.00
40.00	04000	0	1,168	0	0	10	40.00
41.00	04100	0	400	0	0	2	41.00
43.00	04300	0	395	0	395	0	43.00
44.00	04400	0	547	0	547	16	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	1,791	0	1,514	72,509	50.00
50.01	05001	0	0	0	0	2	50.01
51.00	05100	0	395	0	395	0	51.00
52.00	05200	0	115	0	115	0	52.00
54.00	05400	0	1,303	0	99	0	54.00
54.01	05401	0	0	0	0	0	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	0	0	0	0	0	54.03
54.04	05404	0	0	0	0	0	54.04
54.05	05405	0	0	0	0	0	54.05
54.06	05406	0	0	0	0	0	54.06
54.07	05407	0	0	0	0	0	54.07
54.08	05408	0	0	0	5	0	54.08
54.09	05409	0	0	0	0	0	54.09
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	44	0	0	0	56.00
58.00	05800	0	70	0	0	0	58.00
60.00	06000	0	970	0	0	0	60.00
60.01	06001	0	96	0	0	0	60.01
62.00	06200	0	1	0	0	0	62.00
62.30	06250	0	0	0	0	0	62.30

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150021

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

Worksheet B-1

Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description		PREADMITS AND ER (MEALS PREADMITS)	CAFETERIA (MEALS FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG FTE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		10.03	11.00	12.00	13.00	14.00	
65.00	06500	RESPIRATORY THERAPY	0	733	0	0	208 65.00
65.01	06501	WOUND CARE	0	147	0	147	10 65.01
65.02	06502	DIALYSIS	0	16	0	16	0 65.02
65.03	03330	ENDOSCOPY	0	363	0	0	31 65.03
66.00	06600	PHYSICAL THERAPY	0	953	0	0	156 66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0 66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0	46	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
68.01	06801	NEURO REHAB	0	146	0	0	0 68.01
69.00	06900	ELECTROCARDIOLOGY	0	81	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	28	0	0	0 70.00
70.01	03950	NUTRITION SUPPORT	0	115	0	0	0 70.01
70.03	03952	CARDIAC CATH LAB	0	380	0	0	0 70.03
70.04	03953	CARDIAC REHA SERVICES	0	22	0	0	0 70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0 71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0 76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	0 90.00
90.01	09001	ANTI COAG CLINIC	0	0	0	72	1 90.01
91.00	09100	EMERGENCY	0	1,493	0	1,384	63 91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	20	0	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	411	0	0	28 95.00
99.10	09910	CORF	0	0	0	0	0 99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0 99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0 99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0 99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	21	0 101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
116.00	11600	HOSPICE	0	0	0	0	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	303,004	23,383	0	15,213	999,947 118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	0 194.00
194.01	07951	TELEVISION	0	0	0	0	0 194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0 194.02
194.03	07953	OP CLINIC	0	0	0	0	0 194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	0 194.04
194.05	07955	EDUCARE CTR	0	11	0	0	0 194.05
194.06	07956	STUCKY RESEARCH CTR	0	0	0	0	0 194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0 194.07
194.08	07958	FOUNDATION	0	0	0	0	0 194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0 194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0 194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0 194.11
194.12	07962	GUEST SERVICES	0	0	0	0	0 194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0 194.13
194.14	07964	SENIOR HEALTH SERVICES	0	25	0	0	0 194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	178	0	178	0 194.15
194.16	07966	FITNESS	0	0	0	0	0 194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0 194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	0	0	0	0 194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0 194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0 194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	0 194.21
194.22	07972	EBT	0	0	0	0	0 194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	35	0	0	2 194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0 194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	0 194.25
194.26	07976	ISH	0	0	0	0	0 194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0 194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	0 194.28
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150021

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

Worksheet B-1

Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description		PREADMI TS AND ER (MEALS PREADMI TS)	CAFETERIA (MEALS FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING FTE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		10.03	11.00	12.00	13.00	14.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	168,815	1,324,341	0	4,022,175	858,771	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.557138	56.040157	0.000000	261.332922	0.858815	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	32,917	548,608	0	378,742	384,624	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.108636	23.214624	0.000000	24.608018	0.384644	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150021

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

Worksheet B-1

Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description		PHARMACY (COSTED REQUIS.)	OUTPATIENT PHARMACY (PERCENTAGE 1)	IV SOLUTIONS (PERCENTAGE 2)	MED SURG SUPPLY (PERCENTAGE 3)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		15.00	15.01	15.02	15.03	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00591						5.06
5.07	00590						5.07
5.08	00592						5.08
6.00	00600						6.00
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
10.01	01001						10.01
10.02	01002						10.02
10.03	01003						10.03
11.00	01100						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500	45,690,902					15.00
15.01	01501	12,439,508	10,000				15.01
15.02	01502	0	0	10,000			15.02
15.03	01503	0	0	0	10,000		15.03
16.00	01600	0	0	0	0	8,659	16.00
17.00	01700	0	0	0	0	0	17.00
17.01	01701	0	0	0	0	0	17.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	8,460	0	0	0	327	30.00
31.00	03100	156	0	0	0	1	31.00
31.01	03101	10	0	0	0	4	31.01
31.02	03102	74	0	0	0	0	31.02
32.00	03200	443	0	0	0	21	32.00
40.00	04000	3,231	0	0	0	1	40.00
41.00	04100	76	0	0	0	0	41.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	1,671	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	761	0	0	0	1,512	50.00
50.01	05001	1,241	0	0	0	0	50.01
51.00	05100	77	0	0	0	278	51.00
52.00	05200	0	0	0	0	0	52.00
54.00	05400	2,289	0	0	0	2,836	54.00
54.01	05401	0	0	0	0	0	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	0	0	0	0	0	54.03
54.04	05404	0	0	0	0	0	54.04
54.05	05405	0	0	0	0	11	54.05
54.06	05406	0	0	0	0	0	54.06
54.07	05407	0	0	0	0	0	54.07
54.08	05408	0	0	0	0	0	54.08
54.09	05409	0	0	0	0	0	54.09
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	0	0	0	26	56.00
58.00	05800	4	0	0	0	158	58.00
60.00	06000	168	0	0	0	0	60.00
60.01	06001	98	0	0	0	0	60.01
62.00	06200	0	0	0	0	0	62.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	14	0	0	0	128	65.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150021

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

Worksheet B-1

Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description			PHARMACY (COSTED REQUIS.)	OUTPATIENT PHARMACY (PERCENTAGE 1)	IV SOLUTIONS (PERCENTAGE 2)	MED SURG SUPPLY (PERCENTAGE 3)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
			15.00	15.01	15.02	15.03	16.00	
65.01	06501	WOUND CARE	0	0	0	0	4	65.01
65.02	06502	DIAGNOSIS	4	0	0	0	3	65.02
65.03	03330	ENDOSCOPY	1,303	0	0	0	809	65.03
66.00	06600	PHYSICAL THERAPY	0	0	0	0	61	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	NEURO REHAB	502	0	0	0	48	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	187	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	13	70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	0	1	70.01
70.03	03952	CARDIAC CATH LAB	70	0	0	0	1,231	70.03
70.04	03953	CARDIAC REHAB SERVICES	0	0	0	0	13	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	5,580	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	10,000	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,420	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	31,185,631	10,000	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	101,078	0	0	0	4	90.00
90.01	09001	ANTI COAG CLINIC	205	0	0	0	38	90.01
91.00	09100	EMERGENCY	2,077	0	0	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	13	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	5,598	0	0	0	164	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	1,929,344	0	0	0	336	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	45,684,093	10,000	10,000	10,000	8,228	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	0	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	0	0	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	0	0	0	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	0	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	0	0	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	6,019	0	0	0	0	194.15
194.16	07966	FITNESS	0	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	63	0	0	0	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	0	0	0	0	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	727	0	0	0	431	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	0	194.28
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)	19,778,884	22,402,885	2,204,510	71,566,092	921,717	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150021

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

Worksheet B-1

Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description		PHARMACY (COSTED REQUIS.)	OUTPATIENT PHARMACY (PERCENTAGE 1)	IV SOLUTIONS (PERCENTAGE 2)	MED SURG SUPPLY (PERCENTAGE 3)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		15.00	15.01	15.02	15.03	16.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	0.432885	2,240.288500	220.451000	7,156.609200	106.446125	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	3,863,981	2,354,832	193,367	5,423,543	548,281	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.084568	235.483200	19.336700	542.354300	63.319205	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150021

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

Worksheet B-1

Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description	SOCIAL SERVICE	REHAB ADMIN	NONPHYSICIAN	NURSING SCHOOL	INTERNS & RESIDENTS	
	(TIME SPENT)	(PERCENTAGE 4)	ANESTHETISTS	(ASSIGNED TIME)	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
	17.00	17.01	19.00	20.00	21.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 COMMUNICATIONS						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 MATERIALS MANAGEMENT						5.03
5.04 00570 PATIENT SERVICES						5.04
5.05 00580 PATIENT ACCOUNTING						5.05
5.06 00591 AMBULATORY SVCS ADMIN						5.06
5.07 00590 OTHER A&G						5.07
5.08 00592 CAREW MEDICAL PARK ADMIN						5.08
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
7.01 00701 FACILITY ENGINEERING						7.01
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
10.01 01001 KITCHEN-NO CONNECT W/CAFE						10.01
10.02 01002 CAFETERIA						10.02
10.03 01003 PREADMITS AND ER						10.03
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
15.01 01501 OUTPATIENT PHARMACY						15.01
15.02 01502 IV SOLUTIONS						15.02
15.03 01503 MED SURG SUPPLY						15.03
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE	10,000					17.00
17.01 01701 REHAB ADMIN	0	10,000				17.01
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00 02000 NURSING SCHOOL	0	0		0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0			10,000	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0				23.00
23.01 02301 PARAMED ED RADIOLOGY	0	0				23.01
23.02 02302 PARAMED ED PHARMACY	0	0				23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	6,649	0	0	0	5,723	30.00
31.00 03100 INTENSIVE CARE UNIT	938	0	0	0	985	31.00
31.01 03101 PEDIATRIC ICU	0	0	0	0	0	31.01
31.02 03102 NEONATAL ICU	67	0	0	0	0	31.02
32.00 03200 CORONARY CARE UNIT	1,739	0	0	0	287	32.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	1,429	0	0	0	41.00
43.00 04300 NURSERY	0	0	0	0	681	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	0	868	50.00
50.01 05001 CAREW MEDICAL PARK SURG	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	161	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 05401 RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05 05405 RADIOLOGY - NHMP	0	0	0	0	0	54.05
54.06 05406 RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07 05407 RADIOLOGY - WP	0	0	0	0	0	54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0	0	0	0	0	54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	0	0	0	0	60.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150021

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

Worksheet B-1

Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description			SOCIAL SERVICE	REHAB ADMIN	NONPHYSICIAN	NURSING SCHOOL	INTERNS & RESIDENTS	
			(TIME SPENT)	(PERCENTAGE 4)	ANESTHETISTS	(ASSIGNED TIME)	(ASSIGNED TIME)	
			17.00	17.01	19.00	20.00	21.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501	WOUND CARE	0	0	0	0	0	65.01
65.02	06502	DIALYSIS	0	0	0	0	0	65.02
65.03	03330	ENDOSCOPY	0	0	0	0	0	65.03
66.00	06600	PHYSICAL THERAPY	0	3,597	0	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	2,066	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,066	0	0	0	68.00
68.01	06801	NEURO REHAB	0	842	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	607	0	0	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANTI COAG CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	1,287	91.00
91.01	09101	PARTIAL HOSPITALIZATION	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								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,000	10,000	0	0	10,000	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	0	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	0	0	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	0	0	0	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	0	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	0	0	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	0	0	0	0	194.15
194.16	07966	FITNESS	0	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	0	0	0	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	0	0	0	0	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	0	194.26



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150021

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

Worksheet B-1

Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	REHAB ADMIN (PERCENTAGE 4)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	
	17.00	17.01	19.00	20.00	21.00	
194.27 07977 MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28 07979 RWJ FOUNDATION	0	0	0	0	0	194.28
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)	6,588,066	691,405	0	0	4,158,899	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	658.806600	69.140500	0.000000	0.000000	415.889900	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	621,708	51,579	0	0	294,423	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	62.170800	5.157900	0.000000	0.000000	29.442300	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150021

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

Worksheet B-1

Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	PARAMED RADIOLOGY (PERCENTAGE %)	PARAMED PHARMACY (COSTED REQUIS.)	
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)				
	22.00	23.00	23.01	23.02	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100 CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540 COMMUNICATIONS					5.01
5.02 00550 DATA PROCESSING					5.02
5.03 00560 MATERIALS MANAGEMENT					5.03
5.04 00570 PATIENT SERVICES					5.04
5.05 00580 PATIENT ACCOUNTING					5.05
5.06 00591 AMBULATORY SVCS ADMIN					5.06
5.07 00590 OTHER A&G					5.07
5.08 00592 CAREW MEDICAL PARK ADMIN					5.08
6.00 00600 MAINTENANCE & REPAIRS					6.00
7.00 00700 OPERATION OF PLANT					7.00
7.01 00701 FACILITY ENGINEERING					7.01
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
10.01 01001 KITCHEN-NO CONNECT W/CAFE					10.01
10.02 01002 CAFETERIA					10.02
10.03 01003 PREADMITS AND ER					10.03
11.00 01100 CAFETERIA					11.00
12.00 01200 MAINTENANCE OF PERSONNEL					12.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
15.01 01501 OUTPATIENT PHARMACY					15.01
15.02 01502 IV SOLUTIONS					15.02
15.03 01503 MED SURG SUPPLY					15.03
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE					17.00
17.01 01701 REHAB ADMIN					17.01
19.00 01900 NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000 NURSING SCHOOL					20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV		10,000			22.00
23.00 02300 PARAMED PRGM-(SPECIFY)			0		23.00
23.01 02301 PARAMED RADIOLOGY					23.01
23.02 02302 PARAMED PHARMACY				33,251,394	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000 ADULTS & PEDIATRICS	0	0	0	8,460	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	156	31.00
31.01 03101 PEDIATRIC ICU	0	0	0	10	31.01
31.02 03102 NEONATAL ICU	0	0	0	74	31.02
32.00 03200 CORONARY CARE UNIT	0	0	0	443	32.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	3,231	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	76	41.00
43.00 04300 NURSERY	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	1,671	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0	0	0	761	50.00
50.01 05001 CAREW MEDICAL PARK SURG	0	0	0	1,241	50.01
51.00 05100 RECOVERY ROOM	0	0	0	77	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	2,289	54.00
54.01 05401 RADIOLOGY - WABASH	0	0	0	0	54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0	0	0	54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0	0	0	54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0	0	0	54.04
54.05 05405 RADIOLOGY - NHMP	0	0	0	0	54.05
54.06 05406 RADIOLOGY - CMP	0	0	0	0	54.06
54.07 05407 RADIOLOGY - WP	0	0	0	0	54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0	0	0	0	54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	56.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	4	58.00
60.00 06000 LABORATORY	0	10,000	0	168	60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	0	0	98	60.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150021

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

Worksheet B-1

Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description		INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED PRGM (ASSIGNED TIME)	PARAMED RADIOLOGY (PERCENTAGE %)	PARAMED PHARMACY (COSTED REQUIS.)	
		22.00	23.00	23.01	23.02	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	14	65.00
65.01	06501	WOUND CARE	0	0	0	65.01
65.02	06502	DIALYSIS	0	0	4	65.02
65.03	03330	ENDOSCOPY	0	0	1,303	65.03
66.00	06600	PHYSICAL THERAPY	0	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
68.01	06801	NEURO REHAB	0	0	502	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0	0	70	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	31,185,631	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	101,078	90.00
90.01	09001	ANTI COAG CLINIC	0	0	205	90.01
91.00	09100	EMERGENCY	0	0	2,077	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	5,598	95.00
99.10	09910	CORF	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	1,929,344	101.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	10,000	33,244,585	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	0	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	194.07
194.08	07958	FOUNDATION	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	0	6,019	194.15
194.16	07966	FITNESS	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	0	63	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	194.21
194.22	07972	EBT	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	0	0	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	727	194.25
194.26	07976	ISH	0	0	0	194.26

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150021

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

Worksheet B-1

Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	PARAMED RADIOLOGY (PERCENTAGE %)	PARAMED PHARMACY (COSTED REQUIS.)		
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)					
	22.00	23.00	23.01	23.02		
194.27 07977 MCHA BRYAN HOPD	0	0	0	0		194.27
194.28 07979 RWJ FOUNDATION	0	0	0	0		194.28
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	146,384	0	301,505		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	14.638400	0.000000	0.009067		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	14,660	0	26,451		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	1.466000	0.000000	0.000795		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150021

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/27/2016 3:19 pm

		Title XVIIII		Hospital		PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE Disallowance	Total Costs			
	1.00	2.00	3.00	4.00	5.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	85,256,877		85,256,877	0	85,256,877	30.00
31.00	03100	INTENSIVE CARE UNIT	10,038,451		10,038,451	0	10,038,451	31.00
31.01	03101	PEDIATRIC ICU	2,371,790		2,371,790	548	2,372,338	31.01
31.02	03102	NEONATAL ICU	7,031,522		7,031,522	0	7,031,522	31.02
32.00	03200	CORONARY CARE UNIT	30,100,285		30,100,285	0	30,100,285	32.00
40.00	04000	SUBPROVIDER - I/PF	17,219,504		17,219,504	18,594	17,238,098	40.00
41.00	04100	SUBPROVIDER - I/RF	5,428,339		5,428,339	0	5,428,339	41.00
43.00	04300	NURSERY	5,137,225		5,137,225	0	5,137,225	43.00
44.00	04400	SKILLED NURSING FACILITY	7,027,290		7,027,290	0	7,027,290	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	33,901,327		33,901,327	0	33,901,327	50.00
50.01	05001	CAREW MEDICAL PARK SURG	1,177,803		1,177,803	0	1,177,803	50.01
51.00	05100	RECOVERY ROOM	11,366,162		11,366,162	0	11,366,162	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,268,834		1,268,834	0	1,268,834	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,503,551		25,503,551	0	25,503,551	54.00
54.01	05401	RADIOLOGY - WABASH	0		0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0		0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0		0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0		0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	397,416		397,416	0	397,416	54.05
54.06	05406	RADIOLOGY - CMP	0		0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0		0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	360,591		360,591	0	360,591	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0		0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	10,871,742		10,871,742	60,103	10,931,845	55.00
56.00	05600	RADIOISOTOPE	1,142,565		1,142,565	0	1,142,565	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,819,817		2,819,817	0	2,819,817	58.00
60.00	06000	LABORATORY	22,073,909		22,073,909	0	22,073,909	60.00
60.01	06001	ANATOMICAL PATHOLOGY	2,234,480		2,234,480	0	2,234,480	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	5,963,004		5,963,004	0	5,963,004	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	7,209,126	0	7,209,126	1,897	7,211,023	65.00
65.01	06501	WOUND CARE	2,936,552	0	2,936,552	22,223	2,958,775	65.01
65.02	06502	DIALYSIS	2,912,519	0	2,912,519	0	2,912,519	65.02
65.03	03330	ENDOSCOPY	7,447,170	0	7,447,170	0	7,447,170	65.03
66.00	06600	PHYSICAL THERAPY	7,608,240	0	7,608,240	0	7,608,240	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	3,689,133	0	3,689,133	0	3,689,133	67.00
68.00	06800	SPEECH PATHOLOGY	1,217,229	0	1,217,229	0	1,217,229	68.00
68.01	06801	NEURO REHAB	2,217,809	0	2,217,809	0	2,217,809	68.01
69.00	06900	ELECTROCARDIOLOGY	1,873,423	0	1,873,423	0	1,873,423	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	877,198	0	877,198	0	877,198	70.00
70.01	03950	NUTRITION SUPPORT	1,095,114	0	1,095,114	0	1,095,114	70.01
70.03	03952	CARDIAC CATH LAB	9,469,212	0	9,469,212	107,872	9,577,084	70.03
70.04	03953	CARDIAC REHA SERVICES	338,547	0	338,547	0	338,547	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	40,233,781	0	40,233,781	0	40,233,781	71.00
71.01	07101	COST OF SOLUTIONS	2,388,093	0	2,388,093	0	2,388,093	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	31,977,918	0	31,977,918	0	31,977,918	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	76,795,952	0	76,795,952	0	76,795,952	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	624,011		624,011	0	624,011	90.00
90.01	09001	ANTI COAG CLINIC	2,413,311		2,413,311	0	2,413,311	90.01
91.00	09100	EMERGENCY	19,500,302		19,500,302	157,683	19,657,985	91.00
91.01	09101	PARTIAL HOSPITALIZATION	225,085		225,085	0	225,085	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	11,320,770		11,320,770	0	11,320,770	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	12,795,509		12,795,509	0	12,795,509	95.00
99.10	09910	CORF	0		0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0		0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0		0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0		0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	15,206,918		15,206,918	0	15,206,918	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
116.00	11600	HOSPICE	9,825,940		9,825,940	0	9,825,940	116.00
200.00		Subtotal (see instructions)	560,891,346	0	560,891,346	368,920	561,260,266	200.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150021

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/27/2016 3:19 pm

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	
201.00	Less Observation Beds	11,320,770		11,320,770		11,320,770	201.00
202.00	Total (see instructions)	549,570,576	0	549,570,576	368,920	549,939,496	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150021

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/27/2016 3:19 pm

			Title XVIIII			Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio				
	Inpatient	Outpatient	Total (col. 6 + col. 7)						
	6.00	7.00	8.00				9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	181,588,649		181,588,649				30.00
31.00	03100	INTENSIVE CARE UNIT	29,279,914		29,279,914				31.00
31.01	03101	PEDIATRIC ICU	3,205,481		3,205,481				31.01
31.02	03102	NEONATAL ICU	26,575,702		26,575,702				31.02
32.00	03200	CORONARY CARE UNIT	67,200,656		67,200,656				32.00
40.00	04000	SUBPROVIDER - IPF	26,448,201		26,448,201				40.00
41.00	04100	SUBPROVIDER - IRF	10,383,529		10,383,529				41.00
43.00	04300	NURSERY	4,616,250		4,616,250				43.00
44.00	04400	SKILLED NURSING FACILITY	8,153,255		8,153,255				44.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	192,961,414	133,641,304	326,602,718	0.103800	0.000000		50.00
50.01	05001	CAREW MEDICAL PARK SURG	24,968	6,277,686	6,302,654	0.186874	0.000000		50.01
51.00	05100	RECOVERY ROOM	26,270,887	42,658,672	68,929,559	0.164895	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,634,389	0	2,634,389	0.481643	0.000000		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	130,320,813	245,018,058	375,338,871	0.067948	0.000000		54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0.000000	0.000000		54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0.000000	0.000000		54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0.000000	0.000000		54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0.000000	0.000000		54.04
54.05	05405	RADIOLOGY - NHMP	7,823	960,641	968,464	0.410357	0.000000		54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0.000000	0.000000		54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0.000000	0.000000		54.07
54.08	05408	RADIOLOGY - PULM CLINIC	212	20,414	20,626	17.482352	0.000000		54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0.000000	0.000000		54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	2,580,445	68,483,220	71,063,665	0.152986	0.000000		55.00
56.00	05600	RADIOISOTOPE	2,403,567	1,731,511	4,135,078	0.276310	0.000000		56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	11,400,416	11,194,089	22,594,505	0.124801	0.000000		58.00
60.00	06000	LABORATORY	79,484,952	83,552,417	163,037,369	0.135392	0.000000		60.00
60.01	06001	ANATOMICAL PATHOLOGY	3,937,625	4,769,216	8,706,841	0.256635	0.000000		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	9,769,311	1,959,844	11,729,155	0.508392	0.000000		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	29,975,731	2,874,577	32,850,308	0.219454	0.000000		65.00
65.01	06501	WOUND CARE	5,943,748	7,418,738	13,362,486	0.219761	0.000000		65.01
65.02	06502	DIALYSIS	4,513,184	243,390	4,756,574	0.612314	0.000000		65.02
65.03	03330	ENDOSCOPY	14,908,487	58,774,179	73,682,666	0.101071	0.000000		65.03
66.00	06600	PHYSICAL THERAPY	14,374,599	2,231,577	16,606,176	0.458157	0.000000		66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0.000000	0.000000		66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0.000000	0.000000		66.02
67.00	06700	OCCUPATIONAL THERAPY	11,318,755	770,529	12,089,284	0.305157	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	4,002,084	985,700	4,987,784	0.244042	0.000000		68.00
68.01	06801	NEURO REHAB	3,963	5,397,009	5,400,972	0.410631	0.000000		68.01
69.00	06900	ELECTROCARDIOLOGY	7,132,007	20,143,874	27,275,881	0.068684	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,124,789	2,211,355	5,336,144	0.164388	0.000000		70.00
70.01	03950	NUTRITION SUPPORT	272,768	52,624	325,392	3.365522	0.000000		70.01
70.03	03952	CARDIAC CATH LAB	54,776,703	62,449,291	117,225,994	0.080777	0.000000		70.03
70.04	03953	CARDIAC REHA SERVICES	372	1,031,160	1,031,532	0.328198	0.000000		70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	76,855,350	46,387,558	123,242,908	0.326459	0.000000		71.00
71.01	07101	COST OF SOLUTIONS	48,646,510	11,082,152	59,728,662	0.039982	0.000000		71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	91,381,300	55,510,132	146,891,432	0.217698	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	135,229,103	76,636,987	211,866,090	0.362474	0.000000		73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000		76.98
76.99	07699	LI THOTRI PSY	0	0	0	0.000000	0.000000		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.00	09000	CLINIC	145,260	337,354	482,614	1.292982	0.000000		90.00
90.01	09001	ANTI COAG CLINIC	14,097	3,110,791	3,124,888	0.772287	0.000000		90.01
91.00	09100	EMERGENCY	54,292,098	112,020,056	166,312,154	0.117251	0.000000		91.00
91.01	09101	PARTIAL HOSPITALIZATION	5,670	1,088,071	1,093,741	0.205794	0.000000		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,695,373	30,040,142	33,735,515	0.335574	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>									
95.00	09500	AMBULANCE SERVICES	0	16,621,808	16,621,808	0.769802	0.000000		95.00
99.10	09910	CORF	0	0	0				99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0				99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0				99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0				99.40
101.00	10100	HOME HEALTH AGENCY	0	18,468,220	18,468,220				101.00
<b>SPECIAL PURPOSE COST CENTERS</b>									
116.00	11600	HOSPICE	0	9,529,145	9,529,145				116.00
200.00		Subtotal (see instructions)	1,379,860,410	1,145,683,491	2,525,543,901				200.00
201.00		Less Observation Beds							201.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150021	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/27/2016 3:19 pm
			Title XVIII	Hospital	PPS
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
	Inpatient	Outpatient	Total (col. 6 + col. 7)		
	6.00	7.00	8.00		
202.00	Total (see instructions)	1,379,860,410	1,145,683,491	2,525,543,901	202.00



COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150021

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital	PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
31.01	03101 PEDIATRIC ICU				31.01
31.02	03102 NEONATAL ICU				31.02
32.00	03200 CORONARY CARE UNIT				32.00
40.00	04000 SUBPROVIDER - I PF				40.00
41.00	04100 SUBPROVIDER - I RF				41.00
43.00	04300 NURSERY				43.00
44.00	04400 SKILLED NURSING FACILITY				44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.103800			50.00
50.01	05001 CAREW MEDICAL PARK SURG	0.186874			50.01
51.00	05100 RECOVERY ROOM	0.164895			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.481643			52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.067948			54.00
54.01	05401 RADIOLOGY - WABASH	0.000000			54.01
54.02	05402 RADIOLOGY - MANCHESTER	0.000000			54.02
54.03	05403 RADIOLOGY - EAST STATE	0.000000			54.03
54.04	05404 RADIOLOGY - JEFFERSON	0.000000			54.04
54.05	05405 RADIOLOGY - NHMP	0.410357			54.05
54.06	05406 RADIOLOGY - CMP	0.000000			54.06
54.07	05407 RADIOLOGY - WP	0.000000			54.07
54.08	05408 RADIOLOGY - PULM CLINIC	17.482352			54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0.000000			54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	0.153832			55.00
56.00	05600 RADIOISOTOPE	0.276310			56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.124801			58.00
60.00	06000 LABORATORY	0.135392			60.00
60.01	06001 ANATOMICAL PATHOLOGY	0.256635			60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.508392			62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
65.00	06500 RESPIRATORY THERAPY	0.219512			65.00
65.01	06501 WOUND CARE	0.221424			65.01
65.02	06502 DIALYSIS	0.612314			65.02
65.03	03330 ENDOSCOPY	0.101071			65.03
66.00	06600 PHYSICAL THERAPY	0.458157			66.00
66.01	06601 TRANSITIONAL THERAPY	0.000000			66.01
66.02	03650 PV REHAB OUTREACH	0.000000			66.02
67.00	06700 OCCUPATIONAL THERAPY	0.305157			67.00
68.00	06800 SPEECH PATHOLOGY	0.244042			68.00
68.01	06801 NEURO REHAB	0.410631			68.01
69.00	06900 ELECTROCARDIOLOGY	0.068684			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.164388			70.00
70.01	03950 NUTRITION SUPPORT	3.365522			70.01
70.03	03952 CARDIAC CATH LAB	0.081698			70.03
70.04	03953 CARDIAC REHA SERVICES	0.328198			70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.326459			71.00
71.01	07101 COST OF SOLUTIONS	0.039982			71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.217698			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.362474			73.00
76.97	07697 CARDIAC REHABILITATION	0.000000			76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.000000			76.98
76.99	07699 LI THOTRI PSY	0.000000			76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	1.292982			90.00
90.01	09001 ANTI COAG CLINIC	0.772287			90.01
91.00	09100 EMERGENCY	0.118199			91.00
91.01	09101 PARTIAL HOSPITALIZATION	0.205794			91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.335574			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES	0.769802			95.00
99.10	09910 CORF				99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY				99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY				99.40
101.00	10100 HOME HEALTH AGENCY				101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
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: 150021

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/27/2016 3:19 pm

		Title XIX		Hospital		PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE Disallowance	Total Costs			
	1.00	2.00	3.00	4.00	5.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	85,256,877		85,256,877	0	85,256,877	30.00
31.00	03100	INTENSIVE CARE UNIT	10,038,451		10,038,451	0	10,038,451	31.00
31.01	03101	PEDIATRIC ICU	2,371,790		2,371,790	548	2,372,338	31.01
31.02	03102	NEONATAL ICU	7,031,522		7,031,522	0	7,031,522	31.02
32.00	03200	CORONARY CARE UNIT	30,100,285		30,100,285	0	30,100,285	32.00
40.00	04000	SUBPROVIDER - I/PF	17,219,504		17,219,504	18,594	17,238,098	40.00
41.00	04100	SUBPROVIDER - I/RF	5,428,339		5,428,339	0	5,428,339	41.00
43.00	04300	NURSERY	5,137,225		5,137,225	0	5,137,225	43.00
44.00	04400	SKILLED NURSING FACILITY	7,027,290		7,027,290	0	7,027,290	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	33,901,327		33,901,327	0	33,901,327	50.00
50.01	05001	CAREW MEDICAL PARK SURG	1,177,803		1,177,803	0	1,177,803	50.01
51.00	05100	RECOVERY ROOM	11,366,162		11,366,162	0	11,366,162	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,268,834		1,268,834	0	1,268,834	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,503,551		25,503,551	0	25,503,551	54.00
54.01	05401	RADIOLOGY - WABASH	0		0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0		0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0		0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0		0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	397,416		397,416	0	397,416	54.05
54.06	05406	RADIOLOGY - CMP	0		0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0		0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	360,591		360,591	0	360,591	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0		0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	10,871,742		10,871,742	60,103	10,931,845	55.00
56.00	05600	RADIOISOTOPE	1,142,565		1,142,565	0	1,142,565	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,819,817		2,819,817	0	2,819,817	58.00
60.00	06000	LABORATORY	22,073,909		22,073,909	0	22,073,909	60.00
60.01	06001	ANATOMICAL PATHOLOGY	2,234,480		2,234,480	0	2,234,480	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	5,963,004		5,963,004	0	5,963,004	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	7,209,126	0	7,209,126	1,897	7,211,023	65.00
65.01	06501	WOUND CARE	2,936,552	0	2,936,552	22,223	2,958,775	65.01
65.02	06502	DIALYSIS	2,912,519	0	2,912,519	0	2,912,519	65.02
65.03	03330	ENDOSCOPY	7,447,170	0	7,447,170	0	7,447,170	65.03
66.00	06600	PHYSICAL THERAPY	7,608,240	0	7,608,240	0	7,608,240	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	3,689,133	0	3,689,133	0	3,689,133	67.00
68.00	06800	SPEECH PATHOLOGY	1,217,229	0	1,217,229	0	1,217,229	68.00
68.01	06801	NEURO REHAB	2,217,809	0	2,217,809	0	2,217,809	68.01
69.00	06900	ELECTROCARDIOLOGY	1,873,423	0	1,873,423	0	1,873,423	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	877,198	0	877,198	0	877,198	70.00
70.01	03950	NUTRITION SUPPORT	1,095,114	0	1,095,114	0	1,095,114	70.01
70.03	03952	CARDIAC CATH LAB	9,469,212	0	9,469,212	107,872	9,577,084	70.03
70.04	03953	CARDIAC REHA SERVICES	338,547	0	338,547	0	338,547	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	40,233,781	0	40,233,781	0	40,233,781	71.00
71.01	07101	COST OF SOLUTIONS	2,388,093	0	2,388,093	0	2,388,093	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	31,977,918	0	31,977,918	0	31,977,918	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	76,795,952	0	76,795,952	0	76,795,952	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	624,011		624,011	0	624,011	90.00
90.01	09001	ANTI COAG CLINIC	2,413,311		2,413,311	0	2,413,311	90.01
91.00	09100	EMERGENCY	19,500,302		19,500,302	157,683	19,657,985	91.00
91.01	09101	PARTIAL HOSPITALIZATION	225,085		225,085	0	225,085	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	11,320,770		11,320,770	0	11,320,770	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	12,795,509		12,795,509	0	12,795,509	95.00
99.10	09910	CORF	0		0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0		0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0		0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0		0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	15,206,918		15,206,918	0	15,206,918	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
116.00	11600	HOSPICE	9,825,940		9,825,940	0	9,825,940	116.00
200.00		Subtotal (see instructions)	560,891,346	0	560,891,346	368,920	561,260,266	200.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150021		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/27/2016 3:19 pm	
		Title XIX		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
201.00	Less Observation Beds	11,320,770		11,320,770		11,320,770	201.00
202.00	Total (see instructions)	549,570,576	0	549,570,576	368,920	549,939,496	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150021		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/27/2016 3:19 pm	
			Title XIX		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00					
9.00	10.00							
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	181,588,649		181,588,649			30.00
31.00	03100	INTENSIVE CARE UNIT	29,279,914		29,279,914			31.00
31.01	03101	PEDIATRIC ICU	3,205,481		3,205,481			31.01
31.02	03102	NEONATAL ICU	26,575,702		26,575,702			31.02
32.00	03200	CORONARY CARE UNIT	67,200,656		67,200,656			32.00
40.00	04000	SUBPROVIDER - IPF	26,448,201		26,448,201			40.00
41.00	04100	SUBPROVIDER - IRF	10,383,529		10,383,529			41.00
43.00	04300	NURSERY	4,616,250		4,616,250			43.00
44.00	04400	SKILLED NURSING FACILITY	8,153,255		8,153,255			44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	192,961,414	133,641,304	326,602,718	0.103800	0.000000	50.00
50.01	05001	CAREW MEDICAL PARK SURG	24,968	6,277,686	6,302,654	0.186874	0.000000	50.01
51.00	05100	RECOVERY ROOM	26,270,887	42,658,672	68,929,559	0.164895	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,634,389	0	2,634,389	0.481643	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	130,320,813	245,018,058	375,338,871	0.067948	0.000000	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0.000000	0.000000	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0.000000	0.000000	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0.000000	0.000000	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0.000000	0.000000	54.04
54.05	05405	RADIOLOGY - NHMP	7,823	960,641	968,464	0.410357	0.000000	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0.000000	0.000000	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0.000000	0.000000	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	212	20,414	20,626	17.482352	0.000000	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0.000000	0.000000	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	2,580,445	68,483,220	71,063,665	0.152986	0.000000	55.00
56.00	05600	RADIOISOTOPE	2,403,567	1,731,511	4,135,078	0.276310	0.000000	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	11,400,416	11,194,089	22,594,505	0.124801	0.000000	58.00
60.00	06000	LABORATORY	79,484,952	83,552,417	163,037,369	0.135392	0.000000	60.00
60.01	06001	ANATOMICAL PATHOLOGY	3,937,625	4,769,216	8,706,841	0.256635	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	9,769,311	1,959,844	11,729,155	0.508392	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	29,975,731	2,874,577	32,850,308	0.219454	0.000000	65.00
65.01	06501	WOUND CARE	5,943,748	7,418,738	13,362,486	0.219761	0.000000	65.01
65.02	06502	DIALYSIS	4,513,184	243,390	4,756,574	0.612314	0.000000	65.02
65.03	03330	ENDOSCOPY	14,908,487	58,774,179	73,682,666	0.101071	0.000000	65.03
66.00	06600	PHYSICAL THERAPY	14,374,599	2,231,577	16,606,176	0.458157	0.000000	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0.000000	0.000000	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0.000000	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	11,318,755	770,529	12,089,284	0.305157	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	4,002,084	985,700	4,987,784	0.244042	0.000000	68.00
68.01	06801	NEURO REHAB	3,963	5,397,009	5,400,972	0.410631	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	7,132,007	20,143,874	27,275,881	0.068684	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,124,789	2,211,355	5,336,144	0.164388	0.000000	70.00
70.01	03950	NUTRITION SUPPORT	272,768	52,624	325,392	3.365522	0.000000	70.01
70.03	03952	CARDIAC CATH LAB	54,776,703	62,449,291	117,225,994	0.080777	0.000000	70.03
70.04	03953	CARDIAC REHA SERVICES	372	1,031,160	1,031,532	0.328198	0.000000	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	76,855,350	46,387,558	123,242,908	0.326459	0.000000	71.00
71.01	07101	COST OF SOLUTIONS	48,646,510	11,082,152	59,728,662	0.039982	0.000000	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	91,381,300	55,510,132	146,891,432	0.217698	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	135,229,103	76,636,987	211,866,090	0.362474	0.000000	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0.000000	0.000000	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	145,260	337,354	482,614	1.292982	0.000000	90.00
90.01	09001	ANTI COAG CLINIC	14,097	3,110,791	3,124,888	0.772287	0.000000	90.01
91.00	09100	EMERGENCY	54,292,098	112,020,056	166,312,154	0.117251	0.000000	91.00
91.01	09101	PARTIAL HOSPITALIZATION	5,670	1,088,071	1,093,741	0.205794	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,695,373	30,040,142	33,735,515	0.335574	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	16,621,808	16,621,808	0.769802	0.000000	95.00
99.10	09910	CORF	0	0	0			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40
101.00	10100	HOME HEALTH AGENCY	0	18,468,220	18,468,220			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
116.00	11600	HOSPICE	0	9,529,145	9,529,145			116.00
200.00		Subtotal (see instructions)	1,379,860,410	1,145,683,491	2,525,543,901			200.00
201.00		Less Observation Beds						201.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150021	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/27/2016 3:19 pm
			Title XIX	Hospital	PPS
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
	Inpatient	Outpatient	Total (col. 6 + col. 7)		
6.00	7.00	8.00	9.00	10.00	
202.00   Total (see instructions)	1,379,860,410	1,145,683,491	2,525,543,901		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150021

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	PPS
		11.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
31.01	03101 PEDIATRIC ICU				31.01
31.02	03102 NEONATAL ICU				31.02
32.00	03200 CORONARY CARE UNIT				32.00
40.00	04000 SUBPROVIDER - I PF				40.00
41.00	04100 SUBPROVIDER - I RF				41.00
43.00	04300 NURSERY				43.00
44.00	04400 SKILLED NURSING FACILITY				44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.103800			50.00
50.01	05001 CAREW MEDICAL PARK SURG	0.186874			50.01
51.00	05100 RECOVERY ROOM	0.164895			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.481643			52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.067948			54.00
54.01	05401 RADIOLOGY - WABASH	0.000000			54.01
54.02	05402 RADIOLOGY - MANCHESTER	0.000000			54.02
54.03	05403 RADIOLOGY - EAST STATE	0.000000			54.03
54.04	05404 RADIOLOGY - JEFFERSON	0.000000			54.04
54.05	05405 RADIOLOGY - NHMP	0.410357			54.05
54.06	05406 RADIOLOGY - CMP	0.000000			54.06
54.07	05407 RADIOLOGY - WP	0.000000			54.07
54.08	05408 RADIOLOGY - PULM CLINIC	17.482352			54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0.000000			54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	0.153832			55.00
56.00	05600 RADIOISOTOPE	0.276310			56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.124801			58.00
60.00	06000 LABORATORY	0.135392			60.00
60.01	06001 ANATOMICAL PATHOLOGY	0.256635			60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.508392			62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
65.00	06500 RESPIRATORY THERAPY	0.219512			65.00
65.01	06501 WOUND CARE	0.221424			65.01
65.02	06502 DIALYSIS	0.612314			65.02
65.03	03330 ENDOSCOPY	0.101071			65.03
66.00	06600 PHYSICAL THERAPY	0.458157			66.00
66.01	06601 TRANSITIONAL THERAPY	0.000000			66.01
66.02	03650 PV REHAB OUTREACH	0.000000			66.02
67.00	06700 OCCUPATIONAL THERAPY	0.305157			67.00
68.00	06800 SPEECH PATHOLOGY	0.244042			68.00
68.01	06801 NEURO REHAB	0.410631			68.01
69.00	06900 ELECTROCARDIOLOGY	0.068684			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.164388			70.00
70.01	03950 NUTRITION SUPPORT	3.365522			70.01
70.03	03952 CARDIAC CATH LAB	0.081698			70.03
70.04	03953 CARDIAC REHA SERVICES	0.328198			70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.326459			71.00
71.01	07101 COST OF SOLUTIONS	0.039982			71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.217698			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.362474			73.00
76.97	07697 CARDIAC REHABILITATION	0.000000			76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.000000			76.98
76.99	07699 LI THOTRI PSY	0.000000			76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	1.292982			90.00
90.01	09001 ANTI COAG CLINIC	0.772287			90.01
91.00	09100 EMERGENCY	0.118199			91.00
91.01	09101 PARTIAL HOSPITALIZATION	0.205794			91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.335574			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES	0.769802			95.00
99.10	09910 CORF				99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY				99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY				99.40
101.00	10100 HOME HEALTH AGENCY				101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
116.00	11600 HOSPICE				116.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

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

Provider CCN: 150021

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

Worksheet C Part II Date/Time Prepared: 5/27/2016 3:19 pm

Cost Center Description		Title XIX			Hospital		PPS	
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	33,901,327	9,102,643	24,798,684	0	0	50.00
50.01	05001	CAREW MEDICAL PARK SURG	1,177,803	236,929	940,874	0	0	50.01
51.00	05100	RECOVERY ROOM	11,366,162	1,898,457	9,467,705	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,268,834	516,302	752,532	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,503,551	5,681,178	19,822,373	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	397,416	75,318	322,098	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	360,591	152,226	208,365	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	10,871,742	1,884,397	8,987,345	0	0	55.00
56.00	05600	RADIOISOTOPE	1,142,565	395,000	747,565	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,819,817	1,018,313	1,801,504	0	0	58.00
60.00	06000	LABORATORY	22,073,909	3,340,535	18,733,374	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	2,234,480	470,203	1,764,277	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	5,963,004	425,078	5,537,926	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	7,209,126	1,160,332	6,048,794	0	0	65.00
65.01	06501	WOUND CARE	2,936,552	294,045	2,642,507	0	0	65.01
65.02	06502	DIALYSIS	2,912,519	284,556	2,627,963	0	0	65.02
65.03	03330	ENDOSCOPY	7,447,170	1,706,836	5,740,334	0	0	65.03
66.00	06600	PHYSICAL THERAPY	7,608,240	1,006,251	6,601,989	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	3,689,133	291,155	3,397,978	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,217,229	89,034	1,128,195	0	0	68.00
68.01	06801	NEURO REHAB	2,217,809	299,696	1,918,113	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	1,873,423	163,958	1,709,465	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	877,198	132,669	744,529	0	0	70.00
70.01	03950	NUTRITION SUPPORT	1,095,114	82,711	1,012,403	0	0	70.01
70.03	03952	CARDIAC CATH LAB	9,469,212	1,961,993	7,507,219	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	338,547	88,669	249,878	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	40,233,781	3,075,518	37,158,263	0	0	71.00
71.01	07101	COST OF SOLUTIONS	2,388,093	214,411	2,173,682	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	31,977,918	2,436,869	29,541,049	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	76,795,952	7,889,556	68,906,396	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	624,011	74,224	549,787	0	0	90.00
90.01	09001	ANTICOAG CLINIC	2,413,311	228,551	2,184,760	0	0	90.01
91.00	09100	EMERGENCY	19,500,302	2,826,504	16,673,798	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	225,085	32,560	192,525	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	11,320,770	1,692,263	9,628,507	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	12,795,509	3,747,315	9,048,194	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	15,206,918	1,524,528	13,682,390	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
116.00	11600	HOSPICE	9,825,940	703,934	9,122,006	0	0	116.00
200.00		Subtotal (sum of lines 50 thru 199)	391,280,063	57,204,717	334,075,346	0	0	200.00
201.00		Less Observation Beds	11,320,770	1,692,263	9,628,507	0	0	201.00
202.00		Total (line 200 minus line 201)	379,959,293	55,512,454	324,446,839	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 150021	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part II Date/Time Prepared: 5/27/2016 3:19 pm
---	--	----------------------	---------------------------------------	---

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	33,901,327	326,602,718	0.103800		50.00
50.01	05001 CAREW MEDICAL PARK SURG	1,177,803	6,302,654	0.186874		50.01
51.00	05100 RECOVERY ROOM	11,366,162	68,929,559	0.164895		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,268,834	2,634,389	0.481643		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	25,503,551	375,338,871	0.067948		54.00
54.01	05401 RADIOLOGY - WABASH	0	0	0.000000		54.01
54.02	05402 RADIOLOGY - MANCHESTER	0	0	0.000000		54.02
54.03	05403 RADIOLOGY - EAST STATE	0	0	0.000000		54.03
54.04	05404 RADIOLOGY - JEFFERSON	0	0	0.000000		54.04
54.05	05405 RADIOLOGY - NHMP	397,416	968,464	0.410357		54.05
54.06	05406 RADIOLOGY - CMP	0	0	0.000000		54.06
54.07	05407 RADIOLOGY - WP	0	0	0.000000		54.07
54.08	05408 RADIOLOGY - PULM CLINIC	360,591	20,626	17.482352		54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0	0	0.000000		54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	10,871,742	71,063,665	0.152986		55.00
56.00	05600 RADIOISOTOPE	1,142,565	4,135,078	0.276310		56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,819,817	22,594,505	0.124801		58.00
60.00	06000 LABORATORY	22,073,909	163,037,369	0.135392		60.00
60.01	06001 ANATOMICAL PATHOLOGY	2,234,480	8,706,841	0.256635		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	5,963,004	11,729,155	0.508392		62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000		62.30
65.00	06500 RESPIRATORY THERAPY	7,209,126	32,850,308	0.219454		65.00
65.01	06501 WOUND CARE	2,936,552	13,362,486	0.219761		65.01
65.02	06502 DIALYSIS	2,912,519	4,756,574	0.612314		65.02
65.03	03330 ENDOSCOPY	7,447,170	73,682,666	0.101071		65.03
66.00	06600 PHYSICAL THERAPY	7,608,240	16,606,176	0.458157		66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0.000000		66.01
66.02	03650 PV REHAB OUTREACH	0	0	0.000000		66.02
67.00	06700 OCCUPATIONAL THERAPY	3,689,133	12,089,284	0.305157		67.00
68.00	06800 SPEECH PATHOLOGY	1,217,229	4,987,784	0.244042		68.00
68.01	06801 NEURO REHAB	2,217,809	5,400,972	0.410631		68.01
69.00	06900 ELECTROCARDIOLOGY	1,873,423	27,275,881	0.068684		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	877,198	5,336,144	0.164388		70.00
70.01	03950 NUTRITION SUPPORT	1,095,114	325,392	3.365522		70.01
70.03	03952 CARDIAC CATH LAB	9,469,212	117,225,994	0.080777		70.03
70.04	03953 CARDIAC REHA SERVICES	338,547	1,031,532	0.328198		70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	40,233,781	123,242,908	0.326459		71.00
71.01	07101 COST OF SOLUTIONS	2,388,093	59,728,662	0.039982		71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	31,977,918	146,891,432	0.217698		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	76,795,952	211,866,090	0.362474		73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000		76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC	624,011	482,614	1.292982		90.00
90.01	09001 ANTI COAG CLINIC	2,413,311	3,124,888	0.772287		90.01
91.00	09100 EMERGENCY	19,500,302	166,312,154	0.117251		91.00
91.01	09101 PARTIAL HOSPITALIZATION	225,085	1,093,741	0.205794		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	11,320,770	33,735,515	0.335574		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500 AMBULANCE SERVICES	12,795,509	16,621,808	0.769802		95.00
99.10	09910 CORF	0	0	0.000000		99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0	0	0.000000		99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0.000000		99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0.000000		99.40
101.00	10100 HOME HEALTH AGENCY	15,206,918	18,468,220	0.823410		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
116.00	11600 HOSPICE	9,825,940	9,529,145	1.031146		116.00
200.00	Subtotal (sum of lines 50 thru 199)	391,280,063	2,168,092,264			200.00
201.00	Less Observation Beds	11,320,770	0			201.00
202.00	Total (line 200 minus line 201)	379,959,293	2,168,092,264			202.00



APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150021	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part I Date/Time Prepared: 5/27/2016 3:19 pm
		Title XVIII	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	12,744,476	0	12,744,476	103,612	123.00	30.00
31.00	INTENSIVE CARE UNIT	1,478,378		1,478,378	9,395	157.36	31.00
31.01	PEDIATRIC ICU	421,486		421,486	1,035	407.23	31.01
31.02	NEONATAL ICU	862,806		862,806	7,986	108.04	31.02
32.00	CORONARY CARE UNIT	4,184,586		4,184,586	25,096	166.74	32.00
40.00	SUBPROVIDER - IPF	2,600,533	0	2,600,533	20,024	129.87	40.00
41.00	SUBPROVIDER - IRF	824,378	0	824,378	7,816	105.47	41.00
43.00	NURSERY	614,828		614,828	5,433	113.17	43.00
44.00	SKILLED NURSING FACILITY	1,051,190		1,051,190	13,005	80.83	44.00
200.00	Total (lines 30-199)	24,782,661		24,782,661	193,402		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	34,100	4,194,300				
31.00	INTENSIVE CARE UNIT	7,304	1,149,357				
31.01	PEDIATRIC ICU	0	0				
31.02	NEONATAL ICU	0	0				
32.00	CORONARY CARE UNIT	27	4,502				
40.00	SUBPROVIDER - IPF	5,963	774,415				
41.00	SUBPROVIDER - IRF	2,287	241,210				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	4,911	396,956				
200.00	Total (lines 30-199)	54,592	6,760,740				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150021		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part II Date/Time Prepared: 5/27/2016 3:19 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	9,102,643	326,602,718	0.027871	62,048,553	1,729,355	50.00
50.01	05001 CAREW MEDICAL PARK SURG	236,929	6,302,654	0.037592	0	0	50.01
51.00	05100 RECOVERY ROOM	1,898,457	68,929,559	0.027542	5,823,598	160,394	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	516,302	2,634,389	0.195985	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,681,178	375,338,871	0.015136	41,374,456	626,244	54.00
54.01	05401 RADIOLOGY - WABASH	0	0	0.000000	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0	0	0.000000	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0	0	0.000000	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0	0	0.000000	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	75,318	968,464	0.077771	0	0	54.05
54.06	05406 RADIOLOGY - CMP	0	0	0.000000	0	0	54.06
54.07	05407 RADIOLOGY - WP	0	0	0.000000	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	152,226	20,626	7.380297	0	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0	0	0.000000	0	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	1,884,397	71,063,665	0.026517	596,718	15,823	55.00
56.00	05600 RADIOISOTOPE	395,000	4,135,078	0.095524	909,028	86,834	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,018,313	22,594,505	0.045069	3,449,220	155,453	58.00
60.00	06000 LABORATORY	3,340,535	163,037,369	0.020489	22,082,160	452,441	60.00
60.01	06001 ANATOMICAL PATHOLOGY	470,203	8,706,841	0.054004	2,102,485	113,543	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	425,078	11,729,155	0.036241	5,559,579	201,485	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	1,160,332	32,850,308	0.035322	12,026,493	424,800	65.00
65.01	06501 WOUND CARE	294,045	13,362,486	0.022005	1,214,945	26,735	65.01
65.02	06502 DIALYSIS	284,556	4,756,574	0.059824	2,284,553	136,671	65.02
65.03	03330 ENDOSCOPY	1,706,836	73,682,666	0.023165	3,684,136	85,343	65.03
66.00	06600 PHYSICAL THERAPY	1,006,251	16,606,176	0.060595	2,845,393	172,417	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0.000000	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0.000000	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	291,155	12,089,284	0.024084	1,920,092	46,243	67.00
68.00	06800 SPEECH PATHOLOGY	89,034	4,987,784	0.017850	703,643	12,560	68.00
68.01	06801 NEURO REHAB	299,696	5,400,972	0.055489	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	163,958	27,275,881	0.006011	541,807	3,257	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	132,669	5,336,144	0.024862	526,145	13,081	70.00
70.01	03950 NUTRITION SUPPORT	82,711	325,392	0.254189	85,997	21,859	70.01
70.03	03952 CARDIAC CATH LAB	1,961,993	117,225,994	0.016737	15,227,093	254,856	70.03
70.04	03953 CARDIAC REHAB SERVICES	88,669	1,031,532	0.085959	372	32	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	3,075,518	123,242,908	0.024955	21,584,487	538,641	71.00
71.01	07101 COST OF SOLUTIONS	214,411	59,728,662	0.003590	1,222,121	4,387	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	2,436,869	146,891,432	0.016590	31,109,845	516,112	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	7,889,556	211,866,090	0.037238	55,098,673	2,051,764	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698 HYPERBARIIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	74,224	482,614	0.153796	33,734	5,188	90.00
90.01	09001 ANTI COAG CLINIC	228,551	3,124,888	0.073139	2,589	189	90.01
91.00	09100 EMERGENCY	2,826,504	166,312,154	0.016995	14,361,596	244,075	91.00
91.01	09101 PARTIAL HOSPITALIZATION	32,560	1,093,741	0.029769	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1,692,263	33,735,515	0.050163	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	51,228,940	2,123,473,091		308,419,511	8,099,782	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150021	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part III Date/Time Prepared: 5/27/2016 3:19 pm
		Title XVIII		Hospital

Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	77	0	0	77	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1	0	0	1	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
31.02	03102	NEONATAL ICU	0	1	0	0	1	31.02
32.00	03200	CORONARY CARE UNIT	0	4	0	0	4	32.00
40.00	04000	SUBPROVIDER - IPF	0	29	0	0	29	40.00
41.00	04100	SUBPROVIDER - IRF	0	1	0	0	1	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	15	0	0	15	44.00
200.00		Total (lines 30-199)	0	128	0	0	128	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	103,612	0.00	34,100	0		30.00
31.00	03100	INTENSIVE CARE UNIT	9,395	0.00	7,304	0		31.00
31.01	03101	PEDIATRIC ICU	1,035	0.00	0	0		31.01
31.02	03102	NEONATAL ICU	7,986	0.00	0	0		31.02
32.00	03200	CORONARY CARE UNIT	25,096	0.00	27	0		32.00
40.00	04000	SUBPROVIDER - IPF	20,024	0.00	5,963	0		40.00
41.00	04100	SUBPROVIDER - IRF	7,816	0.00	2,287	0		41.00
43.00	04300	NURSERY	5,433	0.00	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	13,005	0.00	4,911	0		44.00
200.00		Total (lines 30-199)	193,402		54,592	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150021	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/27/2016 3:19 pm
--	----------------------	---------------------------------------	---

Cost Center Description		Title XVIII				Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)			
		1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	0	0	7	0	7	50.00	
50.01	05001	CAREW MEDICAL PARK SURG	0	0	11	0	11	50.01	
51.00	05100	RECOVERY ROOM	0	0	1	0	1	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	21	0	21	54.00	
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01	
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02	
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03	
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04	
54.05	05405	RADIOLOGY - NHMP	0	0	0	0	0	54.05	
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06	
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07	
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	0	0	54.08	
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
60.00	06000	LABORATORY	0	0	146,386	0	146,386	60.00	
60.01	06001	ANATOMICAL PATHOLOGY	0	0	1	0	1	60.01	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00	
65.01	06501	WOUND CARE	0	0	0	0	0	65.01	
65.02	06502	DIALYSIS	0	0	0	0	0	65.02	
65.03	03330	ENDOSCOPY	0	0	12	0	12	65.03	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00	
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01	
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00	
68.01	06801	NEURO REHAB	0	0	5	0	5	68.01	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
70.01	03950	NUTRITION SUPPORT	0	0	0	0	0	70.01	
70.03	03952	CARDIAC CATH LAB	0	0	1	0	1	70.03	
70.04	03953	CARDIAC REHA SERVICES	0	0	0	0	0	70.04	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00	
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0	71.01	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	282,772	0	282,772	73.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99	
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.00	09000	CLINIC	0	0	916	0	916	90.00	
90.01	09001	ANTI COAG CLINIC	0	0	2	0	2	90.01	
91.00	09100	EMERGENCY	0	0	19	0	19	91.00	
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	0	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	11	0	11	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>									
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00	
200.00		Total (lines 50-199)	0	0	430,165	0	430,165	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150021	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/27/2016 3:19 pm
--	----------------------	---------------------------------------	---

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	7	326,602,718	0.000000	0.000000	62,048,553	50.00
50.01	05001 CAREW MEDICAL PARK SURG	11	6,302,654	0.000002	0.000002	0	50.01
51.00	05100 RECOVERY ROOM	1	68,929,559	0.000000	0.000000	5,823,598	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	2,634,389	0.000000	0.000000	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	21	375,338,871	0.000000	0.000000	41,374,456	54.00
54.01	05401 RADIOLOGY - WABASH	0	0	0.000000	0.000000	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0	0	0.000000	0.000000	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0	0	0.000000	0.000000	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0	0	0.000000	0.000000	0	54.04
54.05	05405 RADIOLOGY - NHMP	0	968,464	0.000000	0.000000	0	54.05
54.06	05406 RADIOLOGY - CMP	0	0	0.000000	0.000000	0	54.06
54.07	05407 RADIOLOGY - WP	0	0	0.000000	0.000000	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	0	20,626	0.000000	0.000000	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0	0	0.000000	0.000000	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	0	71,063,665	0.000000	0.000000	596,718	55.00
56.00	05600 RADIOISOTOPE	0	4,135,078	0.000000	0.000000	909,028	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	22,594,505	0.000000	0.000000	3,449,220	58.00
60.00	06000 LABORATORY	146,386	163,037,369	0.000898	0.000898	22,082,160	60.00
60.01	06001 ANATOMICAL PATHOLOGY	1	8,706,841	0.000000	0.000000	2,102,485	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	11,729,155	0.000000	0.000000	5,559,579	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	32,850,308	0.000000	0.000000	12,026,493	65.00
65.01	06501 WOUND CARE	0	13,362,486	0.000000	0.000000	1,214,945	65.01
65.02	06502 DIALYSIS	0	4,756,574	0.000000	0.000000	2,284,553	65.02
65.03	03330 ENDOSCOPY	12	73,682,666	0.000000	0.000000	3,684,136	65.03
66.00	06600 PHYSICAL THERAPY	0	16,606,176	0.000000	0.000000	2,845,393	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0.000000	0.000000	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0.000000	0.000000	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	12,089,284	0.000000	0.000000	1,920,092	67.00
68.00	06800 SPEECH PATHOLOGY	0	4,987,784	0.000000	0.000000	703,643	68.00
68.01	06801 NEURO REHAB	5	5,400,972	0.000001	0.000001	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	27,275,881	0.000000	0.000000	541,807	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	5,336,144	0.000000	0.000000	526,145	70.00
70.01	03950 NUTRITION SUPPORT	0	325,392	0.000000	0.000000	85,997	70.01
70.03	03952 CARDIAC CATH LAB	1	117,225,994	0.000000	0.000000	15,227,093	70.03
70.04	03953 CARDIAC REHA SERVICES	0	1,031,532	0.000000	0.000000	372	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	123,242,908	0.000000	0.000000	21,584,487	71.00
71.01	07101 COST OF SOLUTIONS	0	59,728,662	0.000000	0.000000	1,222,121	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	146,891,432	0.000000	0.000000	31,109,845	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	282,772	211,866,090	0.001335	0.001335	55,098,673	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0.000000	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	916	482,614	0.001898	0.001898	33,734	90.00
90.01	09001 ANTI COAG CLINIC	2	3,124,888	0.000001	0.000001	2,589	90.01
91.00	09100 EMERGENCY	19	166,312,154	0.000000	0.000000	14,361,596	91.00
91.01	09101 PARTIAL HOSPITALIZATION	0	1,093,741	0.000000	0.000000	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	11	33,735,515	0.000000	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	430,165	2,123,473,091			308,419,511	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150021	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/27/2016 3:19 pm
Title XVIIII		Hospital	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	28,569,297	0	50.00
50.01	05001 CAREW MEDICAL PARK SURG	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	13,580,656	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	53,521,854	0	54.00
54.01	05401 RADIOLOGY - WABASH	0	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	0	0	0	54.05
54.06	05406 RADIOLOGY - CMP	0	0	0	54.06
54.07	05407 RADIOLOGY - WP	0	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	0	0	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0	0	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	0	23,206,464	0	55.00
56.00	05600 RADIOISOTOPE	0	936,836	0	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	5,190,205	0	58.00
60.00	06000 LABORATORY	19,830	8,147,295	7,316	60.00
60.01	06001 ANATOMICAL PATHOLOGY	0	3,279,530	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	805,542	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	2,091,963	0	65.00
65.01	06501 WOUND CARE	0	2,068,334	0	65.01
65.02	06502 DIALYSIS	0	110,894	0	65.02
65.03	03330 ENDOSCOPY	0	8,200,398	0	65.03
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	581	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	497	0	68.00
68.01	06801 NEURO REHAB	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	3,954,884	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	100,970	0	70.00
70.01	03950 NUTRITION SUPPORT	0	13,207	0	70.01
70.03	03952 CARDIAC CATH LAB	0	15,377,273	0	70.03
70.04	03953 CARDIAC REHA SERVICES	0	346,230	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	10,922,804	0	71.00
71.01	07101 COST OF SOLUTIONS	0	51,093	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	9,425,569	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	73,557	27,256,525	36,387	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	64	102,596	195	90.00
90.01	09001 ANTI COAG CLINIC	0	256,453	0	90.01
91.00	09100 EMERGENCY	0	14,482,254	0	91.00
91.01	09101 PARTIAL HOSPITALIZATION	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	4,747,795	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (Lines 50-199)	93,451	236,747,999	43,898	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150021	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/27/2016 3:19 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.103800	28,569,297	0	0	2,965,493	50.00
50.01	05001	CAREW MEDICAL PARK SURG	0.186874	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.164895	13,580,656	0	0	2,239,382	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.481643	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.067948	53,521,854	0	0	3,636,703	54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0.410357	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0.000000	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0.000000	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	17.482352	0	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.152986	23,206,464	0	0	3,550,264	55.00
56.00	05600	RADIOISOTOPE	0.276310	936,836	0	0	258,857	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.124801	5,190,205	0	0	647,743	58.00
60.00	06000	LABORATORY	0.135392	8,147,295	0	0	1,103,079	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.256635	3,279,530	0	0	841,642	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.508392	805,542	0	0	409,531	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.219454	2,091,963	0	0	459,090	65.00
65.01	06501	WOUND CARE	0.219761	2,068,334	0	0	454,539	65.01
65.02	06502	DIALYSIS	0.612314	110,894	0	0	67,902	65.02
65.03	03330	ENDOSCOPY	0.101071	8,200,398	0	0	828,822	65.03
66.00	06600	PHYSICAL THERAPY	0.458157	0	0	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.305157	581	0	0	177	67.00
68.00	06800	SPEECH PATHOLOGY	0.244042	497	0	0	121	68.00
68.01	06801	NEURO REHAB	0.410631	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.068684	3,954,884	0	0	271,637	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.164388	100,970	0	0	16,598	70.00
70.01	03950	NUTRITION SUPPORT	3.365522	13,207	0	0	44,448	70.01
70.03	03952	CARDIAC CATH LAB	0.080777	15,377,273	0	0	1,242,130	70.03
70.04	03953	CARDIAC REHA SERVICES	0.328198	346,230	0	0	113,632	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.326459	10,922,804	0	0	3,565,848	71.00
71.01	07101	COST OF SOLUTIONS	0.039982	51,093	0	0	2,043	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.217698	9,425,569	0	0	2,051,928	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.362474	27,256,525	0	0	9,879,782	73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0.000000	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	1.292982	102,596	0	0	132,655	90.00
90.01	09001	ANTI COAG CLINIC	0.772287	256,453	0	0	198,055	90.01
91.00	09100	EMERGENCY	0.117251	14,482,254	0	0	1,698,059	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.205794	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.335574	4,747,795	0	0	1,593,237	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0.769802		0	0		95.00
200.00		Subtotal (see instructions)		236,747,999	0	0	38,273,397	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		236,747,999	0	0	38,273,397	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150021	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/27/2016 3:19 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 CAREW MEDICAL PARK SURG	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 RADIOLOGY - WABASH	0	0		54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0		54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0		54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0		54.04
54.05 05405 RADIOLOGY - NHMP	0	0		54.05
54.06 05406 RADIOLOGY - CMP	0	0		54.06
54.07 05407 RADIOLOGY - WP	0	0		54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0	0		54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0		54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
65.01 06501 WOUND CARE	0	0		65.01
65.02 06502 DIALYSIS	0	0		65.02
65.03 03330 ENDOSCOPY	0	0		65.03
66.00 06600 PHYSICAL THERAPY	0	0		66.00
66.01 06601 TRANSITIONAL THERAPY	0	0		66.01
66.02 03650 PV REHAB OUTREACH	0	0		66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
68.01 06801 NEURO REHAB	0	0		68.01
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01 03950 NUTRITION SUPPORT	0	0		70.01
70.03 03952 CARDIAC CATH LAB	0	0		70.03
70.04 03953 CARDIAC REHA SERVICES	0	0		70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
71.01 07101 COST OF SOLUTIONS	0	0		71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99 07699 LI THOTRI PSY	0	0		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 ANTI COAG CLINIC	0	0		90.01
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 PARTIAL HOSPITALIZATION	0	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00	Subtotal (see instructions)	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	0	202.00



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150021 Component CCN: 15S021		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part II Date/Time Prepared: 5/27/2016 3:19 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	9,102,643	326,602,718	0.027871	40,745	1,136	50.00
50.01	05001 CAREW MEDICAL PARK SURG	236,929	6,302,654	0.037592	0	0	50.01
51.00	05100 RECOVERY ROOM	1,898,457	68,929,559	0.027542	73,748	2,031	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	516,302	2,634,389	0.195985	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,681,178	375,338,871	0.015136	299,264	4,530	54.00
54.01	05401 RADIOLOGY - WABASH	0	0	0.000000	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0	0	0.000000	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0	0	0.000000	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0	0	0.000000	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	75,318	968,464	0.077771	0	0	54.05
54.06	05406 RADIOLOGY - CMP	0	0	0.000000	0	0	54.06
54.07	05407 RADIOLOGY - WP	0	0	0.000000	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	152,226	20,626	7.380297	0	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0	0	0.000000	0	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	1,884,397	71,063,665	0.026517	0	0	55.00
56.00	05600 RADIOISOTOPE	395,000	4,135,078	0.095524	5,607	536	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,018,313	22,594,505	0.045069	18,026	812	58.00
60.00	06000 LABORATORY	3,340,535	163,037,369	0.020489	548,578	11,240	60.00
60.01	06001 ANATOMICAL PATHOLOGY	470,203	8,706,841	0.054004	604	33	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	425,078	11,729,155	0.036241	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	1,160,332	32,850,308	0.035322	10,131	358	65.00
65.01	06501 WOUND CARE	294,045	13,362,486	0.022005	0	0	65.01
65.02	06502 DIALYSIS	284,556	4,756,574	0.059824	3,554	213	65.02
65.03	03330 ENDOSCOPY	1,706,836	73,682,666	0.023165	8,798	204	65.03
66.00	06600 PHYSICAL THERAPY	1,006,251	16,606,176	0.060595	62,586	3,792	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0.000000	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0.000000	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	291,155	12,089,284	0.024084	13,257	319	67.00
68.00	06800 SPEECH PATHOLOGY	89,034	4,987,784	0.017850	10,767	192	68.00
68.01	06801 NEURO REHAB	299,696	5,400,972	0.055489	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	163,958	27,275,881	0.006011	40,558	244	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	132,669	5,336,144	0.024862	1,750	44	70.00
70.01	03950 NUTRITION SUPPORT	82,711	325,392	0.254189	6,698	1,703	70.01
70.03	03952 CARDIAC CATH LAB	1,961,993	117,225,994	0.016737	0	0	70.03
70.04	03953 CARDIAC REHA SERVICES	88,669	1,031,532	0.085959	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	3,075,518	123,242,908	0.024955	54,759	1,367	71.00
71.01	07101 COST OF SOLUTIONS	214,411	59,728,662	0.003590	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	2,436,869	146,891,432	0.016590	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	7,889,556	211,866,090	0.037238	1,117,777	41,624	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	74,224	482,614	0.153796	234	36	90.00
90.01	09001 ANTI COAG CLINIC	228,551	3,124,888	0.073139	0	0	90.01
91.00	09100 EMERGENCY	2,826,504	166,312,154	0.016995	678,323	11,528	91.00
91.01	09101 PARTIAL HOSPITALIZATION	32,560	1,093,741	0.029769	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	33,735,515	0.000000	53,798	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	49,536,677	2,123,473,091		3,049,562	81,942	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150021 Component CCN: 15S021		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part IV Date/Time Prepared: 5/27/2016 3:19 pm		
				Title XVIII		Subprovider - IPF	PPS	
Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	7	0	7	50.00
50.01	05001	CAREW MEDICAL PARK SURG	0	0	11	0	11	50.01
51.00	05100	RECOVERY ROOM	0	0	1	0	1	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	21	0	21	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	146,386	0	146,386	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	1	0	1	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501	WOUND CARE	0	0	0	0	0	65.01
65.02	06502	DIALYSIS	0	0	0	0	0	65.02
65.03	03330	ENDOSCOPY	0	0	12	0	12	65.03
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	NEURO REHAB	0	0	5	0	5	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0	0	1	0	1	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	282,772	0	282,772	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	916	0	916	90.00
90.01	09001	ANTI COAG CLINIC	0	0	2	0	2	90.01
91.00	09100	EMERGENCY	0	0	19	0	19	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (Lines 50-199)	0	0	430,154	0	430,154	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150021 Component CCN: 15S021		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part IV Date/Time Prepared: 5/27/2016 3:19 pm		
				Title XVIII		Subprovider - IPF	PPS	
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	7	326,602,718	0.000000	0.000000	40,745	50.00
50.01	05001	CAREW MEDICAL PARK SURG	11	6,302,654	0.000002	0.000002	0	50.01
51.00	05100	RECOVERY ROOM	1	68,929,559	0.000000	0.000000	73,748	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,634,389	0.000000	0.000000	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21	375,338,871	0.000000	0.000000	299,264	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0.000000	0.000000	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0.000000	0.000000	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0.000000	0.000000	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0.000000	0.000000	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	968,464	0.000000	0.000000	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0.000000	0.000000	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0.000000	0.000000	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	20,626	0.000000	0.000000	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0.000000	0.000000	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	71,063,665	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	4,135,078	0.000000	0.000000	5,607	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	22,594,505	0.000000	0.000000	18,026	58.00
60.00	06000	LABORATORY	146,386	163,037,369	0.000898	0.000898	548,578	60.00
60.01	06001	ANATOMICAL PATHOLOGY	1	8,706,841	0.000000	0.000000	604	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	11,729,155	0.000000	0.000000	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	32,850,308	0.000000	0.000000	10,131	65.00
65.01	06501	WOUND CARE	0	13,362,486	0.000000	0.000000	0	65.01
65.02	06502	DIALYSIS	0	4,756,574	0.000000	0.000000	3,554	65.02
65.03	03330	ENDOSCOPY	12	73,682,666	0.000000	0.000000	8,798	65.03
66.00	06600	PHYSICAL THERAPY	0	16,606,176	0.000000	0.000000	62,586	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0.000000	0.000000	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0.000000	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	12,089,284	0.000000	0.000000	13,257	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,987,784	0.000000	0.000000	10,767	68.00
68.01	06801	NEURO REHAB	5	5,400,972	0.000001	0.000001	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	27,275,881	0.000000	0.000000	40,558	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,336,144	0.000000	0.000000	1,750	70.00
70.01	03950	NUTRITION SUPPORT	0	325,392	0.000000	0.000000	6,698	70.01
70.03	03952	CARDIAC CATH LAB	1	117,225,994	0.000000	0.000000	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0	1,031,532	0.000000	0.000000	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	123,242,908	0.000000	0.000000	54,759	71.00
71.01	07101	COST OF SOLUTIONS	0	59,728,662	0.000000	0.000000	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	146,891,432	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	282,772	211,866,090	0.001335	0.001335	1,117,777	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699	LITHOTRI PSY	0	0	0.000000	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	916	482,614	0.001898	0.001898	234	90.00
90.01	09001	ANTI COAG CLINIC	2	3,124,888	0.000001	0.000001	0	90.01
91.00	09100	EMERGENCY	19	166,312,154	0.000000	0.000000	678,323	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	1,093,741	0.000000	0.000000	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	33,735,515	0.000000	0.000000	53,798	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (Lines 50-199)	430,154	2,123,473,091			3,049,562	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150021 Component CCN: 15S021	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/27/2016 3:19 pm
Title XVII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	05001 CAREW MEDICAL PARK SURG	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401 RADIOLOGY - WABASH	0	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	0	0	0	54.05
54.06	05406 RADIOLOGY - CMP	0	0	0	54.06
54.07	05407 RADIOLOGY - WP	0	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	0	0	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0	0	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
60.00	06000 LABORATORY	493	0	0	60.00
60.01	06001 ANATOMICAL PATHOLOGY	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
65.01	06501 WOUND CARE	0	0	0	65.01
65.02	06502 DIALYSIS	0	0	0	65.02
65.03	03330 ENDOSCOPY	0	0	0	65.03
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
68.01	06801 NEURO REHAB	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
70.01	03950 NUTRITION SUPPORT	0	0	0	70.01
70.03	03952 CARDIAC CATH LAB	0	0	0	70.03
70.04	03953 CARDIAC REHA SERVICES	0	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
71.01	07101 COST OF SOLUTIONS	0	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,492	0	0	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 ANTI COAG CLINIC	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	91.00
91.01	09101 PARTIAL HOSPITALIZATION	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (Lines 50-199)	1,985	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150021	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/27/2016 3:19 pm
		Component CCN: 15S021	Title XVII I	Subprovider - IPF
				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 Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0.103800	0	0	0	50.00
50.01	05001 CAREW MEDICAL PARK SURG	0.186874	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0.164895	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.481643	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.067948	0	0	0	54.00
54.01	05401 RADIOLOGY - WABASH	0.000000	0	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0.000000	0	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0.000000	0	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0.000000	0	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	0.410357	0	0	0	54.05
54.06	05406 RADIOLOGY - CMP	0.000000	0	0	0	54.06
54.07	05407 RADIOLOGY - WP	0.000000	0	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	17.482352	0	0	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0.000000	0	0	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	0.152986	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.276310	0	0	0	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.124801	0	0	0	58.00
60.00	06000 LABORATORY	0.135392	0	0	0	60.00
60.01	06001 ANATOMICAL PATHOLOGY	0.256635	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.508392	0	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.219454	0	0	0	65.00
65.01	06501 WOUND CARE	0.219761	0	0	0	65.01
65.02	06502 DIALYSIS	0.612314	0	0	0	65.02
65.03	03330 ENDOSCOPY	0.101071	0	0	0	65.03
66.00	06600 PHYSICAL THERAPY	0.458157	0	0	0	66.00
66.01	06601 TRANSITIONAL THERAPY	0.000000	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0.000000	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.305157	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.244042	0	0	0	68.00
68.01	06801 NEURO REHAB	0.410631	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0.068684	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.164388	0	0	0	70.00
70.01	03950 NUTRITION SUPPORT	3.365522	0	0	0	70.01
70.03	03952 CARDIAC CATH LAB	0.080777	0	0	0	70.03
70.04	03953 CARDIAC REHA SERVICES	0.328198	0	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.326459	0	0	0	71.00
71.01	07101 COST OF SOLUTIONS	0.039982	0	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.217698	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.362474	0	0	0	73.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.000000	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC	1.292982	0	0	0	90.00
90.01	09001 ANTI COAG CLINIC	0.772287	0	0	0	90.01
91.00	09100 EMERGENCY	0.117251	0	0	0	91.00
91.01	09101 PARTIAL HOSPITALIZATION	0.205794	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.335574	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500 AMBULANCE SERVICES	0.769802	0	0	0	95.00
200.00	Subtotal (see instructions)		0	0	0	200.00
201.00	Less BPB Clinic Lab. Services-Program Only Charges		0	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150021 Component CCN: 15S021	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/27/2016 3:19 pm
	Title XVII I	Subprovider - IPF	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	
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 05000 OPERATING ROOM	0	0	50.00
50.01 05001 CAREW MEDICAL PARK SURG	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 05401 RADIOLOGY - WABASH	0	0	54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0	54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0	54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0	54.04
54.05 05405 RADIOLOGY - NHMP	0	0	54.05
54.06 05406 RADIOLOGY - CMP	0	0	54.06
54.07 05407 RADIOLOGY - WP	0	0	54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0	0	54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0	54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
60.00 06000 LABORATORY	0	0	60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
65.01 06501 WOUND CARE	0	0	65.01
65.02 06502 DIALYSIS	0	0	65.02
65.03 03330 ENDOSCOPY	0	0	65.03
66.00 06600 PHYSICAL THERAPY	0	0	66.00
66.01 06601 TRANSITIONAL THERAPY	0	0	66.01
66.02 03650 PV REHAB OUTREACH	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
68.01 06801 NEURO REHAB	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01 03950 NUTRITION SUPPORT	0	0	70.01
70.03 03952 CARDIAC CATH LAB	0	0	70.03
70.04 03953 CARDIAC REHA SERVICES	0	0	70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
71.01 07101 COST OF SOLUTIONS	0	0	71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00 09000 CLINIC	0	0	90.00
90.01 09001 ANTI COAG CLINIC	0	0	90.01
91.00 09100 EMERGENCY	0	0	91.00
91.01 09101 PARTIAL HOSPITALIZATION	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00 09500 AMBULANCE SERVICES	0	0	95.00
200.00 Subtotal (see instructions)	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (line 200 +/- line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150021 Component CCN: 15T021		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part II Date/Time Prepared: 5/27/2016 3:19 pm		
		Title XVIII		Subprovider - IRF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	9,102,643	326,602,718	0.027871	40,156	1,119	50.00
50.01	05001	CAREW MEDICAL PARK SURG	236,929	6,302,654	0.037592	0	0	50.01
51.00	05100	RECOVERY ROOM	1,898,457	68,929,559	0.027542	9,860	272	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	516,302	2,634,389	0.195985	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,681,178	375,338,871	0.015136	215,130	3,256	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0.000000	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0.000000	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0.000000	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0.000000	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	75,318	968,464	0.077771	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0.000000	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0.000000	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	152,226	20,626	7.380297	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0.000000	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	1,884,397	71,063,665	0.026517	30,405	806	55.00
56.00	05600	RADIOISOTOPE	395,000	4,135,078	0.095524	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,018,313	22,594,505	0.045069	31,023	1,398	58.00
60.00	06000	LABORATORY	3,340,535	163,037,369	0.020489	300,013	6,147	60.00
60.01	06001	ANATOMICAL PATHOLOGY	470,203	8,706,841	0.054004	4,795	259	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	425,078	11,729,155	0.036241	44,848	1,625	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,160,332	32,850,308	0.035322	37,263	1,316	65.00
65.01	06501	WOUND CARE	294,045	13,362,486	0.022005	0	0	65.01
65.02	06502	DIALYSIS	284,556	4,756,574	0.059824	81,975	4,904	65.02
65.03	03330	ENDOSCOPY	1,706,836	73,682,666	0.023165	10,776	250	65.03
66.00	06600	PHYSICAL THERAPY	1,006,251	16,606,176	0.060595	1,018,544	61,719	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0.000000	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0.000000	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	291,155	12,089,284	0.024084	947,493	22,819	67.00
68.00	06800	SPEECH PATHOLOGY	89,034	4,987,784	0.017850	507,636	9,061	68.00
68.01	06801	NEURO REHAB	299,696	5,400,972	0.055489	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	163,958	27,275,881	0.006011	8,784	53	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	132,669	5,336,144	0.024862	4,455	111	70.00
70.01	03950	NUTRITION SUPPORT	82,711	325,392	0.254189	4,224	1,074	70.01
70.03	03952	CARDIAC CATH LAB	1,961,993	117,225,994	0.016737	1,874	31	70.03
70.04	03953	CARDIAC REHA SERVICES	88,669	1,031,532	0.085959	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,075,518	123,242,908	0.024955	58,523	1,460	71.00
71.01	07101	COST OF SOLUTIONS	214,411	59,728,662	0.003590	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,436,869	146,891,432	0.016590	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,889,556	211,866,090	0.037238	498,809	18,575	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	74,224	482,614	0.153796	3,034	467	90.00
90.01	09001	ANTI COAG CLINIC	228,551	3,124,888	0.073139	0	0	90.01
91.00	09100	EMERGENCY	2,826,504	166,312,154	0.016995	652	11	91.00
91.01	09101	PARTIAL HOSPITALIZATION	32,560	1,093,741	0.029769	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	33,735,515	0.000000	92,751	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (Lines 50-199)	49,536,677	2,123,473,091		3,953,023	136,733	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150021 Component CCN: 15T021		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part IV Date/Time Prepared: 5/27/2016 3:19 pm	
				Title XVIII		Subprovider - IRF	PPS
Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	7	0	7 50.00
50.01	05001	CAREW MEDICAL PARK SURG	0	0	11	0	11 50.01
51.00	05100	RECOVERY ROOM	0	0	1	0	1 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	21	0	21 54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0 54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0 54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0 54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0 54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	0	0 54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0 54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0 54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	0	0 54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0 54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
60.00	06000	LABORATORY	0	0	146,386	0	146,386 60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	1	0	1 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0 62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
65.01	06501	WOUND CARE	0	0	0	0	0 65.01
65.02	06502	DIALYSIS	0	0	0	0	0 65.02
65.03	03330	ENDOSCOPY	0	0	12	0	12 65.03
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0 66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
68.01	06801	NEURO REHAB	0	0	5	0	5 68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	0	0 70.01
70.03	03952	CARDIAC CATH LAB	0	0	1	0	1 70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	0	0 70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0 71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	282,772	0	282,772 73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0 76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	916	0	916 90.00
90.01	09001	ANTI COAG CLINIC	0	0	2	0	2 90.01
91.00	09100	EMERGENCY	0	0	19	0	19 91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0 95.00
200.00		Total (Lines 50-199)	0	0	430,154	0	430,154 200.00



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150021 Component CCN: 15T021		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part IV Date/Time Prepared: 5/27/2016 3:19 pm		
				Title XVIII		Subprovider - IRF	PPS	
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	7	326,602,718	0.000000	0.000000	40,156	50.00
50.01	05001	CAREW MEDICAL PARK SURG	11	6,302,654	0.000002	0.000002	0	50.01
51.00	05100	RECOVERY ROOM	1	68,929,559	0.000000	0.000000	9,860	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,634,389	0.000000	0.000000	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21	375,338,871	0.000000	0.000000	215,130	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0.000000	0.000000	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0.000000	0.000000	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0.000000	0.000000	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0.000000	0.000000	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	968,464	0.000000	0.000000	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0.000000	0.000000	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0.000000	0.000000	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	20,626	0.000000	0.000000	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0.000000	0.000000	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	71,063,665	0.000000	0.000000	30,405	55.00
56.00	05600	RADIOISOTOPE	0	4,135,078	0.000000	0.000000	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	22,594,505	0.000000	0.000000	31,023	58.00
60.00	06000	LABORATORY	146,386	163,037,369	0.000898	0.000898	300,013	60.00
60.01	06001	ANATOMICAL PATHOLOGY	1	8,706,841	0.000000	0.000000	4,795	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	11,729,155	0.000000	0.000000	44,848	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	32,850,308	0.000000	0.000000	37,263	65.00
65.01	06501	WOUND CARE	0	13,362,486	0.000000	0.000000	0	65.01
65.02	06502	DIALYSIS	0	4,756,574	0.000000	0.000000	81,975	65.02
65.03	03330	ENDOSCOPY	12	73,682,666	0.000000	0.000000	10,776	65.03
66.00	06600	PHYSICAL THERAPY	0	16,606,176	0.000000	0.000000	1,018,544	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0.000000	0.000000	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0.000000	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	12,089,284	0.000000	0.000000	947,493	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,987,784	0.000000	0.000000	507,636	68.00
68.01	06801	NEURO REHAB	5	5,400,972	0.000001	0.000001	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	27,275,881	0.000000	0.000000	8,784	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,336,144	0.000000	0.000000	4,455	70.00
70.01	03950	NUTRITION SUPPORT	0	325,392	0.000000	0.000000	4,224	70.01
70.03	03952	CARDIAC CATH LAB	1	117,225,994	0.000000	0.000000	1,874	70.03
70.04	03953	CARDIAC REHA SERVICES	0	1,031,532	0.000000	0.000000	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	123,242,908	0.000000	0.000000	58,523	71.00
71.01	07101	COST OF SOLUTIONS	0	59,728,662	0.000000	0.000000	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	146,891,432	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	282,772	211,866,090	0.001335	0.001335	498,809	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699	LITHOTRI PSY	0	0	0.000000	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	916	482,614	0.001898	0.001898	3,034	90.00
90.01	09001	ANTI COAG CLINIC	2	3,124,888	0.000001	0.000001	0	90.01
91.00	09100	EMERGENCY	19	166,312,154	0.000000	0.000000	652	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	1,093,741	0.000000	0.000000	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	33,735,515	0.000000	0.000000	92,751	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (Lines 50-199)	430,154	2,123,473,091			3,953,023	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150021 Component CCN: 15T021	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/27/2016 3:19 pm
Title XVII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	05001 CAREW MEDICAL PARK SURG	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401 RADIOLOGY - WABASH	0	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	0	0	0	54.05
54.06	05406 RADIOLOGY - CMP	0	0	0	54.06
54.07	05407 RADIOLOGY - WP	0	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	0	0	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0	0	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
60.00	06000 LABORATORY	269	0	0	60.00
60.01	06001 ANATOMICAL PATHOLOGY	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
65.01	06501 WOUND CARE	0	0	0	65.01
65.02	06502 DIALYSIS	0	0	0	65.02
65.03	03330 ENDOSCOPY	0	0	0	65.03
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
68.01	06801 NEURO REHAB	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
70.01	03950 NUTRITION SUPPORT	0	0	0	70.01
70.03	03952 CARDIAC CATH LAB	0	0	0	70.03
70.04	03953 CARDIAC REHA SERVICES	0	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
71.01	07101 COST OF SOLUTIONS	0	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	666	0	0	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	6	0	0	90.00
90.01	09001 ANTI COAG CLINIC	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	91.00
91.01	09101 PARTIAL HOSPITALIZATION	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (Lines 50-199)	941	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150021 Component CCN: 155516		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part IV Date/Time Prepared: 5/27/2016 3:19 pm		
		Title XVIII		Skilled Nursing Facility		PPS		
Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	7	0	7	50.00
50.01	05001	CAREW MEDICAL PARK SURG	0	0	11	0	11	50.01
51.00	05100	RECOVERY ROOM	0	0	1	0	1	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	21	0	21	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	146,386	0	146,386	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	1	0	1	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501	WOUND CARE	0	0	0	0	0	65.01
65.02	06502	DIALYSIS	0	0	0	0	0	65.02
65.03	03330	ENDOSCOPY	0	0	12	0	12	65.03
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	NEURO REHAB	0	0	5	0	5	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0	0	1	0	1	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	282,772	0	282,772	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	916	0	916	90.00
90.01	09001	ANTI COAG CLINIC	0	0	2	0	2	90.01
91.00	09100	EMERGENCY	0	0	19	0	19	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50-199)	0	0	430,154	0	430,154	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150021 Component CCN: 155516		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part IV Date/Time Prepared: 5/27/2016 3:19 pm		
		Title XVIII		Skilled Nursing Facility		PPS		
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	7	326,602,718	0.000000	0.000000	7,419	50.00
50.01	05001	CAREW MEDICAL PARK SURG	11	6,302,654	0.000002	0.000002	0	50.01
51.00	05100	RECOVERY ROOM	1	68,929,559	0.000000	0.000000	13,281	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,634,389	0.000000	0.000000	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21	375,338,871	0.000000	0.000000	238,398	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0.000000	0.000000	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0.000000	0.000000	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0.000000	0.000000	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0.000000	0.000000	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	968,464	0.000000	0.000000	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0.000000	0.000000	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0.000000	0.000000	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	20,626	0.000000	0.000000	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0.000000	0.000000	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	71,063,665	0.000000	0.000000	118,993	55.00
56.00	05600	RADIOISOTOPE	0	4,135,078	0.000000	0.000000	6,742	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	22,594,505	0.000000	0.000000	18,259	58.00
60.00	06000	LABORATORY	146,386	163,037,369	0.000898	0.000898	518,590	60.00
60.01	06001	ANATOMICAL PATHOLOGY	1	8,706,841	0.000000	0.000000	4,087	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	11,729,155	0.000000	0.000000	29,637	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	32,850,308	0.000000	0.000000	269,408	65.00
65.01	06501	WOUND CARE	0	13,362,486	0.000000	0.000000	290	65.01
65.02	06502	DIALYSIS	0	4,756,574	0.000000	0.000000	0	65.02
65.03	03330	ENDOSCOPY	12	73,682,666	0.000000	0.000000	0	65.03
66.00	06600	PHYSICAL THERAPY	0	16,606,176	0.000000	0.000000	1,385,544	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0.000000	0.000000	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0.000000	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	12,089,284	0.000000	0.000000	1,188,251	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,987,784	0.000000	0.000000	102,607	68.00
68.01	06801	NEURO REHAB	5	5,400,972	0.000001	0.000001	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	27,275,881	0.000000	0.000000	9,524	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,336,144	0.000000	0.000000	1,662	70.00
70.01	03950	NUTRITION SUPPORT	0	325,392	0.000000	0.000000	192	70.01
70.03	03952	CARDIAC CATH LAB	1	117,225,994	0.000000	0.000000	937	70.03
70.04	03953	CARDIAC REHA SERVICES	0	1,031,532	0.000000	0.000000	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	123,242,908	0.000000	0.000000	166,994	71.00
71.01	07101	COST OF SOLUTIONS	0	59,728,662	0.000000	0.000000	11,415	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	146,891,432	0.000000	0.000000	120	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	282,772	211,866,090	0.001335	0.001335	1,931,236	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	916	482,614	0.001898	0.001898	1,776	90.00
90.01	09001	ANTI COAG CLINIC	2	3,124,888	0.000001	0.000001	0	90.01
91.00	09100	EMERGENCY	19	166,312,154	0.000000	0.000000	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	1,093,741	0.000000	0.000000	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	33,735,515	0.000000	0.000000	317,332	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (Lines 50-199)	430,154	2,123,473,091			6,342,694	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150021 Component CCN: 155516	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/27/2016 3:19 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	05001 CAREW MEDICAL PARK SURG	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401 RADIOLOGY - WABASH	0	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	0	0	0	54.05
54.06	05406 RADIOLOGY - CMP	0	0	0	54.06
54.07	05407 RADIOLOGY - WP	0	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	0	0	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0	0	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
60.00	06000 LABORATORY	466	0	0	60.00
60.01	06001 ANATOMICAL PATHOLOGY	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
65.01	06501 WOUND CARE	0	0	0	65.01
65.02	06502 DIALYSIS	0	0	0	65.02
65.03	03330 ENDOSCOPY	0	0	0	65.03
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
68.01	06801 NEURO REHAB	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
70.01	03950 NUTRITION SUPPORT	0	0	0	70.01
70.03	03952 CARDIAC CATH LAB	0	0	0	70.03
70.04	03953 CARDIAC REHA SERVICES	0	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
71.01	07101 COST OF SOLUTIONS	0	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,578	0	0	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	3	0	0	90.00
90.01	09001 ANTI COAG CLINIC	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	91.00
91.01	09101 PARTIAL HOSPITALIZATION	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (Lines 50-199)	3,047	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150021	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part I Date/Time Prepared: 5/27/2016 3:19 pm
--	--	----------------------	---	---

Cost Center Description		Title XIX			Hospital		PPS
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	12,744,476	0	12,744,476	103,612	123.00	30.00
31.00	INTENSIVE CARE UNIT	1,478,378		1,478,378	9,395	157.36	31.00
31.01	PEDIATRIC ICU	421,486		421,486	1,035	407.23	31.01
31.02	NEONATAL ICU	862,806		862,806	7,986	108.04	31.02
32.00	CORONARY CARE UNIT	4,184,586		4,184,586	25,096	166.74	32.00
40.00	SUBPROVIDER - IPF	2,600,533	0	2,600,533	20,024	129.87	40.00
41.00	SUBPROVIDER - IRF	824,378	0	824,378	7,816	105.47	41.00
43.00	NURSERY	614,828		614,828	5,433	113.17	43.00
44.00	SKILLED NURSING FACILITY	1,051,190		1,051,190	13,005	80.83	44.00
200.00	Total (lines 30-199)	24,782,661		24,782,661	193,402		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	7,013	862,599				30.00
31.00	INTENSIVE CARE UNIT	0	0				31.00
31.01	PEDIATRIC ICU	0	0				31.01
31.02	NEONATAL ICU	0	0				31.02
32.00	CORONARY CARE UNIT	0	0				32.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	49	5,168				41.00
43.00	NURSERY	1,632	184,693				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
200.00	Total (lines 30-199)	8,694	1,052,460				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150021		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part II Date/Time Prepared: 5/27/2016 3:19 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	9,102,643	326,602,718	0.027871	31,957,260	890,681	50.00
50.01	05001 CAREW MEDICAL PARK SURG	236,929	6,302,654	0.037592	0	0	50.01
51.00	05100 RECOVERY ROOM	1,898,457	68,929,559	0.027542	3,120,302	85,939	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	516,302	2,634,389	0.195985	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,681,178	375,338,871	0.015136	19,307,677	292,241	54.00
54.01	05401 RADIOLOGY - WABASH	0	0	0.000000	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0	0	0.000000	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0	0	0.000000	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0	0	0.000000	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	75,318	968,464	0.077771	0	0	54.05
54.06	05406 RADIOLOGY - CMP	0	0	0.000000	0	0	54.06
54.07	05407 RADIOLOGY - WP	0	0	0.000000	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	152,226	20,626	7.380297	0	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0	0	0.000000	0	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	1,884,397	71,063,665	0.026517	287,876	7,634	55.00
56.00	05600 RADIOISOTOPE	395,000	4,135,078	0.095524	407,058	38,884	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,018,313	22,594,505	0.045069	1,948,344	87,810	58.00
60.00	06000 LABORATORY	3,340,535	163,037,369	0.020489	13,797,238	282,692	60.00
60.01	06001 ANATOMICAL PATHOLOGY	470,203	8,706,841	0.054004	1,109,566	59,921	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	425,078	11,729,155	0.036241	2,181,346	79,054	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	1,160,332	32,850,308	0.035322	8,109,729	286,452	65.00
65.01	06501 WOUND CARE	294,045	13,362,486	0.022005	4,473	98	65.01
65.02	06502 DIALYSIS	284,556	4,756,574	0.059824	529,081	31,652	65.02
65.03	03330 ENDOSCOPY	1,706,836	73,682,666	0.023165	1,209,657	28,022	65.03
66.00	06600 PHYSICAL THERAPY	1,006,251	16,606,176	0.060595	1,550,723	93,966	66.00
66.01	06601 TRANSDIAGONAL THERAPY	0	0	0.000000	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0.000000	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	291,155	12,089,284	0.024084	1,233,940	29,718	67.00
68.00	06800 SPEECH PATHOLOGY	89,034	4,987,784	0.017850	923,062	16,477	68.00
68.01	06801 NEURO REHAB	299,696	5,400,972	0.055489	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	163,958	27,275,881	0.006011	797,749	4,795	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	132,669	5,336,144	0.024862	342,456	8,514	70.00
70.01	03950 NUTRITION SUPPORT	82,711	325,392	0.254189	46,900	11,921	70.01
70.03	03952 CARDIAC CATH LAB	1,961,993	117,225,994	0.016737	4,609,847	77,155	70.03
70.04	03953 CARDIAC REHAB SERVICES	88,669	1,031,532	0.085959	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	3,075,518	123,242,908	0.024955	9,785,682	244,202	71.00
71.01	07101 COST OF SOLUTIONS	214,411	59,728,662	0.003590	643,181	2,309	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	2,436,869	146,891,432	0.016590	8,384,052	139,091	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	7,889,556	211,866,090	0.037238	32,422,742	1,207,358	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	74,224	482,614	0.153796	28,910	4,446	90.00
90.01	09001 ANTI COAG CLINIC	228,551	3,124,888	0.073139	0	0	90.01
91.00	09100 EMERGENCY	2,826,504	166,312,154	0.016995	8,879,465	150,907	91.00
91.01	09101 PARTIAL HOSPITALIZATION	32,560	1,093,741	0.029769	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1,692,263	33,735,515	0.050163	1,302,289	65,327	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	51,228,940	2,123,473,091		154,920,605	4,227,266	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150021	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part III Date/Time Prepared: 5/27/2016 3:19 pm
---	--	----------------------	---	---

Cost Center Description			Title XIX				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	77	0	0	77	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1	0	0	1	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
31.02	03102	NEONATAL ICU	0	1	0	0	1	31.02
32.00	03200	CORONARY CARE UNIT	0	4	0	0	4	32.00
40.00	04000	SUBPROVIDER - IPF	0	29	0	0	29	40.00
41.00	04100	SUBPROVIDER - IRF	0	1	0	0	1	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	15	0	0	15	44.00
200.00		Total (lines 30-199)	0	128	0	0	128	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	103,612	0.00	7,013	0		30.00
31.00	03100	INTENSIVE CARE UNIT	9,395	0.00	0	0		31.00
31.01	03101	PEDIATRIC ICU	1,035	0.00	0	0		31.01
31.02	03102	NEONATAL ICU	7,986	0.00	0	0		31.02
32.00	03200	CORONARY CARE UNIT	25,096	0.00	0	0		32.00
40.00	04000	SUBPROVIDER - IPF	20,024	0.00	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	7,816	0.00	49	0		41.00
43.00	04300	NURSERY	5,433	0.00	1,632	0		43.00
44.00	04400	SKILLED NURSING FACILITY	13,005	0.00	0	0		44.00
200.00		Total (lines 30-199)	193,402		8,694	0		200.00



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150021	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/27/2016 3:19 pm
--	----------------------	---------------------------------------	---

Cost Center Description	Title XIX			Hospital	PPS	Total Cost (sum of col 1 through col 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost			
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0	0	7	0	7	50.00	50.00
50.01 05001 CAREW MEDICAL PARK SURG	0	0	11	0	11	50.01	50.01
51.00 05100 RECOVERY ROOM	0	0	1	0	1	51.00	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	21	0	21	54.00	54.00
54.01 05401 RADIOLOGY - WABASH	0	0	0	0	0	54.01	54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02	54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0	0	0	0	54.03	54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04	54.04
54.05 05405 RADIOLOGY - NHMP	0	0	0	0	0	54.05	54.05
54.06 05406 RADIOLOGY - CMP	0	0	0	0	0	54.06	54.06
54.07 05407 RADIOLOGY - WP	0	0	0	0	0	54.07	54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0	0	0	0	0	54.08	54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09	54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00	56.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	58.00
60.00 06000 LABORATORY	0	0	146,386	0	146,386	60.00	60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	0	1	0	1	60.01	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00	65.00
65.01 06501 WOUND CARE	0	0	0	0	0	65.01	65.01
65.02 06502 DIALYSIS	0	0	0	0	0	65.02	65.02
65.03 03330 ENDOSCOPY	0	0	12	0	12	65.03	65.03
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00	66.00
66.01 06601 TRANSITIONAL THERAPY	0	0	0	0	0	66.01	66.01
66.02 03650 PV REHAB OUTREACH	0	0	0	0	0	66.02	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00	68.00
68.01 06801 NEURO REHAB	0	0	5	0	5	68.01	68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	70.00
70.01 03950 NUTRITION SUPPORT	0	0	0	0	0	70.01	70.01
70.03 03952 CARDIAC CATH LAB	0	0	1	0	1	70.03	70.03
70.04 03953 CARDIAC REHA SERVICES	0	0	0	0	0	70.04	70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00	71.00
71.01 07101 COST OF SOLUTIONS	0	0	0	0	0	71.01	71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	282,772	0	282,772	73.00	73.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC	0	0	916	0	916	90.00	90.00
90.01 09001 ANTI COAG CLINIC	0	0	2	0	2	90.01	90.01
91.00 09100 EMERGENCY	0	0	19	0	19	91.00	91.00
91.01 09101 PARTIAL HOSPITALIZATION	0	0	0	0	0	91.01	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00	95.00
200.00 Total (lines 50-199)	0	0	430,154	0	430,154	200.00	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150021	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/27/2016 3:19 pm
--	----------------------	---------------------------------------	---

Cost Center Description		Title XIX			Hospital		PPS
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	7	326,602,718	0.000000	0.000000	31,957,260	50.00
50.01	05001 CAREW MEDICAL PARK SURG	11	6,302,654	0.000002	0.000002	0	50.01
51.00	05100 RECOVERY ROOM	1	68,929,559	0.000000	0.000000	3,120,302	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	2,634,389	0.000000	0.000000	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	21	375,338,871	0.000000	0.000000	19,307,677	54.00
54.01	05401 RADIOLOGY - WABASH	0	0	0.000000	0.000000	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0	0	0.000000	0.000000	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0	0	0.000000	0.000000	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0	0	0.000000	0.000000	0	54.04
54.05	05405 RADIOLOGY - NHMP	0	968,464	0.000000	0.000000	0	54.05
54.06	05406 RADIOLOGY - CMP	0	0	0.000000	0.000000	0	54.06
54.07	05407 RADIOLOGY - WP	0	0	0.000000	0.000000	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	0	20,626	0.000000	0.000000	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0	0	0.000000	0.000000	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	0	71,063,665	0.000000	0.000000	287,876	55.00
56.00	05600 RADIOISOTOPE	0	4,135,078	0.000000	0.000000	407,058	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	22,594,505	0.000000	0.000000	1,948,344	58.00
60.00	06000 LABORATORY	146,386	163,037,369	0.000898	0.000898	13,797,238	60.00
60.01	06001 ANATOMICAL PATHOLOGY	1	8,706,841	0.000000	0.000000	1,109,566	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	11,729,155	0.000000	0.000000	2,181,346	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	32,850,308	0.000000	0.000000	8,109,729	65.00
65.01	06501 WOUND CARE	0	13,362,486	0.000000	0.000000	4,473	65.01
65.02	06502 DIALYSIS	0	4,756,574	0.000000	0.000000	529,081	65.02
65.03	03330 ENDOSCOPY	12	73,682,666	0.000000	0.000000	1,209,657	65.03
66.00	06600 PHYSICAL THERAPY	0	16,606,176	0.000000	0.000000	1,550,723	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0.000000	0.000000	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0.000000	0.000000	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	12,089,284	0.000000	0.000000	1,233,940	67.00
68.00	06800 SPEECH PATHOLOGY	0	4,987,784	0.000000	0.000000	923,062	68.00
68.01	06801 NEURO REHAB	5	5,400,972	0.000001	0.000001	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	27,275,881	0.000000	0.000000	797,749	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	5,336,144	0.000000	0.000000	342,456	70.00
70.01	03950 NUTRITION SUPPORT	0	325,392	0.000000	0.000000	46,900	70.01
70.03	03952 CARDIAC CATH LAB	1	117,225,994	0.000000	0.000000	4,609,847	70.03
70.04	03953 CARDIAC REHA SERVICES	0	1,031,532	0.000000	0.000000	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	123,242,908	0.000000	0.000000	9,785,682	71.00
71.01	07101 COST OF SOLUTIONS	0	59,728,662	0.000000	0.000000	643,181	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	146,891,432	0.000000	0.000000	8,384,052	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	282,772	211,866,090	0.001335	0.001335	32,422,742	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0.000000	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	916	482,614	0.001898	0.001898	28,910	90.00
90.01	09001 ANTI COAG CLINIC	2	3,124,888	0.000001	0.000001	0	90.01
91.00	09100 EMERGENCY	19	166,312,154	0.000000	0.000000	8,879,465	91.00
91.01	09101 PARTIAL HOSPITALIZATION	0	1,093,741	0.000000	0.000000	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	33,735,515	0.000000	0.000000	1,302,289	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	430,154	2,123,473,091			154,920,605	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150021	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/27/2016 3:19 pm
--	----------------------	---------------------------------------	---

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	PPS
Title XIX						
ANCILLARY SERVICE COST CENTERS		11.00	12.00	13.00		
50.00	05000 OPERATING ROOM	0	0	0		50.00
50.01	05001 CAREW MEDICAL PARK SURG	0	0	0		50.01
51.00	05100 RECOVERY ROOM	0	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01	05401 RADIOLOGY - WABASH	0	0	0		54.01
54.02	05402 RADIOLOGY - MANCHESTER	0	0	0		54.02
54.03	05403 RADIOLOGY - EAST STATE	0	0	0		54.03
54.04	05404 RADIOLOGY - JEFFERSON	0	0	0		54.04
54.05	05405 RADIOLOGY - NHMP	0	0	0		54.05
54.06	05406 RADIOLOGY - CMP	0	0	0		54.06
54.07	05407 RADIOLOGY - WP	0	0	0		54.07
54.08	05408 RADIOLOGY - PULM CLINIC	0	0	0		54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0	0	0		54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600 RADIOISOTOPE	0	0	0		56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
60.00	06000 LABORATORY	12,390	0	0		60.00
60.01	06001 ANATOMICAL PATHOLOGY	0	0	0		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0		62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0		62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
65.01	06501 WOUND CARE	0	0	0		65.01
65.02	06502 DIALYSIS	0	0	0		65.02
65.03	03330 ENDOSCOPY	0	0	0		65.03
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0		66.01
66.02	03650 PV REHAB OUTREACH	0	0	0		66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
68.01	06801 NEURO REHAB	0	0	0		68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
70.01	03950 NUTRITION SUPPORT	0	0	0		70.01
70.03	03952 CARDIAC CATH LAB	0	0	0		70.03
70.04	03953 CARDIAC REHA SERVICES	0	0	0		70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
71.01	07101 COST OF SOLUTIONS	0	0	0		71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	43,284	0	0		73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
76.99	07699 LI THOTRI PSY	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	55	0	0		90.00
90.01	09001 ANTI COAG CLINIC	0	0	0		90.01
91.00	09100 EMERGENCY	0	0	0		91.00
91.01	09101 PARTIAL HOSPITALIZATION	0	0	0		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES					95.00
200.00	Total (Lines 50-199)	55,729	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150021	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/27/2016 3:19 pm
		Title XIX	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.103800	0	26,656,698	0	0	50.00
50.01	05001	CAREW MEDICAL PARK SURG	0.186874	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.164895	0	7,700,638	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.481643	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.067948	0	36,911,902	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0.410357	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0.000000	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0.000000	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	17.482352	0	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.152986	0	4,900,651	0	0	55.00
56.00	05600	RADIOISOTOPE	0.276310	0	792,739	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.124801	0	4,303,968	0	0	58.00
60.00	06000	LABORATORY	0.135392	0	14,147,571	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.256635	0	1,456,295	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.508392	0	292,573	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.219454	0	770,197	0	0	65.00
65.01	06501	WOUND CARE	0.219761	0	1,074,959	0	0	65.01
65.02	06502	DIALYSIS	0.612314	0	16,215	0	0	65.02
65.03	03330	ENDOSCOPY	0.101071	0	2,674,335	0	0	65.03
66.00	06600	PHYSICAL THERAPY	0.458157	0	942,650	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.305157	0	743,610	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.244042	0	982,183	0	0	68.00
68.01	06801	NEURO REHAB	0.410631	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.068684	0	2,235,394	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.164388	0	2,102,785	0	0	70.00
70.01	03950	NUTRITION SUPPORT	3.365522	0	25,057	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0.080777	0	3,062,290	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0.328198	0	32,736	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.326459	0	5,219,512	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0.039982	0	67,339	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.217698	0	5,605,252	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.362474	0	21,661,923	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	1.292982	0	76,800	0	0	90.00
90.01	09001	ANTI COAG CLINIC	0.772287	0	43,786	0	0	90.01
91.00	09100	EMERGENCY	0.117251	0	35,606,748	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.205794	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.335574	0	4,540,242	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0.769802	0	2,190,090	0	0	95.00
200.00		Subtotal (see instructions)		0	186,837,138	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	186,837,138	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150021	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/27/2016 3:19 pm
		Title XIX	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	2,766,965	0		50.00
50.01 05001 CAREW MEDICAL PARK SURG	0	0		50.01
51.00 05100 RECOVERY ROOM	1,269,797	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,508,090	0		54.00
54.01 05401 RADIOLOGY - WABASH	0	0		54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0		54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0		54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0		54.04
54.05 05405 RADIOLOGY - NHMP	0	0		54.05
54.06 05406 RADIOLOGY - CMP	0	0		54.06
54.07 05407 RADIOLOGY - WP	0	0		54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0	0		54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0		54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	749,731	0		55.00
56.00 05600 RADIOISOTOPE	219,042	0		56.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	537,140	0		58.00
60.00 06000 LABORATORY	1,915,468	0		60.00
60.01 06001 ANATOMICAL PATHOLOGY	373,736	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	148,742	0		62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
65.00 06500 RESPIRATORY THERAPY	169,023	0		65.00
65.01 06501 WOUND CARE	236,234	0		65.01
65.02 06502 DIALYSIS	9,929	0		65.02
65.03 03330 ENDOSCOPY	270,298	0		65.03
66.00 06600 PHYSICAL THERAPY	431,882	0		66.00
66.01 06601 TRANSITIONAL THERAPY	0	0		66.01
66.02 03650 PV REHAB OUTREACH	0	0		66.02
67.00 06700 OCCUPATIONAL THERAPY	226,918	0		67.00
68.00 06800 SPEECH PATHOLOGY	239,694	0		68.00
68.01 06801 NEURO REHAB	0	0		68.01
69.00 06900 ELECTROCARDIOLOGY	153,536	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	345,673	0		70.00
70.01 03950 NUTRITION SUPPORT	84,330	0		70.01
70.03 03952 CARDIAC CATH LAB	247,363	0		70.03
70.04 03953 CARDIAC REHA SERVICES	10,744	0		70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,703,957	0		71.00
71.01 07101 COST OF SOLUTIONS	2,692	0		71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	1,220,252	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	7,851,884	0		73.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99 07699 LI THOTRI PSY	0	0		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	99,301	0		90.00
90.01 09001 ANTI COAG CLINIC	33,815	0		90.01
91.00 09100 EMERGENCY	4,174,927	0		91.00
91.01 09101 PARTIAL HOSPITALIZATION	0	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	1,523,587	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES	1,685,936	0		95.00
200.00	Subtotal (see instructions)	31,210,686	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	31,210,686	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150021 Component CCN: 15S021		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part II Date/Time Prepared: 5/27/2016 3:19 pm		
				Title XIX		Subprovider - IPF	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	9,102,643	326,602,718	0.027871	715	20	50.00
50.01	05001	CAREW MEDICAL PARK SURG	236,929	6,302,654	0.037592	0	0	50.01
51.00	05100	RECOVERY ROOM	1,898,457	68,929,559	0.027542	730	20	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	516,302	2,634,389	0.195985	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,681,178	375,338,871	0.015136	51,657	782	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0.000000	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0.000000	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0.000000	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0.000000	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	75,318	968,464	0.077771	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0.000000	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0.000000	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	152,226	20,626	7.380297	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0.000000	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	1,884,397	71,063,665	0.026517	0	0	55.00
56.00	05600	RADIOISOTOPE	395,000	4,135,078	0.095524	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,018,313	22,594,505	0.045069	0	0	58.00
60.00	06000	LABORATORY	3,340,535	163,037,369	0.020489	117,357	2,405	60.00
60.01	06001	ANATOMICAL PATHOLOGY	470,203	8,706,841	0.054004	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	425,078	11,729,155	0.036241	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,160,332	32,850,308	0.035322	544	19	65.00
65.01	06501	WOUND CARE	294,045	13,362,486	0.022005	0	0	65.01
65.02	06502	DIALYSIS	284,556	4,756,574	0.059824	0	0	65.02
65.03	03330	ENDOSCOPY	1,706,836	73,682,666	0.023165	1,640	38	65.03
66.00	06600	PHYSICAL THERAPY	1,006,251	16,606,176	0.060595	556	34	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0.000000	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0.000000	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	291,155	12,089,284	0.024084	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	89,034	4,987,784	0.017850	0	0	68.00
68.01	06801	NEURO REHAB	299,696	5,400,972	0.055489	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	163,958	27,275,881	0.006011	10,652	64	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	132,669	5,336,144	0.024862	0	0	70.00
70.01	03950	NUTRITION SUPPORT	82,711	325,392	0.254189	888	226	70.01
70.03	03952	CARDIAC CATH LAB	1,961,993	117,225,994	0.016737	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	88,669	1,031,532	0.085959	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,075,518	123,242,908	0.024955	1,384	35	71.00
71.01	07101	COST OF SOLUTIONS	214,411	59,728,662	0.003590	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,436,869	146,891,432	0.016590	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,889,556	211,866,090	0.037238	213,266	7,942	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	74,224	482,614	0.153796	0	0	90.00
90.01	09001	ANTI COAG CLINIC	228,551	3,124,888	0.073139	0	0	90.01
91.00	09100	EMERGENCY	2,826,504	166,312,154	0.016995	247,879	4,213	91.00
91.01	09101	PARTIAL HOSPITALIZATION	32,560	1,093,741	0.029769	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	33,735,515	0.000000	21,762	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (Lines 50-199)	49,536,677	2,123,473,091		669,030	15,798	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150021 Component CCN: 15S021		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part IV Date/Time Prepared: 5/27/2016 3:19 pm	
				Title XIX		Subprovider - IPF	PPS
Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	7	0	7 50.00
50.01	05001	CAREW MEDICAL PARK SURG	0	0	11	0	11 50.01
51.00	05100	RECOVERY ROOM	0	0	1	0	1 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	21	0	21 54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0 54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0 54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0 54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0 54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	0	0 54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0 54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0 54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	0	0 54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0 54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
60.00	06000	LABORATORY	0	0	146,386	0	146,386 60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	1	0	1 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0 62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
65.01	06501	WOUND CARE	0	0	0	0	0 65.01
65.02	06502	DIALYSIS	0	0	0	0	0 65.02
65.03	03330	ENDOSCOPY	0	0	12	0	12 65.03
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0 66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
68.01	06801	NEURO REHAB	0	0	5	0	5 68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	0	0 70.01
70.03	03952	CARDIAC CATH LAB	0	0	1	0	1 70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	0	0 70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0 71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	282,772	0	282,772 73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0 76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	916	0	916 90.00
90.01	09001	ANTI COAG CLINIC	0	0	2	0	2 90.01
91.00	09100	EMERGENCY	0	0	19	0	19 91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0 95.00
200.00		Total (lines 50-199)	0	0	430,154	0	430,154 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150021 Component CCN: 15S021		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part IV Date/Time Prepared: 5/27/2016 3:19 pm		
				Title XIX		Subprovider - IPF	PPS	
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	7	326,602,718	0.000000	0.000000	715	50.00
50.01	05001	CAREW MEDICAL PARK SURG	11	6,302,654	0.000002	0.000002	0	50.01
51.00	05100	RECOVERY ROOM	1	68,929,559	0.000000	0.000000	730	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,634,389	0.000000	0.000000	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21	375,338,871	0.000000	0.000000	51,657	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0.000000	0.000000	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0.000000	0.000000	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0.000000	0.000000	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0.000000	0.000000	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	968,464	0.000000	0.000000	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0.000000	0.000000	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0.000000	0.000000	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	20,626	0.000000	0.000000	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0.000000	0.000000	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	71,063,665	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	4,135,078	0.000000	0.000000	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	22,594,505	0.000000	0.000000	0	58.00
60.00	06000	LABORATORY	146,386	163,037,369	0.000898	0.000898	117,357	60.00
60.01	06001	ANATOMICAL PATHOLOGY	1	8,706,841	0.000000	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	11,729,155	0.000000	0.000000	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	32,850,308	0.000000	0.000000	544	65.00
65.01	06501	WOUND CARE	0	13,362,486	0.000000	0.000000	0	65.01
65.02	06502	DIALYSIS	0	4,756,574	0.000000	0.000000	0	65.02
65.03	03330	ENDOSCOPY	12	73,682,666	0.000000	0.000000	1,640	65.03
66.00	06600	PHYSICAL THERAPY	0	16,606,176	0.000000	0.000000	556	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0.000000	0.000000	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0.000000	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	12,089,284	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,987,784	0.000000	0.000000	0	68.00
68.01	06801	NEURO REHAB	5	5,400,972	0.000001	0.000001	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	27,275,881	0.000000	0.000000	10,652	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,336,144	0.000000	0.000000	0	70.00
70.01	03950	NUTRITION SUPPORT	0	325,392	0.000000	0.000000	888	70.01
70.03	03952	CARDIAC CATH LAB	1	117,225,994	0.000000	0.000000	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0	1,031,532	0.000000	0.000000	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	123,242,908	0.000000	0.000000	1,384	71.00
71.01	07101	COST OF SOLUTIONS	0	59,728,662	0.000000	0.000000	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	146,891,432	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	282,772	211,866,090	0.001335	0.001335	213,266	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699	LITHOTRI PSY	0	0	0.000000	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	916	482,614	0.001898	0.001898	0	90.00
90.01	09001	ANTI COAG CLINIC	2	3,124,888	0.000001	0.000001	0	90.01
91.00	09100	EMERGENCY	19	166,312,154	0.000000	0.000000	247,879	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	1,093,741	0.000000	0.000000	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	33,735,515	0.000000	0.000000	21,762	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (Lines 50-199)	430,154	2,123,473,091			669,030	200.00



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150021 Component CCN: 15S021	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/27/2016 3:19 pm
Title XIX		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	05001 CAREW MEDICAL PARK SURG	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401 RADIOLOGY - WABASH	0	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	0	0	0	54.05
54.06	05406 RADIOLOGY - CMP	0	0	0	54.06
54.07	05407 RADIOLOGY - WP	0	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	0	0	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0	0	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
60.00	06000 LABORATORY	105	0	0	60.00
60.01	06001 ANATOMICAL PATHOLOGY	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
65.01	06501 WOUND CARE	0	0	0	65.01
65.02	06502 DIALYSIS	0	0	0	65.02
65.03	03330 ENDOSCOPY	0	0	0	65.03
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
68.01	06801 NEURO REHAB	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
70.01	03950 NUTRITION SUPPORT	0	0	0	70.01
70.03	03952 CARDIAC CATH LAB	0	0	0	70.03
70.04	03953 CARDIAC REHA SERVICES	0	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
71.01	07101 COST OF SOLUTIONS	0	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	285	0	0	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 ANTI COAG CLINIC	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	91.00
91.01	09101 PARTIAL HOSPITALIZATION	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
200.00	Total (Lines 50-199)	390	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150021 Component CCN: 15T021		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part II Date/Time Prepared: 5/27/2016 3:19 pm	
				Title XIX		Subprovider - IRF	PPS
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	9,102,643	326,602,718	0.027871	0	0 50.00
50.01	05001	CAREW MEDICAL PARK SURG	236,929	6,302,654	0.037592	0	0 50.01
51.00	05100	RECOVERY ROOM	1,898,457	68,929,559	0.027542	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	516,302	2,634,389	0.195985	0	0 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,681,178	375,338,871	0.015136	0	0 54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0.000000	0	0 54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0.000000	0	0 54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0.000000	0	0 54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0.000000	0	0 54.04
54.05	05405	RADIOLOGY - NHMP	75,318	968,464	0.077771	0	0 54.05
54.06	05406	RADIOLOGY - CMP	0	0	0.000000	0	0 54.06
54.07	05407	RADIOLOGY - WP	0	0	0.000000	0	0 54.07
54.08	05408	RADIOLOGY - PULM CLINIC	152,226	20,626	7.380297	0	0 54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0.000000	0	0 54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	1,884,397	71,063,665	0.026517	0	0 55.00
56.00	05600	RADIOISOTOPE	395,000	4,135,078	0.095524	0	0 56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,018,313	22,594,505	0.045069	0	0 58.00
60.00	06000	LABORATORY	3,340,535	163,037,369	0.020489	0	0 60.00
60.01	06001	ANATOMICAL PATHOLOGY	470,203	8,706,841	0.054004	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	425,078	11,729,155	0.036241	0	0 62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	1,160,332	32,850,308	0.035322	0	0 65.00
65.01	06501	WOUND CARE	294,045	13,362,486	0.022005	0	0 65.01
65.02	06502	DIALYSIS	284,556	4,756,574	0.059824	0	0 65.02
65.03	03330	ENDOSCOPY	1,706,836	73,682,666	0.023165	0	0 65.03
66.00	06600	PHYSICAL THERAPY	1,006,251	16,606,176	0.060595	0	0 66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0.000000	0	0 66.01
66.02	03650	PV REHAB OUTREACH	0	0	0.000000	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	291,155	12,089,284	0.024084	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	89,034	4,987,784	0.017850	0	0 68.00
68.01	06801	NEURO REHAB	299,696	5,400,972	0.055489	0	0 68.01
69.00	06900	ELECTROCARDIOLOGY	163,958	27,275,881	0.006011	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	132,669	5,336,144	0.024862	0	0 70.00
70.01	03950	NUTRITION SUPPORT	82,711	325,392	0.254189	0	0 70.01
70.03	03952	CARDIAC CATH LAB	1,961,993	117,225,994	0.016737	0	0 70.03
70.04	03953	CARDIAC REHA SERVICES	88,669	1,031,532	0.085959	0	0 70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,075,518	123,242,908	0.024955	0	0 71.00
71.01	07101	COST OF SOLUTIONS	214,411	59,728,662	0.003590	0	0 71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,436,869	146,891,432	0.016590	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,889,556	211,866,090	0.037238	0	0 73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0 76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0.000000	0	0 76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0	0 76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	74,224	482,614	0.153796	0	0 90.00
90.01	09001	ANTI COAG CLINIC	228,551	3,124,888	0.073139	0	0 90.01
91.00	09100	EMERGENCY	2,826,504	166,312,154	0.016995	0	0 91.00
91.01	09101	PARTIAL HOSPITALIZATION	32,560	1,093,741	0.029769	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	33,735,515	0.000000	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (Lines 50-199)	49,536,677	2,123,473,091		0	0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150021 Component CCN: 15T021		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part IV Date/Time Prepared: 5/27/2016 3:19 pm	
				Title XIX		Subprovider - IRF	PPS
Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	7	0	7 50.00
50.01	05001	CAREW MEDICAL PARK SURG	0	0	11	0	11 50.01
51.00	05100	RECOVERY ROOM	0	0	1	0	1 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	21	0	21 54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0 54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0 54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0 54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0 54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	0	0 54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0 54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0 54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	0	0 54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0 54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
60.00	06000	LABORATORY	0	0	146,386	0	146,386 60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	1	0	1 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0 62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
65.01	06501	WOUND CARE	0	0	0	0	0 65.01
65.02	06502	DIALYSIS	0	0	0	0	0 65.02
65.03	03330	ENDOSCOPY	0	0	12	0	12 65.03
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0 66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
68.01	06801	NEURO REHAB	0	0	5	0	5 68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	0	0 70.01
70.03	03952	CARDIAC CATH LAB	0	0	1	0	1 70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	0	0 70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0 71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	282,772	0	282,772 73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0 76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	916	0	916 90.00
90.01	09001	ANTI COAG CLINIC	0	0	2	0	2 90.01
91.00	09100	EMERGENCY	0	0	19	0	19 91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0 95.00
200.00		Total (Lines 50-199)	0	0	430,154	0	430,154 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150021 Component CCN: 15T021		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part IV Date/Time Prepared: 5/27/2016 3:19 pm	
				Title XIX		Subprovider - IRF	PPS
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	7	326,602,718	0.000000	0.000000	0
50.01	05001	CAREW MEDICAL PARK SURG	11	6,302,654	0.000002	0.000002	0
51.00	05100	RECOVERY ROOM	1	68,929,559	0.000000	0.000000	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,634,389	0.000000	0.000000	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	21	375,338,871	0.000000	0.000000	0
54.01	05401	RADIOLOGY - WABASH	0	0	0.000000	0.000000	0
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0.000000	0.000000	0
54.03	05403	RADIOLOGY - EAST STATE	0	0	0.000000	0.000000	0
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0.000000	0.000000	0
54.05	05405	RADIOLOGY - NHMP	0	968,464	0.000000	0.000000	0
54.06	05406	RADIOLOGY - CMP	0	0	0.000000	0.000000	0
54.07	05407	RADIOLOGY - WP	0	0	0.000000	0.000000	0
54.08	05408	RADIOLOGY - PULM CLINIC	0	20,626	0.000000	0.000000	0
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0.000000	0.000000	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	71,063,665	0.000000	0.000000	0
56.00	05600	RADIOISOTOPE	0	4,135,078	0.000000	0.000000	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	22,594,505	0.000000	0.000000	0
60.00	06000	LABORATORY	146,386	163,037,369	0.000898	0.000898	0
60.01	06001	ANATOMICAL PATHOLOGY	1	8,706,841	0.000000	0.000000	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	11,729,155	0.000000	0.000000	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0
65.00	06500	RESPIRATORY THERAPY	0	32,850,308	0.000000	0.000000	0
65.01	06501	WOUND CARE	0	13,362,486	0.000000	0.000000	0
65.02	06502	DIALYSIS	0	4,756,574	0.000000	0.000000	0
65.03	03330	ENDOSCOPY	12	73,682,666	0.000000	0.000000	0
66.00	06600	PHYSICAL THERAPY	0	16,606,176	0.000000	0.000000	0
66.01	06601	TRANSITIONAL THERAPY	0	0	0.000000	0.000000	0
66.02	03650	PV REHAB OUTREACH	0	0	0.000000	0.000000	0
67.00	06700	OCCUPATIONAL THERAPY	0	12,089,284	0.000000	0.000000	0
68.00	06800	SPEECH PATHOLOGY	0	4,987,784	0.000000	0.000000	0
68.01	06801	NEURO REHAB	5	5,400,972	0.000001	0.000001	0
69.00	06900	ELECTROCARDIOLOGY	0	27,275,881	0.000000	0.000000	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,336,144	0.000000	0.000000	0
70.01	03950	NUTRITION SUPPORT	0	325,392	0.000000	0.000000	0
70.03	03952	CARDIAC CATH LAB	1	117,225,994	0.000000	0.000000	0
70.04	03953	CARDIAC REHA SERVICES	0	1,031,532	0.000000	0.000000	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	123,242,908	0.000000	0.000000	0
71.01	07101	COST OF SOLUTIONS	0	59,728,662	0.000000	0.000000	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	146,891,432	0.000000	0.000000	0
73.00	07300	DRUGS CHARGED TO PATIENTS	282,772	211,866,090	0.001335	0.001335	0
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0.000000	0
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0.000000	0.000000	0
76.99	07699	LITHOTRI PSY	0	0	0.000000	0.000000	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	916	482,614	0.001898	0.001898	0
90.01	09001	ANTI COAG CLINIC	2	3,124,888	0.000001	0.000001	0
91.00	09100	EMERGENCY	19	166,312,154	0.000000	0.000000	0
91.01	09101	PARTIAL HOSPITALIZATION	0	1,093,741	0.000000	0.000000	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	33,735,515	0.000000	0.000000	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (Lines 50-199)	430,154	2,123,473,091			0

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150021 Component CCN: 15T021	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/27/2016 3:19 pm
Title XIX		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	05001 CAREW MEDICAL PARK SURG	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401 RADIOLOGY - WABASH	0	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	0	0	0	54.05
54.06	05406 RADIOLOGY - CMP	0	0	0	54.06
54.07	05407 RADIOLOGY - WP	0	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	0	0	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0	0	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 ANATOMICAL PATHOLOGY	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
65.01	06501 WOUND CARE	0	0	0	65.01
65.02	06502 DIALYSIS	0	0	0	65.02
65.03	03330 ENDOSCOPY	0	0	0	65.03
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
68.01	06801 NEURO REHAB	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
70.01	03950 NUTRITION SUPPORT	0	0	0	70.01
70.03	03952 CARDIAC CATH LAB	0	0	0	70.03
70.04	03953 CARDIAC REHA SERVICES	0	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
71.01	07101 COST OF SOLUTIONS	0	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 ANTI COAG CLINIC	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	91.00
91.01	09101 PARTIAL HOSPITALIZATION	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
200.00	Total (Lines 50-199)	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150021	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/27/2016 3:19 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		103,612	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		103,612	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)		89,854	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)		34,100	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
<b>SWING BED ADJUSTMENT</b>				
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)		85,256,877	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)		85,256,877	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		85,256,877	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		822.85	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		28,059,185	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)		28,059,185	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150021		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	10,038,451	9,395	1,068.49	7,304	7,804,251	43.00
43.01	PEDIATRIC ICU	2,372,338	1,035	2,292.11	0	0	43.01
43.02	NEONATAL ICU	7,031,522	7,986	880.48	0	0	43.02
44.00	CORONARY CARE UNIT	30,100,285	25,096	1,199.41	27	32,384	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)					61,323,035	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					97,218,855	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)					5,348,159	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					8,193,233	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					13,541,392	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					83,677,463	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)					13,758	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					822.85	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					11,320,770	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150021		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/27/2016 3:19 pm	
Title XVIII		Hospital		PPS			
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	12,744,476	85,256,877	0.149483	11,320,770	1,692,263	90.00
91.00	Nursing School cost	0	85,256,877	0.000000	11,320,770	0	91.00
92.00	Allied health cost	77	85,256,877	0.000001	11,320,770	11	92.00
93.00	All other Medical Education	0	85,256,877	0.000000	11,320,770	0	93.00



COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150021 Component CCN: 15S021	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/27/2016 3:19 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		20,024	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		20,024	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		20,024	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)		5,963	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
<b>SWING BED ADJUSTMENT</b>				
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)		17,238,098	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)		17,238,098	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		17,238,098	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		860.87	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,133,368	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)		5,133,368	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150021 Component CCN: 15S021		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/27/2016 3:19 pm		
		Title XVIII		Subprovider - IPF		PPS		
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
<b>Intensive Care Type Inpatient Hospital Units</b>								
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00	
43.01	PEDIATRIC ICU	0	0	0.00	0	0	43.01	
43.02	NEONATAL ICU	0	0	0.00	0	0	43.02	
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT						45.00	
46.00	SURGICAL INTENSIVE CARE UNIT						46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00	
<b>Cost Center Description</b>								
		1.00						
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	702,778						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	5,836,146						49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	774,415						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	83,927						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	858,342						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	4,977,804						53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>								
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>								
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)	0						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)	0						71.00
72.00	Program routine service cost (line 9 x line 71)	0						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)	0						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)	0						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)	0						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)	0						76.00
77.00	Program capital-related costs (line 9 x line 76)	0						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)	0						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)	0						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)	0						80.00
81.00	Inpatient routine service cost per diem limitation	0						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)	0						82.00
83.00	Reasonable inpatient routine service costs (see instructions)	0						83.00
84.00	Program inpatient ancillary services (see instructions)	0						84.00
85.00	Utilization review - physician compensation (see instructions)	0						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)	0						86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>								
87.00	Total observation bed days (see instructions)	0						87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00						88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0						89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150021 Component CCN: 15S021		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/27/2016 3:19 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,600,533	17,238,098	0.150860	0	0	90.00
91.00	Nursing School cost	0	17,238,098	0.000000	0	0	91.00
92.00	Allied health cost	29	17,238,098	0.000002	0	0	92.00
93.00	All other Medical Education	0	17,238,098	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150021 Component CCN: 15T021	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/27/2016 3:19 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			7,816 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			7,816 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)			7,816 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)			2,287 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
<b>SWING BED ADJUSTMENT</b>				
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)			5,428,339 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)			5,428,339 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)			5,428,339 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			694.52 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,588,367 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			1,588,367 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150021		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Component CCN: 15T021				Date/Time Prepared: 5/27/2016 3:19 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	PEDIATRIC ICU	0	0	0.00	0	0	43.01
43.02	NEONATAL ICU	0	0	0.00	0	0	43.02
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
<b>Cost Center Description</b>						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,283,485	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,871,852	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					241,210	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					137,674	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					378,884	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,492,968	53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150021 Component CCN: 15T021		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/27/2016 3:19 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	824,378	5,428,339	0.151866	0	0	90.00
91.00	Nursing School cost	0	5,428,339	0.000000	0	0	91.00
92.00	Allied health cost	1	5,428,339	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,428,339	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150021 Component CCN: 155516	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/27/2016 3:19 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		13,005	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		13,005	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)		13,005	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		4,911	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
<b>SWING BED ADJUSTMENT</b>				
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)		7,027,290	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)		7,027,290	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		7,027,290	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150021	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1	
		Component CCN: 155516		Date/Time Prepared: 5/27/2016 3:19 pm	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)				42.00
	Intensive Care Type Inpatient Hospital Units				
43.00	INTENSIVE CARE UNIT				43.00
43.01	PEDIATRIC ICU				43.01
43.02	NEONATAL ICU				43.02
44.00	CORONARY CARE UNIT				44.00
45.00	BURN INTENSIVE CARE UNIT				45.00
46.00	SURGICAL INTENSIVE CARE UNIT				46.00
47.00	OTHER SPECIAL CARE (SPECIFY)				47.00
	Cost Center Description				
					1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				49.00
	PASS THROUGH COST ADJUSTMENTS				
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				53.00
	TARGET AMOUNT AND LIMIT COMPUTATION				
54.00	Program discharges				54.00
55.00	Target amount per discharge				55.00
56.00	Target amount (line 54 x line 55)				56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				57.00
58.00	Bonus payment (see instructions)				58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				61.00
62.00	Relief payment (see instructions)				62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST				
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY				
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)				7,027,290 70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				540.35 71.00
72.00	Program routine service cost (line 9 x line 71)				2,653,659 72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)				0 73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)				2,653,659 74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)				0 75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)				0.00 76.00
77.00	Program capital-related costs (line 9 x line 76)				0 77.00
78.00	Inpatient routine service cost (line 74 minus line 77)				0 78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)				0 79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)				0 80.00
81.00	Inpatient routine service cost per diem limitation				0.00 81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)				0 82.00
83.00	Reasonable inpatient routine service costs (see instructions)				2,653,659 83.00
84.00	Program inpatient ancillary services (see instructions)				2,074,916 84.00
85.00	Utilization review - physician compensation (see instructions)				0 85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)				4,728,575 86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST				
87.00	Total observation bed days (see instructions)				0 87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				0.00 88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				0 89.00



COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150021 Component CCN: 155516		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/27/2016 3:19 pm	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150021	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/27/2016 3:19 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		103,612	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		103,612	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)		89,854	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)		7,013	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		5,433	15.00
16.00	Nursery days (title V or XIX only)		1,632	16.00
<b>SWING BED ADJUSTMENT</b>				
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)		85,256,877	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)		85,256,877	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		85,256,877	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		822.85	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,770,647	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)		5,770,647	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150021		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
Title XIX		Hospital		PPS		Date/Time Prepared: 5/27/2016 3:19 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)	5,137,225	5,433	945.56	1,632	1,543,154		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	10,038,451	9,395	1,068.49	0	0		43.00
43.01 PEDIATRIC ICU	2,372,338	1,035	2,292.11	0	0		43.01
43.02 NEONATAL ICU	7,031,522	7,986	880.48	0	0		43.02
44.00 CORONARY CARE UNIT	30,100,285	25,096	1,199.41	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					31,312,387		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					38,626,188		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,047,292		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					4,282,995		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					5,330,287		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					33,295,901		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)					13,758		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					822.85		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					11,320,770		89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150021

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

Worksheet D-1  
Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Title XIX Hospital PPS		
				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	12,744,476	85,256,877	0.149483	11,320,770	1,692,263	90.00
91.00 Nursing School cost	0	85,256,877	0.000000	11,320,770	0	91.00
92.00 Allied health cost	77	85,256,877	0.000001	11,320,770	11	92.00
93.00 All other Medical Education	0	85,256,877	0.000000	11,320,770	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150021 Component CCN: 15S021	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/27/2016 3:19 pm
		Title XIX	Subprovider - IPF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			20,024 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			20,024 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			20,024 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			0 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			5,433 15.00
16.00	Nursery days (title V or XIX only)			1,632 16.00
<b>SWING BED ADJUSTMENT</b>				
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)			17,238,098 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)			17,238,098 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)			17,238,098 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			860.87 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			0 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)			0 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150021		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Component CCN: 15S021				Date/Time Prepared: 5/27/2016 3:19 pm	
		Title XIX		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.01 PEDIATRIC ICU	0	0	0.00	0	0		43.01
43.02 NEONATAL ICU	0	0	0.00	0	0		43.02
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						138,211	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						138,211	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
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)						16,188	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						16,188	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						122,023	53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)						0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150021 Component CCN: 15S021		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/27/2016 3:19 pm	
		Title XIX		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,600,533	17,238,098	0.150860	0	0	90.00
91.00	Nursing School cost	0	17,238,098	0.000000	0	0	91.00
92.00	Allied health cost	29	17,238,098	0.000002	0	0	92.00
93.00	All other Medical Education	0	17,238,098	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150021 Component CCN: 15T021	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/27/2016 3:19 pm
		Title XIX	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			7,816 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			7,816 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)			7,816 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)			49 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			5,433 15.00
16.00	Nursery days (title V or XIX only)			1,632 16.00
<b>SWING BED ADJUSTMENT</b>				
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)			5,428,339 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)			5,428,339 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)			5,428,339 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			694.52 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			34,031 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)			34,031 41.00



COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150021		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1		
		Component CCN: 15T021				Date/Time Prepared: 5/27/2016 3:19 pm		
		Title XIX		Subprovider - IRF		PPS		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00			
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00	
<b>Intensive Care Type Inpatient Hospital Units</b>								
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00	
43.01 PEDIATRIC ICU	0	0	0.00	0	0		43.01	
43.02 NEONATAL ICU	0	0	0.00	0	0		43.02	
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00	
45.00 BURN INTENSIVE CARE UNIT							45.00	
46.00 SURGICAL INTENSIVE CARE UNIT							46.00	
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00	
<b>Cost Center Description</b>								
					1.00			
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						0		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						34,031		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>								
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						5,168		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)						5,168		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						28,863		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>								
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>								
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>								
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>								
87.00 Total observation bed days (see instructions)						0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150021 Component CCN: 15T021		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/27/2016 3:19 pm	
		Title XIX		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	824,378	5,428,339	0.151866	0	0	90.00
91.00	Nursing School cost	0	5,428,339	0.000000	0	0	91.00
92.00	Allied health cost	1	5,428,339	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,428,339	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150021	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/27/2016 3:19 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		54,132,985	30.00
31.00	03100	INTENSIVE CARE UNIT		20,015,780	31.00
31.01	03101	PEDIATRIC ICU		0	31.01
31.02	03102	NEONATAL ICU		0	31.02
32.00	03200	CORONARY CARE UNIT		69,340	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.103800	62,048,553	50.00
50.01	05001	CAREW MEDICAL PARK SURG	0.186874	0	50.01
51.00	05100	RECOVERY ROOM	0.164895	5,823,598	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.481643	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.067948	41,374,456	54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	54.04
54.05	05405	RADIOLOGY - NHMP	0.410357	0	54.05
54.06	05406	RADIOLOGY - CMP	0.000000	0	54.06
54.07	05407	RADIOLOGY - WP	0.000000	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	17.482352	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.153832	596,718	55.00
56.00	05600	RADIOISOTOPE	0.276310	909,028	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.124801	3,449,220	58.00
60.00	06000	LABORATORY	0.135392	22,082,160	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.256635	2,102,485	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.508392	5,559,579	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.219512	12,026,493	65.00
65.01	06501	WOUND CARE	0.221424	1,214,945	65.01
65.02	06502	DIALYSIS	0.612314	2,284,553	65.02
65.03	03330	ENDOSCOPY	0.101071	3,684,136	65.03
66.00	06600	PHYSICAL THERAPY	0.458157	2,845,393	66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.305157	1,920,092	67.00
68.00	06800	SPEECH PATHOLOGY	0.244042	703,643	68.00
68.01	06801	NEURO REHAB	0.410631	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.068684	541,807	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.164388	526,145	70.00
70.01	03950	NUTRITION SUPPORT	3.365522	85,997	70.01
70.03	03952	CARDIAC CATH LAB	0.081698	15,227,093	70.03
70.04	03953	CARDIAC REHA SERVICES	0.328198	372	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.326459	21,584,487	71.00
71.01	07101	COST OF SOLUTIONS	0.039982	1,222,121	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.217698	31,109,845	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.362474	55,098,673	73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	1.292982	33,734	90.00
90.01	09001	ANTI COAG CLINIC	0.772287	2,589	90.01
91.00	09100	EMERGENCY	0.118199	14,361,596	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.205794	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.335574	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		308,419,511	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)		308,419,511	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150021	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3	
		Component CCN: 15S021		Date/Time Prepared: 5/27/2016 3:19 pm	
		Title XVII I	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	PEDIATRIC ICU		0	31.01
31.02	03102	NEONATAL ICU		0	31.02
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		8,050,530	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.103800	40,745	50.00
50.01	05001	CAREW MEDICAL PARK SURG	0.186874	0	50.01
51.00	05100	RECOVERY ROOM	0.164895	73,748	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.481643	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.067948	299,264	54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	54.04
54.05	05405	RADIOLOGY - NHMP	0.410357	0	54.05
54.06	05406	RADIOLOGY - CMP	0.000000	0	54.06
54.07	05407	RADIOLOGY - WP	0.000000	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	17.482352	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.153832	0	55.00
56.00	05600	RADIOISOTOPE	0.276310	5,607	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.124801	18,026	58.00
60.00	06000	LABORATORY	0.135392	548,578	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.256635	604	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.508392	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.219512	10,131	65.00
65.01	06501	WOUND CARE	0.221424	0	65.01
65.02	06502	DIALYSIS	0.612314	3,554	65.02
65.03	03330	ENDOSCOPY	0.101071	8,798	65.03
66.00	06600	PHYSICAL THERAPY	0.458157	62,586	66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.305157	13,257	67.00
68.00	06800	SPEECH PATHOLOGY	0.244042	10,767	68.00
68.01	06801	NEURO REHAB	0.410631	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.068684	40,558	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.164388	1,750	70.00
70.01	03950	NUTRITION SUPPORT	3.365522	6,698	70.01
70.03	03952	CARDIAC CATH LAB	0.081698	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0.328198	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.326459	54,759	71.00
71.01	07101	COST OF SOLUTIONS	0.039982	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.217698	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.362474	1,117,777	73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIpsy	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	1.292982	234	90.00
90.01	09001	ANTI COAG CLINIC	0.772287	0	90.01
91.00	09100	EMERGENCY	0.118199	678,323	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.205794	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.335574	53,798	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		3,049,562	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		3,049,562	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150021	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3	
		Component CCN: 15T021		Date/Time Prepared: 5/27/2016 3:19 pm	
		Title XVII I	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	PEDIATRIC ICU		0	31.01
31.02	03102	NEONATAL ICU		0	31.02
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		3,025,564	41.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.103800	40,156	50.00
50.01	05001	CAREW MEDICAL PARK SURG	0.186874	0	50.01
51.00	05100	RECOVERY ROOM	0.164895	9,860	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.481643	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.067948	215,130	54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	54.04
54.05	05405	RADIOLOGY - NHMP	0.410357	0	54.05
54.06	05406	RADIOLOGY - CMP	0.000000	0	54.06
54.07	05407	RADIOLOGY - WP	0.000000	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	17.482352	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.153832	30,405	55.00
56.00	05600	RADIOISOTOPE	0.276310	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.124801	31,023	58.00
60.00	06000	LABORATORY	0.135392	300,013	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.256635	4,795	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.508392	44,848	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.219512	37,263	65.00
65.01	06501	WOUND CARE	0.221424	0	65.01
65.02	06502	DIALYSIS	0.612314	81,975	65.02
65.03	03330	ENDOSCOPY	0.101071	10,776	65.03
66.00	06600	PHYSICAL THERAPY	0.458157	1,018,544	66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.305157	947,493	67.00
68.00	06800	SPEECH PATHOLOGY	0.244042	507,636	68.00
68.01	06801	NEURO REHAB	0.410631	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.068684	8,784	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.164388	4,455	70.00
70.01	03950	NUTRITION SUPPORT	3.365522	4,224	70.01
70.03	03952	CARDIAC CATH LAB	0.081698	1,874	70.03
70.04	03953	CARDIAC REHA SERVICES	0.328198	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.326459	58,523	71.00
71.01	07101	COST OF SOLUTIONS	0.039982	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.217698	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.362474	498,809	73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIpsy	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	1.292982	3,034	90.00
90.01	09001	ANTI COAG CLINIC	0.772287	0	90.01
91.00	09100	EMERGENCY	0.118199	652	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.205794	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.335574	92,751	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		3,953,023	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		3,953,023	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150021	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3	
		Component CCN: 155516		Date/Time Prepared: 5/27/2016 3:19 pm	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	PEDIATRIC ICU		0	31.01
31.02	03102	NEONATAL ICU		0	31.02
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.103800	7,419	770 50.00
50.01	05001	CAREW MEDICAL PARK SURG	0.186874	0	0 50.01
51.00	05100	RECOVERY ROOM	0.164895	13,281	2,190 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.481643	0	0 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.067948	238,398	16,199 54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	0 54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	0 54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	0 54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	0 54.04
54.05	05405	RADIOLOGY - NHMP	0.410357	0	0 54.05
54.06	05406	RADIOLOGY - CMP	0.000000	0	0 54.06
54.07	05407	RADIOLOGY - WP	0.000000	0	0 54.07
54.08	05408	RADIOLOGY - PULM CLINIC	17.482352	0	0 54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	0 54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.152986	118,993	18,204 55.00
56.00	05600	RADIOISOTOPE	0.276310	6,742	1,863 56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.124801	18,259	2,279 58.00
60.00	06000	LABORATORY	0.135392	518,590	70,213 60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.256635	4,087	1,049 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.508392	29,637	15,067 62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	0.219454	269,408	59,123 65.00
65.01	06501	WOUND CARE	0.219761	290	64 65.01
65.02	06502	DIALYSIS	0.612314	0	0 65.02
65.03	03330	ENDOSCOPY	0.101071	0	0 65.03
66.00	06600	PHYSICAL THERAPY	0.458157	1,385,544	634,797 66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	0 66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0.305157	1,188,251	362,603 67.00
68.00	06800	SPEECH PATHOLOGY	0.244042	102,607	25,040 68.00
68.01	06801	NEURO REHAB	0.410631	0	0 68.01
69.00	06900	ELECTROCARDIOLOGY	0.068684	9,524	654 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.164388	1,662	273 70.00
70.01	03950	NUTRITION SUPPORT	3.365522	192	646 70.01
70.03	03952	CARDIAC CATH LAB	0.080777	937	76 70.03
70.04	03953	CARDIAC REHA SERVICES	0.328198	0	0 70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.326459	166,994	54,517 71.00
71.01	07101	COST OF SOLUTIONS	0.039982	11,415	456 71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.217698	120	26 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.362474	1,931,236	700,023 73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0 76.98
76.99	07699	LITHOTRIpsy	0.000000	0	0 76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	1.292982	1,776	2,296 90.00
90.01	09001	ANTI COAG CLINIC	0.772287	0	0 90.01
91.00	09100	EMERGENCY	0.117251	0	0 91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.205794	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.335574	317,332	106,488 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		6,342,694	2,074,916 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		6,342,694	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150021	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/27/2016 3:19 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		36,830,949	30.00
31.00	03100	INTENSIVE CARE UNIT		9,096,900	31.00
31.01	03101	PEDIATRIC ICU		0	31.01
31.02	03102	NEONATAL ICU		19,126,250	31.02
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		12,794,855	40.00
41.00	04100	SUBPROVIDER - IRF		1,988,000	41.00
43.00	04300	NURSERY		2,507,800	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.103800	31,957,260	50.00
50.01	05001	CAREW MEDICAL PARK SURG	0.186874	0	50.01
51.00	05100	RECOVERY ROOM	0.164895	3,120,302	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.481643	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.067948	19,307,677	54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	54.04
54.05	05405	RADIOLOGY - NHMP	0.410357	0	54.05
54.06	05406	RADIOLOGY - CMP	0.000000	0	54.06
54.07	05407	RADIOLOGY - WP	0.000000	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	17.482352	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.153832	287,876	55.00
56.00	05600	RADIOISOTOPE	0.276310	407,058	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.124801	1,948,344	58.00
60.00	06000	LABORATORY	0.135392	13,797,238	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.256635	1,109,566	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.508392	2,181,346	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.219512	8,109,729	65.00
65.01	06501	WOUND CARE	0.221424	4,473	65.01
65.02	06502	DIALYSIS	0.612314	529,081	65.02
65.03	03330	ENDOSCOPY	0.101071	1,209,657	65.03
66.00	06600	PHYSICAL THERAPY	0.458157	1,550,723	66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.305157	1,233,940	67.00
68.00	06800	SPEECH PATHOLOGY	0.244042	923,062	68.00
68.01	06801	NEURO REHAB	0.410631	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.068684	797,749	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.164388	342,456	70.00
70.01	03950	NUTRITION SUPPORT	3.365522	46,900	70.01
70.03	03952	CARDIAC CATH LAB	0.081698	4,609,847	70.03
70.04	03953	CARDIAC REHA SERVICES	0.328198	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.326459	9,785,682	71.00
71.01	07101	COST OF SOLUTIONS	0.039982	643,181	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.217698	8,384,052	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.362474	32,422,742	73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	1.292982	28,910	90.00
90.01	09001	ANTI COAG CLINIC	0.772287	0	90.01
91.00	09100	EMERGENCY	0.118199	8,879,465	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.205794	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.335574	1,302,289	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		154,920,605	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)		154,920,605	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150021	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3	
		Component CCN: 15S021		Date/Time Prepared: 5/27/2016 3:19 pm	
		Title XIX	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	PEDIATRIC ICU		0	31.01
31.02	03102	NEONATAL ICU		0	31.02
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		1,482,440	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.103800	715	74 50.00
50.01	05001	CAREW MEDICAL PARK SURG	0.186874	0	0 50.01
51.00	05100	RECOVERY ROOM	0.164895	730	120 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.481643	0	0 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.067948	51,657	3,510 54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	0 54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	0 54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	0 54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	0 54.04
54.05	05405	RADIOLOGY - NHMP	0.410357	0	0 54.05
54.06	05406	RADIOLOGY - CMP	0.000000	0	0 54.06
54.07	05407	RADIOLOGY - WP	0.000000	0	0 54.07
54.08	05408	RADIOLOGY - PULM CLINIC	17.482352	0	0 54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	0 54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.153832	0	0 55.00
56.00	05600	RADIOISOTOPE	0.276310	0	0 56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.124801	0	0 58.00
60.00	06000	LABORATORY	0.135392	117,357	15,889 60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.256635	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.508392	0	0 62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	0.219512	544	119 65.00
65.01	06501	WOUND CARE	0.221424	0	0 65.01
65.02	06502	DIALYSIS	0.612314	0	0 65.02
65.03	03330	ENDOSCOPY	0.101071	1,640	166 65.03
66.00	06600	PHYSICAL THERAPY	0.458157	556	255 66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	0 66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0.305157	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.244042	0	0 68.00
68.01	06801	NEURO REHAB	0.410631	0	0 68.01
69.00	06900	ELECTROCARDIOLOGY	0.068684	10,652	732 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.164388	0	0 70.00
70.01	03950	NUTRITION SUPPORT	3.365522	888	2,989 70.01
70.03	03952	CARDIAC CATH LAB	0.081698	0	0 70.03
70.04	03953	CARDIAC REHA SERVICES	0.328198	0	0 70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.326459	1,384	452 71.00
71.01	07101	COST OF SOLUTIONS	0.039982	0	0 71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.217698	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.362474	213,266	77,303 73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0 76.98
76.99	07699	LITHOTRIpsy	0.000000	0	0 76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	1.292982	0	0 90.00
90.01	09001	ANTI COAG CLINIC	0.772287	0	0 90.01
91.00	09100	EMERGENCY	0.118199	247,879	29,299 91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.205794	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.335574	21,762	7,303 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		669,030	138,211 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		669,030	202.00



INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150021	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3	
		Component CCN: 15T021		Date/Time Prepared: 5/27/2016 3:19 pm	
		Title XIX	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	PEDIATRIC ICU		0	31.01
31.02	03102	NEONATAL ICU		0	31.02
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		1,379,480	41.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.103800	0	50.00
50.01	05001	CAREW MEDICAL PARK SURG	0.186874	0	50.01
51.00	05100	RECOVERY ROOM	0.164895	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.481643	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.067948	0	54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	54.04
54.05	05405	RADIOLOGY - NHMP	0.410357	0	54.05
54.06	05406	RADIOLOGY - CMP	0.000000	0	54.06
54.07	05407	RADIOLOGY - WP	0.000000	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	17.482352	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.153832	0	55.00
56.00	05600	RADIOISOTOPE	0.276310	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.124801	0	58.00
60.00	06000	LABORATORY	0.135392	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.256635	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.508392	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.219512	0	65.00
65.01	06501	WOUND CARE	0.221424	0	65.01
65.02	06502	DIALYSIS	0.612314	0	65.02
65.03	03330	ENDOSCOPY	0.101071	0	65.03
66.00	06600	PHYSICAL THERAPY	0.458157	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.305157	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.244042	0	68.00
68.01	06801	NEURO REHAB	0.410631	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.068684	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.164388	0	70.00
70.01	03950	NUTRITION SUPPORT	3.365522	0	70.01
70.03	03952	CARDIAC CATH LAB	0.081698	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0.328198	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.326459	0	71.00
71.01	07101	COST OF SOLUTIONS	0.039982	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.217698	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.362474	0	73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIpsy	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	1.292982	0	90.00
90.01	09001	ANTI COAG CLINIC	0.772287	0	90.01
91.00	09100	EMERGENCY	0.118199	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.205794	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.335574	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		0	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)		0	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150021	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/27/2016 3:19 pm
		Title XVIII	Hospital	PPS
		0	1.00	2.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
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)		50,259,512	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		18,326,321	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)		4,865,683	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		45,424,098	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		504.31	4.00
<b>Indirect Medical Education Adjustment</b>				
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)		8.32	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).		2.09	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)		10.41	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		17.59	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)		10.41	12.00
13.00	Total allowable FTE count for the prior year.		10.41	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.		8.32	14.00
15.00	Sum of lines 12 through 14 divided by 3.		9.71	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		9.71	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.019254	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.019267	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.019254	21.00
22.00	IME payment adjustment (see instructions)		717,956	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		475,499	22.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		1.80	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		7.18	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)		1.80	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.003569	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000953	27.00
28.00	IME add-on adjustment amount (see instructions)		65,362	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		43,289	28.01
29.00	Total IME payment ( sum of lines 22 and 28)		783,318	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		518,788	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.57	30.00
31.00	Percentage of Medicaid patient days (see instructions)		25.58	31.00
32.00	Sum of lines 30 and 31		30.15	32.00
33.00	Allowable disproportionate share percentage (see instructions)		14.09	33.00
34.00	Disproportionate share adjustment (see instructions)		2,415,936	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150021	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/27/2016 3:19 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)		7,647,644,885	6,406,145,534	35.00
35.01	Factor 3 (see instructions)		0.000864666	0.000871753	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		6,612,659	5,584,577	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		4,945,905	1,403,773	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		6,349,678		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>					
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)		83,000,448		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)		83,519,236		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		6,873,508		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).		500,676		52.00
53.00	Nursing and Allied Health Managed Care payment		88,854		53.00
54.00	Special add-on payments for new technologies		27,540		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		93,451		58.00
59.00	Total (sum of amounts on lines 49 through 58)		91,103,265		59.00
60.00	Primary payer payments		99,323		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		91,003,942		61.00
62.00	Deductibles billed to program beneficiaries		6,835,308		62.00
63.00	Coinurance billed to program beneficiaries		237,395		63.00
64.00	Allowable bad debts (see instructions)		587,718		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		382,017		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		410,675		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		84,313,256		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)		-191,200		70.93
70.94	HRR adjustment amount (see instructions)		0		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150021	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/27/2016 3:19 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)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		84,122,056		71.00
71.01	Sequestration adjustment (see instructions)		1,682,441		71.01
72.00	Interim payments		82,966,105		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)		-526,490		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)		1,070,728		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 REIMBURSEMENT SETTLEMENT		Provider CCN: 150021	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/27/2016 3:19 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		38,229,499	2.00
3.00	PPS payments		34,967,580	3.00
4.00	Outlier payment (see instructions)		591,936	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		43,898	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		35,603,414	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		6,819,755	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	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)		28,783,659	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		173,781	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)		28,957,440	30.00
31.00	Primary payer payments		13,453	31.00
32.00	Subtotal (line 30 minus line 31)		28,943,987	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		891,411	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		579,417	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		731,210	36.00
37.00	Subtotal (see instructions)		29,523,404	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)		29,523,404	40.00
40.01	Sequestration adjustment (see instructions)		590,468	40.01
41.00	Interim payments		28,697,655	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		235,281	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150021	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/27/2016 3:19 pm
		Component CCN: 15S021	Title XVII I	Subprovider - IPF
		PPS		
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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)		0	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)		0	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		0	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)		0	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150021

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/27/2016 3:19 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		82,966,105		28,697,655	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)		82,966,105		28,697,655	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		235,281	6.01	
6.02	SETTLEMENT TO PROGRAM		526,490		0	6.02	
7.00	Total Medicare program liability (see instructions)		82,439,615		28,932,936	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150021  
Component CCN: 15S021

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/27/2016 3:19 pm

Title XVIII

Subprovider -  
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		4,296,933		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)		4,296,933		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		25,529		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		4,322,462		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00



ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150021  
Component CCN: 15T021

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/27/2016 3:19 pm

Title XVIII

Subprovider -  
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		2,956,820		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		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)		2,956,820		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		21,403		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,978,223		0	7.00
		0		Contractor Number	NPR Date (Mo/Day/Yr)	
				1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150021  
Component CCN: 155516

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/27/2016 3:19 pm

Title XVIII

Skilled Nursing  
Facility

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,488,399		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,488,399		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		8,137		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,496,536		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 150021

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

Worksheet E-1  
Part II  
Date/Time Prepared:  
5/27/2016 3:19 pm

		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			27,780 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			41,431 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			27,290 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			133,366 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			2,525,543,901 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			38,348,980 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)			833,222 8.00
9.00	Sequestration adjustment amount (see instructions)			16,664 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			816,558 10.00
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			827,327 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)			-10,769 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150021 Component CCN: 15S021	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part II Date/Time Prepared: 5/27/2016 3:19 pm
		Title XVII	Subprovider - IPF	PPS
				1.00
<b>PART II - MEDICARE PART A SERVICES - IPF PPS</b>				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			4,925,747 1.00
2.00	Net IPF PPS Outlier Payments			67,568 2.00
3.00	Net IPF PPS ECT Payments			7,885 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			54.860274 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$ .			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			5,001,200 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			5,001,200 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			5,001,200 18.00
19.00	Deductibles			555,324 19.00
20.00	Subtotal (line 18 minus line 19)			4,445,876 20.00
21.00	Coinsurance			61,110 21.00
22.00	Subtotal (line 20 minus line 21)			4,384,766 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			36,808 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			23,925 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			27,391 25.00
26.00	Subtotal (sum of lines 22 and 24)			4,408,691 26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			1,985 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			4,410,676 31.00
31.01	Sequestration adjustment (see instructions)			88,214 31.01
32.00	Interim payments			4,296,933 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)			25,529 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			67,568 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150021 Component CCN: 15T021	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part III Date/Time Prepared: 5/27/2016 3:19 pm
		Title XVIIII	Subprovider - IRF	PPS
				1.00
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)			2,735,592 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0542 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			201,340 3.00
4.00	Outlier Payments			143,351 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			21.413699 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			3,080,283 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			3,080,283 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			3,080,283 19.00
20.00	Deductibles			5,051 20.00
21.00	Subtotal (line 19 minus line 20)			3,075,232 21.00
22.00	Coinsurance			37,170 22.00
23.00	Subtotal (line 21 minus line 22)			3,038,062 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			3,038,062 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			941 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			3,039,003 32.00
32.01	Sequestration adjustment (see instructions)			60,780 32.01
33.00	Interim payments			2,956,820 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 33, and 34)			21,403 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			103,854 36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			143,351 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150021 Component CCN: 155516	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part VI Date/Time Prepared: 5/27/2016 3:19 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		1,745,987	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		3,047	3.00
4.00	Subtotal (sum of lines 1 through 3)		1,749,034	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		221,956	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		1,527,078	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (see instructions)		1,527,078	15.00
15.01	Sequestration adjustment (see instructions)		30,542	15.01
16.00	Interim payments		1,488,399	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 16, and 17)		8,137	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150021	Period: From 01/01/2015 To 12/31/2015	Worksheet E-4 Date/Time Prepared: 5/27/2016 3:19 pm	
		Title XVII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			8.53	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			1.46	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)			9.99	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			17.59	6.00
7.00	Enter the lesser of line 5 or line 6			9.99	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.	17.59	0.00	17.59	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.	9.99	0.00	9.99	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	9.99	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	15.40	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	9.99	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	11.79	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	11.79	0.00		17.00
18.00	Per resident amount	97,871.00	0.00		18.00
19.00	Approved amount for resident costs	1,153,899	0	1,153,899	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)			3.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			7.60	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			3.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			93,011.93	23.00
24.00	Multiply line 22 time line 23			279,036	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,432,935	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days (see instructions)	49,681	31,065		26.00
27.00	Total Inpatient Days (see instructions)	162,225	162,225		27.00
28.00	Ratio of inpatient days to total inpatient days	0.306247	0.191493		28.00
29.00	Program direct GME amount	438,832	274,397		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		38,772		30.00
31.00	Net Program direct GME amount			674,457	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150021	Period: From 01/01/2015 To 12/31/2015	Worksheet E-4 Date/Time Prepared: 5/27/2016 3:19 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
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
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		110,329,546	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)		99,323	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		110,230,223	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		38,273,397	42.00
43.00	Primary payer payments (see instructions)		13,453	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		38,259,944	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		148,490,167	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.742340	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.257660	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		674,457	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		500,676	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		173,781	50.00



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

Provider CCN: 150021

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

Worksheet G

Date/Time Prepared:  
5/27/2016 3:19 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	-207,865	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	113,621,822	0	0	0	4.00
5.00	Other receivable	-428,580,981	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	14,750,432	0	0	0	7.00
8.00	Prepaid expenses	8,446,663	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)	-291,969,929	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	6,760,319	0	0	0	12.00
13.00	Land improvements	64,215,912	0	0	0	13.00
14.00	Accumulated depreciation	-18,164,884	0	0	0	14.00
15.00	Buildings	513,211,979	0	0	0	15.00
16.00	Accumulated depreciation	-202,476,458	0	0	0	16.00
17.00	Leasehold improvements	9,508,702	0	0	0	17.00
18.00	Accumulated depreciation	-5,477,048	0	0	0	18.00
19.00	Fixed equipment	18,811,337	0	0	0	19.00
20.00	Accumulated depreciation	-5,492,757	0	0	0	20.00
21.00	Automobiles and trucks	7,510,414	0	0	0	21.00
22.00	Accumulated depreciation	-5,474,439	0	0	0	22.00
23.00	Major movable equipment	404,291,933	0	0	0	23.00
24.00	Accumulated depreciation	-191,311,848	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	2,790,678	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	598,703,840	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	20,301,920	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	28,939,756	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	49,241,676	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	355,975,587	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	31,688,911	0	0	0	37.00
38.00	Salaries, wages, and fees payable	12,497,457	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	5,768,788	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	49,955,156	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	1,683,048	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	1,683,048	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	51,638,204	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	304,337,383				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)	304,337,383	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	355,975,587	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150021

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

Worksheet G-1

Date/Time Prepared:  
5/27/2016 3:19 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		307,673,823		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		143,999,605			2.00
3.00	Total (sum of line 1 and line 2)		451,673,428		0	3.00
4.00	ASSET TRANSFER ADDITIONS	624,199		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		624,199		0	10.00
11.00	Subtotal (line 3 plus line 10)		452,297,627		0	11.00
12.00	ASSET TRANSFER DEDUCTIONS	147,960,244		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)		147,960,244		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		304,337,383		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	ASSET TRANSFER ADDITIONS		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	ASSET TRANSFER DEDUCTIONS		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150021

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	138,212,920		138,212,920	1.00
2.00	SUBPROVIDER - IPF	26,904,310		26,904,310	2.00
3.00	SUBPROVIDER - IRF	10,534,920		10,534,920	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	7,670,500		7,670,500	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)	183,322,650		183,322,650	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	19,505,745		19,505,745	11.00
11.01	PEDIATRIC ICU	3,073,520		3,073,520	11.01
11.02	NEONATAL ICU	31,082,215		31,082,215	11.02
12.00	CORONARY CARE UNIT	62,846,400		62,846,400	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)	116,507,880		116,507,880	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	299,830,530		299,830,530	17.00
18.00	Ancillary services	1,109,094,829	0	1,109,094,829	18.00
19.00	Outpatient services	0	1,215,506,023	1,215,506,023	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		18,468,220	18,468,220	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
24.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	24.20
24.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	24.30
24.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	9,529,145	9,529,145	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,408,925,359	1,243,503,388	2,652,428,747	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		725,875,151		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		725,875,151		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150021

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

Worksheet G-3

Date/Time Prepared:  
5/27/2016 3:19 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,652,428,747	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,821,870,921	2.00
3.00	Net patient revenues (line 1 minus line 2)	830,557,826	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	725,875,151	4.00
5.00	Net income from service to patients (line 3 minus line 4)	104,682,675	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	1,723,486	6.00
7.00	Income from investments	167,533	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	2,230	12.00
13.00	Revenue from laundry and linen service	-80,522	13.00
14.00	Revenue from meals sold to employees and guests	4,034,950	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	9,031,270	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	6,345,107	22.00
23.00	Governmental appropriations	0	23.00
24.00	LAB SERVICES BILLED	12,167,080	24.00
24.01	HEALTH FITNESS INCOME	460,772	24.01
24.02	OTHER OPERATING INCOME	6,592,989	24.02
24.03	4	3	24.03
24.04	GAIN ON SALE OF ASSET-55041	-55,041	24.04
25.00	Total other income (sum of lines 6-24)	40,389,857	25.00
26.00	Total (line 5 plus line 25)	145,072,532	26.00
27.00	UNREALIZED LOSS	1,145,278	27.00
27.01	INCOME RELATED TO NON REIMBURSEABLE	-49,808	27.01
27.02	INTEREST EXPENSE	-22,543	27.02
28.00	Total other expenses (sum of line 27 and subscripts)	1,072,927	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	143,999,605	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150021

Period: From 01/01/2015

Worksheet H

HHA CCN: 157423

To 12/31/2015

Date/Time Prepared: 5/27/2016 3:19 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	
<b>GENERAL SERVICE COST CENTERS</b>							
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	1,401,415	433,269	0	0	1,441,456	3,276,140	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	3,389,344	1,047,868	329,266	0	0	4,766,478	6.00
7.00	734,415	227,056	73,197	0	0	1,034,668	7.00
8.00	549,545	169,900	29,216	0	0	748,661	8.00
9.00	121,723	37,633	16,010	0	0	175,366	9.00
10.00	36,874	11,400	16,845	0	0	65,119	10.00
11.00	92,482	28,592	110,864	0	0	231,938	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
<b>HHA NONREIMBURSABLE SERVICES</b>							
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	3,036,186	938,685	40,137	2,117,495	2,775,306	8,907,809	23.00
24.00	9,361,984	2,894,403	615,535	2,117,495	4,216,762	19,206,179	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			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	0	0	0	0	0	0	1.00
2.00	0	0	0	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	-2,536,683	739,457	0	739,457	0	0	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	-2,234,683	2,531,795	0	2,531,795	0	0	6.00
7.00	-451,484	583,184	0	583,184	0	0	7.00
8.00	-297,690	450,971	0	450,971	0	0	8.00
9.00	-76,886	98,480	0	98,480	0	0	9.00
10.00	-23,043	42,076	0	42,076	0	0	10.00
11.00	-128,916	103,022	0	103,022	0	0	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
<b>HHA NONREIMBURSABLE SERVICES</b>							
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	-3,495,640	5,412,169	-373,916	5,038,253	0	0	23.00
24.00	-9,245,025	9,961,154	-373,916	9,587,238	0	0	24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 150021	Period: From 01/01/2015	Worksheet H-1 Part I
		HHA CCN: 157423	To 12/31/2015	Date/Time Prepared: 5/27/2016 3:19 pm
			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				
<b>GENERAL SERVICE COST CENTERS</b>							
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	739,457	0	0	0	739,457	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	2,531,795	0	0	0	2,531,795	6.00
7.00	Physical Therapy	583,184	0	0	0	583,184	7.00
8.00	Occupational Therapy	450,971	0	0	0	450,971	8.00
9.00	Speech Pathology	98,480	0	0	0	98,480	9.00
10.00	Medical Social Services	42,076	0	0	0	42,076	10.00
11.00	Home Health Aide	103,022	0	0	0	103,022	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
<b>HHA NONREIMBURSABLE SERVICES</b>							
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)	5,038,253	0	0	0	5,038,253	23.00
24.00	Total (sum of lines 1-23)	9,587,238	0	0	0	9,587,238	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
<b>GENERAL SERVICE COST CENTERS</b>							
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	739,457					5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	211,595	2,743,390				6.00
7.00	Physical Therapy	48,740	631,924				7.00
8.00	Occupational Therapy	37,690	488,661				8.00
9.00	Speech Pathology	8,230	106,710				9.00
10.00	Medical Social Services	3,517	45,593				10.00
11.00	Home Health Aide	8,610	111,632				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
<b>HHA NONREIMBURSABLE SERVICES</b>							
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)	421,075	5,459,328				23.00
24.00	Total (sum of lines 1-23)		9,587,238				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 150021  
HHA CCN: 157423

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

Worksheet H-1  
Part II  
Date/Time Prepared:  
5/27/2016 3:19 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					
<b>GENERAL SERVICE COST CENTERS</b>							
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	-739,457	8,847,781
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	0	0	0	2,531,795	6.00
7.00	Physical Therapy	0	0	0	0	583,184	7.00
8.00	Occupational Therapy	0	0	0	0	450,971	8.00
9.00	Speech Pathology	0	0	0	0	98,480	9.00
10.00	Medical Social Services	0	0	0	0	42,076	10.00
11.00	Home Health Aide	0	0	0	0	103,022	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
<b>HHA NONREIMBURSABLE SERVICES</b>							
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	5,038,253	23.00
24.00	Total (sum of lines 1-23)	0	0	0	0	-739,457	8,847,781
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	739,457	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.083575

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150021

Period: From 01/01/2015

Worksheet H-2

HHA CCN: 157423

To 12/31/2015

Part I  
Date/Time Prepared: 5/27/2016 3:19 pm

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	DATA PROCESSING	
		BLDG & FIXT	MVBLE EQUIP				
		1.00	2.00				
	0	203,685	28,907	925,935	16,343	18,962	1.00
1.00 Administrative and General	0	203,685	28,907	925,935	16,343	18,962	1.00
2.00 Skilled Nursing Care	2,743,390	0	0	0	0	0	2.00
3.00 Physical Therapy	631,924	0	0	0	0	0	3.00
4.00 Occupational Therapy	488,661	0	0	0	0	0	4.00
5.00 Speech Pathology	106,710	0	0	0	0	0	5.00
6.00 Medical Social Services	45,593	0	0	0	0	0	6.00
7.00 Home Health Aide	111,632	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)	5,459,328	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	9,587,238	203,685	28,907	925,935	16,343	18,962	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	MATERIALS MANAGEMENT	PATIENT SERVICES	PATIENT ACCOUNTING	AMBULATORY SVCS ADMIN	Subtotal	OTHER A&G	
	5.03	5.04	5.05	5.06	5A.06	5.07	
1.00 Administrative and General	1,071	0	351	0	1,195,254	340,910	1.00
2.00 Skilled Nursing Care	0	0	0	0	2,743,390	782,470	2.00
3.00 Physical Therapy	0	0	0	0	631,924	180,237	3.00
4.00 Occupational Therapy	0	0	0	0	488,661	139,376	4.00
5.00 Speech Pathology	0	0	0	0	106,710	30,436	5.00
6.00 Medical Social Services	0	0	0	0	45,593	13,004	6.00
7.00 Home Health Aide	0	0	0	0	111,632	31,840	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	5,459,328	1,557,109	19.00
20.00 Total (sum of lines 1-19) (2)	1,071	0	351	0	10,782,492	3,075,382	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: 150021

Period:

Worksheet H-2

HHA CCN: 157423

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

Part I  
Date/Time Prepared:  
5/27/2016 3:19 pm

Home Health  
Agency I

PPS

Cost Center Description		CAREW MEDICAL	MAINTENANCE &	OPERATION OF	FACILITY	LAUNDRY &	HOUSEKEEPING	
		PARK ADMIN	REPAIRS	PLANT	ENGINEERING	LINEN SERVICE		
		5.08	6.00	7.00	7.01	8.00	9.00	
1.00	Administrative and General	0	0	167,248	139,928	0	147,937	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	167,248	139,928	0	147,937	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		DIETARY	KITCHEN-NO	CAFETERIA	PREADMITS AND	CAFETERIA	MAINTENANCE OF	
			CONNECT W/CAFE		ER		PERSONNEL	
		10.00	10.01	10.02	10.03	11.00	12.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150021

Period: From 01/01/2015

Worksheet H-2

HHA CCN: 157423

To 12/31/2015

Part I  
Date/Time Prepared:  
5/27/2016 3:19 pm

Home Health Agency I

PPS

Cost Center Description		NURSING	CENTRAL	PHARMACY	OUTPATIENT	IV SOLUTIONS	MED SURG		
		ADMINISTRATION	SERVICES & SUPPLY		PHARMACY		SUPPLY		
		13.00	14.00	15.00	15.01	15.02	15.03		
1.00	Administrative and General	5,488	0	835,184	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	5,488	0	835,184	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.								21.00

  

Cost Center Description		MEDICAL	SOCIAL SERVICE	REHAB ADMIN	NONPHYSICIAN	NURSING SCHOOL	INTERNS & RESIDENTS		
		RECORDS & LIBRARY			ANESTHETISTS		SERVICES-SALAR Y & FRINGES APPRV		
		16.00	17.00	17.01	19.00	20.00	21.00		
1.00	Administrative and General	35,766	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	35,766	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.								21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150021

Period: From 01/01/2015

Worksheet H-2

HHA CCN: 157423

To 12/31/2015

Part I  
Date/Time Prepared:  
5/27/2016 3:19 pm

Home Health Agency I

PPS

Cost Center Description	INTERNS & RESIDENTS	PARAMED ED PRGM	PARAMED ED RADIOLOGY	PARAMED ED PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-OTHER PRGM COSTS APPRV						
	22.00					23.00	23.01
1.00 Administrative and General	0	0	0	17,493	2,885,208	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	3,525,860	0	2.00
3.00 Physical Therapy	0	0	0	0	812,161	0	3.00
4.00 Occupational Therapy	0	0	0	0	628,037	0	4.00
5.00 Speech Pathology	0	0	0	0	137,146	0	5.00
6.00 Medical Social Services	0	0	0	0	58,597	0	6.00
7.00 Home Health Aide	0	0	0	0	143,472	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	7,016,437	0	19.00
20.00 Total (sum of lines 1-19) (2)	0	0	0	17,493	15,206,918	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs				
	26.00	27.00	28.00				
1.00 Administrative and General	2,885,208					1.00	
2.00 Skilled Nursing Care	3,525,860	825,601	4,351,461			2.00	
3.00 Physical Therapy	812,161	190,172	1,002,333			3.00	
4.00 Occupational Therapy	628,037	147,059	775,096			4.00	
5.00 Speech Pathology	137,146	32,114	169,260			5.00	
6.00 Medical Social Services	58,597	13,721	72,318			6.00	
7.00 Home Health Aide	143,472	33,595	177,067			7.00	
8.00 Supplies (see instructions)	0	0	0			8.00	
9.00 Drugs	0	0	0			9.00	
10.00 DME	0	0	0			10.00	
11.00 Home Dialysis Aide Services	0	0	0			11.00	
12.00 Respiratory Therapy	0	0	0			12.00	
13.00 Private Duty Nursing	0	0	0			13.00	
14.00 Clinic	0	0	0			14.00	
15.00 Health Promotion Activities	0	0	0			15.00	
16.00 Day Care Program	0	0	0			16.00	
17.00 Home Delivered Meals Program	0	0	0			17.00	
18.00 Homemaker Service	0	0	0			18.00	
19.00 All Others (specify)	7,016,437	1,642,946	8,659,383			19.00	
20.00 Total (sum of lines 1-19) (2)	15,206,918	2,885,208	15,206,918			20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 1, rounded to 6 decimal places.		0.234156				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: 150021  
HHA CCN: 157423

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

Worksheet H-2  
Part II  
Date/Time Prepared:  
5/27/2016 3:19 pm

Home Health Agency I

PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	DATA PROCESSING (TIME SPENT)	MATERIALS MANAGEMENT (COSTED REQUISTION)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	17,607	17,921	7,229,295	59	475	789,740	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)	17,607	17,921	7,229,295	59	475	789,740	20.00
21.00 Total cost to be allocated	203,685	28,907	925,935	16,343	18,962	1,071	21.00
22.00 Unit cost multiplier	11.568410	1.613024	0.128081	277.000000	39.920000	0.001356	22.00
Cost Center Description	PATIENT SERVICES (INPATIENT REVENUE)	PATIENT ACCOUNTING (GROSS REVENUE)	AMBULATORY SVCS ADMIN (FTES)	Reconciliation	OTHER A&G (ACCUM COST)	CAREW MEDICAL PARK ADMIN (DIRECT EXPENSES)	
	5.04	5.05	5.06	5A.07	5.07	5.08	
1.00 Administrative and General	0	18,468,220	0	0	1,195,254	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	2,743,390	0	2.00
3.00 Physical Therapy	0	0	0	0	631,924	0	3.00
4.00 Occupational Therapy	0	0	0	0	488,661	0	4.00
5.00 Speech Pathology	0	0	0	0	106,710	0	5.00
6.00 Medical Social Services	0	0	0	0	45,593	0	6.00
7.00 Home Health Aide	0	0	0	0	111,632	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	5,459,328	0	19.00
20.00 Total (sum of lines 1-19)	0	18,468,220	0	0	10,782,492	0	20.00
21.00 Total cost to be allocated	0	351	0	0	3,075,382	0	21.00
22.00 Unit cost multiplier	0.000000	0.000019	0.000000	0	0.285220	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150021  
HHA CCN: 157423

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

Worksheet H-2  
Part II  
Date/Time Prepared:  
5/27/2016 3:19 pm

Home Health Agency I

PPS

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	FACILITY ENGINEERING (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	7.01	8.00	9.00	10.00	
1.00	Administrative and General	0	17,607	17,607	0	17,607	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	17,607	17,607	0	17,607	0	20.00
21.00	Total cost to be allocated	0	167,248	139,928	0	147,937	0	21.00
22.00	Unit cost multiplier	0.000000	9.498949	7.947294	0.000000	8.402170	0.000000	22.00
Cost Center Description		KITCHEN-NO CONNECT W/CAFE (MEALS SERVED)	CAFETERIA (NUMBER OF PERSONNEL)	PREADMITS AND ER (MEALS PREADMITS)	CAFETERIA (MEALS FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG FTE)	
		10.01	10.02	10.03	11.00	12.00	13.00	
1.00	Administrative and General	0	0	0	0	0	21	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0	0	0	21	20.00
21.00	Total cost to be allocated	0	0	0	0	0	5,488	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	261.333333	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider CCN: 150021 HHA CCN: 157423	Period: From 01/01/2015 To 12/31/2015	Worksheet H-2 Part II Date/Time Prepared: 5/27/2016 3:19 pm
			Home Health Agency I	PPS

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	OUTPATIENT PHARMACY (PERCENTAGE 1)	IV SOLUTIONS (PERCENTAGE 2)	MED SURG SUPPLY (PERCENTAGE 3)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		14.00	15.00	15.01	15.02	15.03	16.00	
1.00	Administrative and General	0	1,929,344	0	0	0	336	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	1,929,344	0	0	0	336	20.00
21.00	Total cost to be allocated	0	835,184	0	0	0	35,766	21.00
22.00	Unit cost multiplier	0.000000	0.432885	0.000000	0.000000	0.000000	106.446429	22.00

Cost Center Description		SOCIAL SERVICE (TIME SPENT)	REHAB ADMIN (PERCENTAGE 4)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
		17.00	17.01	19.00	20.00	21.00	22.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150021  
HHA CCN: 157423

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

Worksheet H-2  
Part II  
Date/Time Prepared:  
5/27/2016 3:19 pm  
PPS

Cost Center Description		PARAMED ED PRGM (ASSIGNED TIME)	PARAMED ED RADIOLOGY (PERCENTAGE %)	PARAMED ED PHARMACY (COSTED REQUIS.)		
		23.00	23.01	23.02		
1.00	Administrative and General	0	0	1,929,344		1.00
2.00	Skilled Nursing Care	0	0	0		2.00
3.00	Physical Therapy	0	0	0		3.00
4.00	Occupational Therapy	0	0	0		4.00
5.00	Speech Pathology	0	0	0		5.00
6.00	Medical Social Services	0	0	0		6.00
7.00	Home Health Aide	0	0	0		7.00
8.00	Supplies (see instructions)	0	0	0		8.00
9.00	Drugs	0	0	0		9.00
10.00	DME	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0		13.00
14.00	Clinic	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0		15.00
16.00	Day Care Program	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0		17.00
18.00	Homemaker Service	0	0	0		18.00
19.00	All Others (specify)	0	0	0		19.00
20.00	Total (sum of lines 1-19)	0	0	1,929,344		20.00
21.00	Total cost to be allocated	0	0	17,493		21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.009067		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 150021	Period: From 01/01/2015 To 12/31/2015	Worksheet H-3 Part I Date/Time Prepared: 5/27/2016 3:19 pm		
				HHA CCN: 157423	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	4,351,461		4,351,461	30,376	143.25	1.00
2.00	Physical Therapy	3.00	1,002,333	0	1,002,333	7,414	135.19	2.00
3.00	Occupational Therapy	4.00	775,096	0	775,096	2,806	276.23	3.00
4.00	Speech Pathology	5.00	169,260	0	169,260	957	176.87	4.00
5.00	Medical Social Services	6.00	72,318		72,318	839	86.20	5.00
6.00	Home Health Aide	7.00	177,067		177,067	3,777	46.88	6.00
7.00	Total (sum of lines 1-6)		6,547,535	0	6,547,535	46,169		7.00
Program Visits								
Part B								
Not Subject to Deductibles & Coinsurance								
Subject to Deductibles								
	0	1.00	2.00	3.00	4.00	5.00		
Limitation Cost Computation								
8.00	Skilled Nursing Care		23060	0	5,495			8.00
8.01	Skilled Nursing Care		50031	0	3,167			8.01
9.00	Physical Therapy		23060	0	1,874			9.00
9.01	Physical Therapy		50031	0	884			9.01
10.00	Occupational Therapy		23060	0	707			10.00
10.01	Occupational Therapy		50031	0	356			10.01
11.00	Speech Pathology		23060	0	238			11.00
11.01	Speech Pathology		50031	0	61			11.01
12.00	Medical Social Services		23060	0	200			12.00
12.01	Medical Social Services		50031	0	84			12.01
13.00	Home Health Aide		23060	0	709			13.00
13.01	Home Health Aide		50031	0	523			13.01
14.00	Total (sum of lines 8-13)			0	14,298			14.00
Cost Center Description								
	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Record)	Ratio (col. 3 + col. 4)		
	0	1.00	2.00	3.00	4.00	5.00		
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	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 of Services								
Part B								
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	8,662		0	1,240,832		1.00
2.00	Physical Therapy	0	2,758		0	372,854		2.00
3.00	Occupational Therapy	0	1,063		0	293,632		3.00
4.00	Speech Pathology	0	299		0	52,884		4.00
5.00	Medical Social Services	0	284		0	24,481		5.00
6.00	Home Health Aide	0	1,232		0	57,756		6.00
7.00	Total (sum of lines 1-6)	0	14,298		0	2,042,439		7.00



APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 150021  
HHA CCN: 157423

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

Worksheet H-3  
Part I  
Date/Time Prepared:  
5/27/2016 3:19 pm  
PPS

Title XVII I

Home Health  
Agency I

Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
14.00	Total (sum of lines 8-13)							14.00
Cost Center Description		Program Covered Charges			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	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	1,240,832						1.00
2.00	Physical Therapy	372,854						2.00
3.00	Occupational Therapy	293,632						3.00
4.00	Speech Pathology	52,884						4.00
5.00	Medical Social Services	24,481						5.00
6.00	Home Health Aide	57,756						6.00
7.00	Total (sum of lines 1-6)	2,042,439						7.00
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 150021

Period:

Worksheet H-3

HHA CCN: 157423

From 01/01/2015

Part II

To 12/31/2015

Date/Time Prepared:

Title XVIII

Home Health Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
<b>PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS</b>							
1.00	Physical Therapy	66.00	0.458157	0	0	col. 2, line 2.00	1.00
1.01	Physical Therapy 1	66.01	0.000000	0	0	col. 2, line 2.01	1.01
1.02	Physical Therapy 2	66.02	0.000000	0	0	col. 2, line 2.02	1.02
2.00	Occupational Therapy	67.00	0.305157	0	0	col. 2, line 3.00	2.00
3.00	Speech Pathology	68.00	0.244042	0	0	col. 2, line 4.00	3.00
3.01	Speech Pathology 1	68.01	0.410631	0	0	col. 2, line 4.01	3.01
4.00	Cost of Medical Supplies	71.00	0.326459	0	0	col. 2, line 15.00	4.00
4.01	Cost of Medical Supplies 1	71.01	0.039982	0	0	col. 2, line 15.01	4.01
5.00	Cost of Drugs	73.00	0.362474	0	0	col. 2, line 16.00	5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 150021 HHA CCN: 157423	Period: From 01/01/2015 To 12/31/2015	Worksheet H-4 Part I-II Date/Time Prepared: 5/27/2016 3:19 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
<b>PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES</b>				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	2,788,681	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	2,788,681	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	2,788,681	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
<b>PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT</b>				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	2,425,830
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	17,018
13.00	Total PPS Reimbursement - LUPA Episodes		0	65,951
14.00	Total PPS Reimbursement - PEP Episodes		0	19,946
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	0
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	1,046
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	2,529,791
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	2,529,791
25.00	Coinsurance billed to program patients (from your records)			0
26.00	Net cost (line 24 minus line 25)		0	2,529,791
27.00	Reimbursable bad debts (from your records)			0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	2,529,791
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	2,529,791
31.01	Sequestration adjustment (see instructions)		0	0
32.00	Interim payments (see instructions)		0	2,529,791
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: 150021  
HHA CCN: 157423

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

Worksheet H-5  
Date/Time Prepared:  
5/27/2016 3:19 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		2,529,791	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		2,529,791	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		2,529,791	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: 150021

Period: From 01/01/2015

Worksheet K

Hospice CCN: 151552

To 12/31/2015

Date/Time Prepared: 5/27/2016 3:19 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	
<b>GENERAL SERVICE COST CENTERS</b>							
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	75,874	23,900	0	0	0	5.00
6.00	Administrative and General	126,647	39,894	0	0	0	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	1,345,500	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	121,376	38,234	0	6,538	0	9.00
10.00	Nursing Care	1,835,495	578,181	110,274	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	11,134	3,507	1,223	0	0	12.00
13.00	Occupational Therapy	1,229	387	176	0	0	13.00
14.00	Speech/ Language Pathology	1,095	345	75	0	0	14.00
15.00	Medical Social Services	264,651	83,365	11,426	0	0	15.00
16.00	Spiritual Counseling	129,994	40,948	15,082	0	0	16.00
17.00	Dietary Counseling	2,117	667	214	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	329,858	103,905	77,039	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	38,991	12,282	23,153	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	29,845	0	27.00
28.00	Imaging Services	0	0	0	4,316	0	28.00
29.00	Labs and Diagnostics	0	0	0	749	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	21,725	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	708,822	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	2,938,461	925,615	238,662	2,117,495	0	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150021

Period: From 01/01/2015

Worksheet K

Hospice CCN: 151552

To 12/31/2015

Date/Time Prepared: 5/27/2016 3:19 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	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	4.00
5.00	Volunteer Service Coordination	99,774	0	99,774	0	5.00
6.00	Administrative and General	166,541	978,771	1,145,312	0	6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care	1,345,500	0	1,345,500	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
<b>VISITING SERVICES</b>						
9.00	Physician Services	166,148	0	166,148	0	9.00
10.00	Nursing Care	2,523,950	0	2,523,950	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	15,864	0	15,864	0	12.00
13.00	Occupational Therapy	1,792	0	1,792	0	13.00
14.00	Speech/ Language Pathology	1,515	0	1,515	0	14.00
15.00	Medical Social Services	359,442	0	359,442	0	15.00
16.00	Spiritual Counseling	186,024	0	186,024	0	16.00
17.00	Dietary Counseling	2,998	0	2,998	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	510,802	0	510,802	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	74,426	0	74,426	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	26.00
27.00	Patient Transportation	29,845	0	29,845	0	27.00
28.00	Imaging Services	4,316	0	4,316	0	28.00
29.00	Labs and Diagnostics	749	0	749	0	29.00
30.00	Medical Supplies	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	21,725	0	21,725	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	708,822	0	708,822	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35.00	Bereavement Program Costs	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	6,220,233	978,771	7,199,004	0	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150021

Period: From 01/01/2015

Worksheet K-1

Hospice CCN: 151552

To 12/31/2015

Date/Time Prepared: 5/27/2016 3:19 pm

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	322,571	1,512,924	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	264,651	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
<b>OTHER HOSPICE SERVICE COSTS</b>							
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
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
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	264,651	322,571	1,512,924	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150021

Period: From 01/01/2015

Worksheet K-1

Hospice CCN: 151552

To 12/31/2015

Date/Time Prepared: 5/27/2016 3:19 pm

		Hospice I			
		Total Therapists	Aides	All-Other	Total (1)
		6.00	7.00	8.00	9.00
<b>GENERAL SERVICE COST CENTERS</b>					
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	75,874	5.00
6.00	Administrative and General		0	126,647	6.00
<b>INPATIENT CARE SERVICE</b>					
7.00	Inpatient - General Care		0	0	7.00
8.00	Inpatient - Respite Care		0	0	8.00
<b>VISITING SERVICES</b>					
9.00	Physician Services		0	121,376	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	11,134	0	0	12.00
13.00	Occupational Therapy	1,229	0	0	13.00
14.00	Speech/ Language Pathology	1,095	0	0	14.00
15.00	Medical Social Services		0	0	15.00
16.00	Spiritual Counseling		0	129,994	16.00
17.00	Dietary Counseling		0	2,117	17.00
18.00	Counseling - Other		0	0	18.00
19.00	Home Health Aide and Homemaker		329,858	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	20.00
21.00	Other		0	38,991	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>					
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
<b>HOSPICE NONREIMBURSABLE SERVICE</b>					
35.00	Bereavement Program Costs		0	0	35.00
36.00	Volunteer Program Costs		0	0	36.00
37.00	Fundraising		0	0	37.00
38.00	Other Program Costs		0	0	38.00
39.00	Total (sum of lines 1 thru 38)	13,458	329,858	494,999	2,938,461



HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)		Provider CCN: 150021		Period:		Worksheet K-2	
		Hospice CCN: 151552		From 01/01/2015 To 12/31/2015		Date/Time Prepared: 5/27/2016 3:19 pm	
		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	101,610	476,571	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	83,365	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
<b>OTHER HOSPICE SERVICE COSTS</b>							
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
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
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	83,365	101,610	476,571	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 150021

Period: From 01/01/2015

Worksheet K-2

Hospice CCN: 151552

To 12/31/2015

Date/Time Prepared: 5/27/2016 3:19 pm

		Hospice I			
		Total Therapists	Aides	All-Other	Total (1)
		6.00	7.00	8.00	9.00
<b>GENERAL SERVICE COST CENTERS</b>					
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	23,900	5.00
6.00	Administrative and General		0	39,894	6.00
<b>INPATIENT CARE SERVICE</b>					
7.00	Inpatient - General Care		0	0	7.00
8.00	Inpatient - Respite Care		0	0	8.00
<b>VISITING SERVICES</b>					
9.00	Physician Services		0	38,234	9.00
10.00	Nursing Care		0	578,181	10.00
11.00	Nursing Care-Continuous Home Care		0	0	11.00
12.00	Physical Therapy	3,507	0	0	12.00
13.00	Occupational Therapy	387	0	0	13.00
14.00	Speech/ Language Pathology	345	0	0	14.00
15.00	Medical Social Services		0	0	15.00
16.00	Spiritual Counseling		0	40,948	16.00
17.00	Dietary Counseling		0	667	17.00
18.00	Counseling - Other		0	0	18.00
19.00	Home Health Aide and Homemaker		103,905	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	20.00
21.00	Other		0	12,282	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>					
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
<b>HOSPICE NONREIMBURSABLE SERVICE</b>					
35.00	Bereavement Program Costs		0	0	35.00
36.00	Volunteer Program Costs		0	0	36.00
37.00	Fundraising		0	0	37.00
38.00	Other Program Costs		0	0	38.00
39.00	Total (sum of lines 1 thru 38)	4,239	103,905	155,925	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 150021	Period: From 01/01/2015 To 12/31/2015	Worksheet K-3
		Hospice CCN: 151552		Date/Time Prepared: 5/27/2016 3:19 pm

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
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
<b>OTHER HOSPICE SERVICE COSTS</b>							
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
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
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: 150021	Period: From 01/01/2015 To 12/31/2015	Worksheet K-3
		Hospice CCN: 151552		Date/Time Prepared: 5/27/2016 3:19 pm

		Total Therapists	Aides	All-Other	Hospice I Total (1)	
		6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>						
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
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care		0	1,345,500	1,345,500	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
<b>VISITING SERVICES</b>						
9.00	Physician Services		0	6,538	6,538	9.00
10.00	Nursing Care		0	0	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	0	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>						
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	29,845	29,845	27.00
28.00	Imaging Services		0	4,316	4,316	28.00
29.00	Labs and Diagnostics		0	749	749	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	21,725	21,725	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	708,822	708,822	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
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	2,117,495	2,117,495	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150021

Period: From 01/01/2015

Worksheet K-4

Hospice CCN: 151552

To 12/31/2015

Part I  
Date/Time Prepared: 5/27/2016 3:19 pm

		CAPITAL RELATED COST				Hospice I	
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
<b>GENERAL SERVICE COST CENTERS</b>							
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	99,774	0	0	0	0	5.00
6.00	Administrative and General	1,145,312	0	0	0	0	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	1,345,500	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	166,148	0	0	0	0	9.00
10.00	Nursing Care	2,523,950	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	15,864	0	0	0	0	12.00
13.00	Occupational Therapy	1,792	0	0	0	0	13.00
14.00	Speech/ Language Pathology	1,515	0	0	0	0	14.00
15.00	Medical Social Services	359,442	0	0	0	0	15.00
16.00	Spiritual Counseling	186,024	0	0	0	0	16.00
17.00	Dietary Counseling	2,998	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	510,802	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	74,426	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	29,845	0	0	0	0	27.00
28.00	Imaging Services	4,316	0	0	0	0	28.00
29.00	Labs and Diagnostics	749	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.)	21,725	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	708,822	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
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)	7,199,004	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST		Provider CCN: 150021	Period: From 01/01/2015	Worksheet K-4
		Hospice CCN: 151552	To 12/31/2015	Part I
				Date/Time Prepared: 5/27/2016 3:19 pm

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col . 5A ± col . 6)	
		5.00	5A	6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance					3.00
4.00	Transportation - Staff					4.00
5.00	Volunteer Service Coordination	0				5.00
6.00	Administrative and General	0	1,145,312	1,145,312		6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care	0	1,345,500	258,824	1,604,324	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
<b>VISITING SERVICES</b>						
9.00	Physician Services	0	166,148	31,961	198,109	9.00
10.00	Nursing Care	0	2,523,950	485,514	3,009,464	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	15,864	3,052	18,916	12.00
13.00	Occupational Therapy	0	1,792	345	2,137	13.00
14.00	Speech/ Language Pathology	0	1,515	291	1,806	14.00
15.00	Medical Social Services	0	359,442	69,143	428,585	15.00
16.00	Spiritual Counseling	0	186,024	35,784	221,808	16.00
17.00	Dietary Counseling	0	2,998	577	3,575	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	510,802	98,259	609,061	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	74,426	14,317	88,743	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	26.00
27.00	Patient Transportation	0	29,845	5,741	35,586	27.00
28.00	Imaging Services	0	4,316	830	5,146	28.00
29.00	Labs and Diagnostics	0	749	144	893	29.00
30.00	Medical Supplies	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	21,725	4,179	25,904	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	708,822	136,351	845,173	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35.00	Bereavement Program Costs	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	7,099,230		7,099,230	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150021

Period: From 01/01/2015

Worksheet K-4

Hospice CCN: 151552

To 12/31/2015

Part II  
Date/Time Prepared:  
5/27/2016 3:19 pm

		CAPITAL RELATED COST		PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
		BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT (\$ VALUE)				
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.	0					1.00
2.00	Capital Related Costs-Movable Equip.	0	0				2.00
3.00	Plant Operation and Maintenance	0	0	0			3.00
4.00	Transportation - Staff	0	0	0	0		4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
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
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	0	0	0	0	0	39.00
40.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	40.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150021

Period:

Worksheet K-4

Hospice CCN: 151552

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

Part II  
Date/Time Prepared:  
5/27/2016 3:19 pm

Hospice I

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	
		6A	6.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-1,145,312	5,953,918	6.00
<b>INPATIENT CARE SERVICE</b>				
7.00	Inpatient - General Care	0	1,345,500	7.00
8.00	Inpatient - Respite Care	0	0	8.00
<b>VISITING SERVICES</b>				
9.00	Physician Services	0	166,148	9.00
10.00	Nursing Care	0	2,523,950	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	15,864	12.00
13.00	Occupational Therapy	0	1,792	13.00
14.00	Speech/ Language Pathology	0	1,515	14.00
15.00	Medical Social Services	0	359,442	15.00
16.00	Spiritual Counseling	0	186,024	16.00
17.00	Dietary Counseling	0	2,998	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	510,802	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	74,426	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>				
22.00	Drugs, Biological and Infusion Therapy	0	0	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	29,845	27.00
28.00	Imaging Services	0	4,316	28.00
29.00	Labs and Diagnostics	0	749	29.00
30.00	Medical Supplies	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	21,725	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	708,822	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>				
35.00	Bereavement Program Costs	0	0	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		1,145,312	39.00
40.00	Unit Cost Multiplier		0.192363	40.00



ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150021

Period:

Worksheet K-5

Hospice CCN: 151552

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

Part I  
Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description		Hospice Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
			BLDG & FIXT	MVBLE EQUIP			
			0	1.00			
1.00	Administrative and General		0	0	0	0	1.00
2.00	Inpatient - General Care	1,604,324	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	198,109	0	0	0	0	4.00
5.00	Nursing Care	3,009,464	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	18,916	0	0	0	0	7.00
8.00	Occupational Therapy	2,137	0	0	0	0	8.00
9.00	Speech/ Language Pathology	1,806	0	0	0	0	9.00
10.00	Medical Social Services	428,585	0	0	0	0	10.00
11.00	Spiritual Counseling	221,808	0	0	0	0	11.00
12.00	Dietary Counseling	3,575	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	609,061	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	88,743	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	35,586	0	0	0	0	22.00
23.00	Imaging Services	5,146	0	0	0	0	23.00
24.00	Labs and Diagnostics	893	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.)	25,904	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	845,173	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)	7,099,230	0	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150021

Period:

Worksheet K-5

Hospice CCN: 151552

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

Part I  
Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description		Hospice I						
		DATA PROCESSING 5.02	MATERIALS MANAGEMENT 5.03	PATIENT SERVICES 5.04	PATIENT ACCOUNTING 5.05	AMBULATORY SVCS ADMIN 5.06		
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)							35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150021

Period:

Worksheet K-5

Hospice CCN: 151552

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

Part I  
Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description		Hospice I					
		Subtotal	OTHER A&G	CAREW MEDICAL PARK ADMIN	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
		5A.06	5.07	5.08	6.00	7.00	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	1,604,324	492,784	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	198,109	60,851	0	0	0	4.00
5.00	Nursing Care	3,009,464	924,391	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	18,916	5,810	0	0	0	7.00
8.00	Occupational Therapy	2,137	656	0	0	0	8.00
9.00	Speech/ Language Pathology	1,806	555	0	0	0	9.00
10.00	Medical Social Services	428,585	131,644	0	0	0	10.00
11.00	Spiritual Counseling	221,808	68,131	0	0	0	11.00
12.00	Dietary Counseling	3,575	1,098	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	609,061	187,079	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	88,743	27,258	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 - Specif y	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	35,586	10,931	0	0	0	22.00
23.00	Imaging Services	5,146	1,581	0	0	0	23.00
24.00	Labs and Diagnostics	893	274	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	25,904	7,957	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	845,173	259,603	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)	7,099,230	2,180,603	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)	0.000000					35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150021

Period:

Worksheet K-5

Hospice CCN: 151552

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

Part I  
Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description		Hospice I					
		FACILITY ENGINEERING 7.01	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	KITCHEN-NO CONNECT W/CAFE 10.01	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150021

Period:

Worksheet K-5

Hospice CCN: 151552

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

Part I  
Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description		Hospice I					
		CAFETERIA	PREADMITS AND ER	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		10.02	10.03	11.00	12.00	13.00	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specif y	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150021

Period:

Worksheet K-5

Hospice CCN: 151552

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

Part I  
Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description		Hospice I					
		CENTRAL SERVICES & SUPPLY	PHARMACY	OUTPATIENT PHARMACY	IV SOLUTIONS	MED SURG SUPPLY	
		14.00	15.00	15.01	15.02	15.03	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150021

Period:

Worksheet K-5

Hospice CCN: 151552

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

Part I  
Date/Time Prepared:  
5/27/2016 3:19 pm

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

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150021

Period:

Worksheet K-5

Hospice CCN: 151552

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

Part I  
Date/Time Prepared:  
5/27/2016 3:19 pm

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



ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150021

Period: From 01/01/2015

Worksheet K-5

Hospice CCN: 151552

To 12/31/2015

Part I  
Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description		Hospice I					Total Hospice Costs (cols. 26 ± 27)	
		Subtotal (cols. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (cols. 24 ± 25)	Allocated Hospice A&G (See Part II)			
		24.00	25.00	26.00	27.00	28.00		
1.00	Administrative and General	0	0	0	0	0	1.00	
2.00	Inpatient - General Care	2,097,108	0	2,097,108	0	2,097,108	2.00	
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00	
4.00	Physician Services	258,960	0	258,960	0	258,960	4.00	
5.00	Nursing Care	3,933,855	0	3,933,855	0	3,933,855	5.00	
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00	
7.00	Physical Therapy	24,726	0	24,726	0	24,726	7.00	
8.00	Occupational Therapy	2,793	0	2,793	0	2,793	8.00	
9.00	Speech/ Language Pathology	2,361	0	2,361	0	2,361	9.00	
10.00	Medical Social Services	560,229	0	560,229	0	560,229	10.00	
11.00	Spiritual Counseling	289,939	0	289,939	0	289,939	11.00	
12.00	Dietary Counseling	4,673	0	4,673	0	4,673	12.00	
13.00	Counseling - Other	0	0	0	0	0	13.00	
14.00	Home Health Aide and Homemaker	796,140	0	796,140	0	796,140	14.00	
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00	
16.00	Other	116,001	0	116,001	0	116,001	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	46,517	0	46,517	0	46,517	22.00	
23.00	Imaging Services	6,727	0	6,727	0	6,727	23.00	
24.00	Labs and Diagnostics	1,167	0	1,167	0	1,167	24.00	
25.00	Medical Supplies	0	0	0	0	0	25.00	
26.00	Outpatient Services (including E/R Dept.)	33,861	0	33,861	0	33,861	26.00	
27.00	Radiation Therapy	0	0	0	0	0	27.00	
28.00	Chemotherapy	0	0	0	0	0	28.00	
29.00	Other	1,104,776	0	1,104,776	0	1,104,776	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	546,107	546,107	0	546,107	33.00	
34.00	Total (sum of lines 1 thru 33) (2)	9,279,833	546,107	9,825,940		9,825,940	34.00	
35.00	Unit Cost Multiplier (see instructions)				0.000000		35.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 150021

Hospice CCN: 151552

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

Worksheet K-5  
Part II  
Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	DATA PROCESSING (TIME SPENT)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
1.00 Administrative and General	0	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00 Total cost to be allocated	0	0	446,152	0	0	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 150021

Hospice CCN: 151552

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

Worksheet K-5  
Part II  
Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description	Hospice I				Reconciliation	
	MATERIALS MANAGEMENT (COSTED REQUISTION) 5.03	PATIENT SERVICES (INPATIENT REVENUE) 5.04	PATIENT ACCOUNTING (GROSS REVENUE) 5.05	AMBULATORY SVCS ADMIN (FTES) 5.06		
1.00 Administrative and General	0	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00 Total cost to be allocated	0	0	181	0	0	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 150021  
Hospice CCN: 151552

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

Worksheet K-5  
Part II  
Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description		Hospice I					
		OTHER A&G (ACCUM COST)	CAREW MEDICAL PARK ADMIN (DIRECT EXPENSES)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	FACILITY ENGINEERING (SQUARE FEET)	
		5.07	5.08	6.00	7.00	7.01	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	1,604,324	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	198,109	0	0	0	0	4.00
5.00	Nursing Care	3,009,464	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	18,916	0	0	0	0	7.00
8.00	Occupational Therapy	2,137	0	0	0	0	8.00
9.00	Speech/ Language Pathology	1,806	0	0	0	0	9.00
10.00	Medical Social Services	428,585	0	0	0	0	10.00
11.00	Spiritual Counseling	221,808	0	0	0	0	11.00
12.00	Dietary Counseling	3,575	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	609,061	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	88,743	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	35,586	0	0	0	0	22.00
23.00	Imaging Services	5,146	0	0	0	0	23.00
24.00	Labs and Diagnostics	893	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.)	25,904	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	845,173	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)	7,099,230	0	0	0	0	34.00
35.00	Total cost to be allocated	2,180,603	0	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.307160	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 150021

Period:

Worksheet K-5

Hospice CCN: 151552

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

Part II  
Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description	Hospice I					CAFETERIA (NUMBER OF PERSONNEL)	
	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	KITCHEN-NO CONNECT W/CAFE (MEALS SERVED)			
	8.00	9.00	10.00	10.01	10.02		
1.00 Administrative and General	0	0	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	0	34.00
35.00 Total cost to be allocated	0	0	0	0	0	0	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 150021

Hospice CCN: 151552

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

Worksheet K-5  
Part II  
Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description	Hospice I						
	PREADMITS AND ER (MEALS PREADMITS)	CAFETERIA (MEALS FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING FTE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)		
	10.03	11.00	12.00	13.00	14.00		
1.00 Administrative and General	0	0	0	0	0	1.00	
2.00 Inpatient - General Care	0	0	0	0	0	2.00	
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00	
4.00 Physician Services	0	0	0	0	0	4.00	
5.00 Nursing Care	0	0	0	0	0	5.00	
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00	
7.00 Physical Therapy	0	0	0	0	0	7.00	
8.00 Occupational Therapy	0	0	0	0	0	8.00	
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00	
10.00 Medical Social Services	0	0	0	0	0	10.00	
11.00 Spiritual Counseling	0	0	0	0	0	11.00	
12.00 Dietary Counseling	0	0	0	0	0	12.00	
13.00 Counseling - Other	0	0	0	0	0	13.00	
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00	
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00	
16.00 Other	0	0	0	0	0	16.00	
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00	
18.00 Analgesics	0	0	0	0	0	18.00	
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00	
20.00 Other - Specify	0	0	0	0	0	20.00	
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00	
22.00 Patient Transportation	0	0	0	0	0	22.00	
23.00 Imaging Services	0	0	0	0	0	23.00	
24.00 Labs and Diagnostics	0	0	0	0	0	24.00	
25.00 Medical Supplies	0	0	0	0	0	25.00	
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00	
27.00 Radiation Therapy	0	0	0	0	0	27.00	
28.00 Chemotherapy	0	0	0	0	0	28.00	
29.00 Other	0	0	0	0	0	29.00	
30.00 Bereavement Program Costs	0	0	0	0	0	30.00	
31.00 Volunteer Program Costs	0	0	0	0	0	31.00	
32.00 Fundraising	0	0	0	0	0	32.00	
33.00 Other Program Costs	0	0	0	0	0	33.00	
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00	
35.00 Total cost to be allocated	0	0	0	0	0	35.00	
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	36.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 150021

Hospice CCN: 151552

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

Worksheet K-5  
Part II  
Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description		Hospice I					
		PHARMACY (COSTED REQUIS.)	OUTPATIENT PHARMACY (PERCENTAGE 1)	IV SOLUTIONS (PERCENTAGE 2)	MED SURG SUPPLY (PERCENTAGE 3)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		15.00	15.01	15.02	15.03	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	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00	Total cost to be allocated	0	0	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 150021

Hospice CCN: 151552

Period:

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

Worksheet K-5

Part II  
Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description	Hospice I					
	SOCIAL SERVICE (TIME SPENT)	REHAB ADMIN (PERCENTAGE 4)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	
	17.00	17.01	19.00	20.00	21.00	
1.00 Administrative and General	0	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00 Total cost to be allocated	0	0	0	0	0	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	36.00



ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 150021

Hospice CCN: 151552

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

Worksheet K-5  
Part II  
Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description		Hospice I					
		INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	PARAMED RADIOLOGY (PERCENTAGE %)	PARAMED PHARMACY (COSTED REQUIS.)		
		SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)					
		22.00	23.00	23.01	23.02		
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	0	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)	0	0	0	0		34.00
35.00	Total cost to be allocated	0	0	0	0		35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000		36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS

Provider CCN: 150021

Period: From 01/01/2015

Worksheet K-5

Hospice CCN: 151552

To 12/31/2015

Part III  
Date/Time Prepared:  
5/27/2016 3:19 pm

Cost Center Description		Wkst. C. Part I, col. 11 line	Cost to Charge Ratio	Hospice I	
				Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)
		0	1.00	2.00	3.00
ANCI LLARY SERVICE COST CENTERS					
1.00	PHYSICAL THERAPY	66.00	0.458157	0	0 1.00
1.01	TRANSI TIONAL THERAPY	66.01	0.000000	0	0 1.01
1.02	PV REHAB OUTREACH	66.02	0.000000	0	0 1.02
2.00	OCCUPATI ONAL THERAPY	67.00	0.305157	0	0 2.00
3.00	SPEECH PATHOLOGY	68.00	0.244042	0	0 3.00
3.01	NEURO REHAB	68.01	0.410631	0	0 3.01
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.362474	0	0 4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00			5.00
6.00	LABORATORY	60.00	0.135392	0	0 6.00
6.01	ANATOMI CAL PATHOLOGY	60.01	0.256635	0	0 6.01
7.00	MEDI CAL SUPPLI ES CHARGED TO PATIENT	71.00	0.326459	0	0 7.00
7.01	COST OF SOLUTIONS	71.01	0.039982	0	0 7.01
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00			8.00
9.00	RADI OLOGY-THERAPEUTI C	55.00	0.153832	0	0 9.00
10.00	OTHER ANCI LLARY SERVICE COST CENTERS	76.00			10.00
10.97	CARDI AC REHABI LI TATION	76.97	0.000000	0	0 10.97
10.98	HYPERBARI C OXYGEN THERAPY	76.98	0.000000	0	0 10.98
10.99	LI THOTRI PSY	76.99	0.000000	0	0 10.99
11.00	Totals (sum of lines 1-10)				0 11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 150021

Period: From 01/01/2015

Worksheet K-6

Hospice CCN: 151552

To 12/31/2015

Date/Time Prepared: 5/27/2016 3:19 pm

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				9,279,833	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				41,905	2.00
3.00	Average cost per diem (line 1 divided by line 2)				221.45	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	36,786				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	8,146,260				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		1,173			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		259,761			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	6,167				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	1,365,682				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		331			10.00
11.00	Aggregate NF cost (line 3 times line 10)		73,300			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			3,946		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			873,842		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150021	Period: From 01/01/2015 To 12/31/2015	Worksheet L Parts I-III Date/Time Prepared: 5/27/2016 3:19 pm
		Title XVII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		5,471,096	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		1,010,134	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)		376.99	3.00
4.00	Number of interns & residents (see instructions)		11.51	4.00
5.00	Indirect medical education percentage (see instructions)		0.87	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)		47,599	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.57	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		25.58	8.00
9.00	Sum of lines 7 and 8		30.15	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.30	10.00
11.00	Disproportionate share adjustment (see instructions)		344,679	11.00
12.00	Total prospective capital payments (see instructions)		6,873,508	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
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
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
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