

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: 150086	Period: From 01/01/2015 To 12/31/2015	Worksheet S Parts I-III Date/Time Prepared: 5/27/2016 5:08 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/27/2016	Time: 5:08 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 DEARBORN COUNTY HOSPITAL (150086) 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			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-28,632	12,639	417,600	-49,218	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
9.00 HOME HEALTH AGENCY I	0	0	653		0	9.00
200.00 Total	0	-28,632	13,292	417,600	-49,218	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150086		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/27/2016 5:07 pm							
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IN		4.00 Zip Code: 47025-		County: DEARBORN					
2.00 City: LAWRENCEBURG		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)					
1.00		2.00		3.00	4.00	5.00	6.00	7.00	8.00	9.00			
3.00 Hospital and Hospital-Based Component Identification:		DEARBORN COUNTY HOSPITAL		150086	17140	1	07/01/1966	N	P	O			
4.00	Subprovider - IPF												
5.00	Subprovider - IRF												
6.00	Subprovider - (Other)												
7.00	Swing Beds - SNF												
8.00	Swing Beds - NF												
9.00	Hospital-Based SNF												
10.00	Hospital-Based NF												
11.00	Hospital-Based OLTC												
12.00	Hospital-Based HHA	HEALTH SERVICES CORP. OF SE IN		157055	17140		10/01/1978	N	P	N			
13.00	Separately Certified ASC												
14.00	Hospital-Based Hospice	HOSPICE OF SOUTHEASTERN INDIANA		151531	17140		12/22/1994						
15.00	Hospital-Based Health Clinic - RHC												
16.00	Hospital-Based Health Clinic - FQHC												
17.00	Hospital-Based (CMHC) I												
18.00	Renal Dialysis												
19.00	Other												
							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)						9			21.00			
Inpatient PPS Information													
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00			
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y	Y		22.01			
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02			
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03			
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3		N	23.00			
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	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.						696	1,290	0	587	754	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.						0	0	0	0	0		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150086	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/27/2016 5:07 pm			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N		N		40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N		N		45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N		N		46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N		N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N		N		48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

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

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

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		V		XIX			
		1.00		2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N			96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00		97.00
Rural Providers							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N					105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N					106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	N					107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N					108.00
		Physical		Speech		Respiratory	
		1.00		3.00		4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.					N	
						1.00	
						2.00	
						3.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N			0		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y					117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1					118.00
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	249,086		0		0	
						1.00	
						2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N					
119.00	DO NOT USE THIS LINE						
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N			120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y					121.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N					
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150086	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/27/2016 5:07 pm		
		1.00	2.00			
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N				140.00
		1.00	2.00	3.00		
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.						
141.00	Name:	Contractor's Name:		Contractor's Number:		
142.00	Street:	PO Box:				
143.00	City:	State:		Zip Code:		
				1.00		
144.00	Are provider based physicians' costs included in Worksheet A?	Y				144.00
		1.00		2.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	N				145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00
				1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00
		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)						
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00
				1.00		
Multi campus						
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N				165.00
		Name	County	State	Zip Code	CBSA
		0	1.00	2.00	3.00	4.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00
				1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act						
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y				167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0
168.01	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)	01/01/2015		12/31/2015		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150086	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/27/2016 5:07 pm
				1.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)			N
				171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150086	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/27/2016 5:07 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
Description		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	05/11/2016	Y	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

	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.	1.00 N	2.00	3.00 N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			Y	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			Y	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			Y	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			N	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	KYLE		SMI TH	41.00
42.00	Enter the employer/company name of the cost report preparer.	BLUE & CO., LLC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-713-7957		KCSMI TH@BLUEANDCO. COM	43.00

		Part B		
		Date		
		4.00		
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	05/11/2016		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			21.00
			3.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR MANAGER		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150086

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

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2016 5:07 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	80	29,200	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)		80	29,200	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	8	2,920	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		88	32,120	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						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
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		88				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: 150086

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

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2016 5:07 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	7,176	694	14,027			1.00
2.00 HMO and other (see instructions)	1,924	2,580				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	7,176	694	14,027			7.00
8.00 INTENSIVE CARE UNIT	1,356	0	2,415			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		0	731			13.00
14.00 Total (see instructions)	8,532	694	17,173	0.00	544.95	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	5,286	868	10,090	0.00	14.62	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	3,854	159	4,939	0.00	4.45	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				0.00	564.02	27.00
28.00 Observation Bed Days		0	531			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	53	95			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: 150086

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

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2016 5:07 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,940	135	4,457	1.00
2.00 HMO and other (see instructions)			422	889		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,940	135	4,457	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						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
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: 150086		Period: From 01/01/2015 To 12/31/2015		Worksheet S-3 Part II Date/Time Prepared: 5/27/2016 5:07 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		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	33,338,632	0	33,338,632	1,307,900.00	25.49	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		1,876,130	13,685	1,889,815	68,678.00	27.52	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		449,217	0	449,217	7,009.00	64.09	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		329,726	0	329,726	1,637.00	201.42	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		8,313,671	0	8,313,671			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		460,748	0	460,748			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	438,660	0	438,660	12,547.00	34.96	26.00
27.00	Administrative & General	5.00	4,255,622	0	4,255,622	167,552.00	25.40	27.00
28.00	Administrative & General under contract (see inst.)		157,747	0	157,747	860.00	183.43	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	961,597	-13,685	947,912	36,839.00	25.73	30.00
31.00	Laundry & Linen Service	8.00	177,127	0	177,127	13,288.00	13.33	31.00
32.00	Housekeeping	9.00	725,271	0	725,271	61,953.00	11.71	32.00
33.00	Housekeeping under contract (see instructions)		150,659	0	150,659	4,285.00	35.16	33.00
34.00	Dietary	10.00	1,138,468	-833,472	304,996	24,536.00	12.43	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	833,472	833,472	46,971.00	17.74	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	930,998	0	930,998	23,444.00	39.71	38.00
39.00	Central Services and Supply	14.00	321,769	0	321,769	19,467.00	16.53	39.00
40.00	Pharmacy	15.00	1,610,109	0	1,610,109	43,965.00	36.62	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150086

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

Worksheet S-3
Part II
Date/Time Prepared:
5/27/2016 5:07 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted 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	16.00 804,700	0	804,700	38,066.00	21.14	41.00
42.00	Social Service	17.00 306,449	0	306,449	10,379.00	29.53	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150086

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

Worksheet S-3
Part III
Date/Time Prepared:
5/27/2016 5:07 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	33,647,038	0	33,647,038	1,313,045.00	25.63	1.00
2.00	Excluded area salaries (see instructions)	1,876,130	13,685	1,889,815	68,678.00	27.52	2.00
3.00	Subtotal salaries (line 1 minus line 2)	31,770,908	-13,685	31,757,223	1,244,367.00	25.52	3.00
4.00	Subtotal other wages & related costs (see inst.)	778,943	0	778,943	8,646.00	90.09	4.00
5.00	Subtotal wage-related costs (see inst.)	8,313,671	0	8,313,671	0.00	26.18	5.00
6.00	Total (sum of lines 3 thru 5)	40,863,522	-13,685	40,849,837	1,253,013.00	32.60	6.00
7.00	Total overhead cost (see instructions)	11,979,176	-13,685	11,965,491	504,152.00	23.73	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 150086

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

Worksheet S-3
Part IV
Date/Time Prepared:
5/27/2016 5:07 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,098,560	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	4,598,807	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	190,300	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	56,477	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)	107,418	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	187,013	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	1,916,190	17.00
18.00	Medicare Taxes - Employers Portion Only	458,429	18.00
19.00	Unemployment Insurance	28,917	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	132,308	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	8,774,419	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS	91,384	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150086

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

Worksheet S-3
Part V
Date/Time Prepared:
5/27/2016 5:07 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 150086	Period: From 01/01/2015 To 12/31/2015	Worksheet S-4
		Component CCN: 157055		Date/Time Prepared: 5/27/2016 5:07 pm
			Home Health Agency I	PPS

					1.00	
0.00	County	DEARBORN				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	0	0	0	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	302.00	0.00	0.00	2.00

		Number of Employees (Full Time Equivalent)			
		Staff	Contract	Total	
Enter the number of hours in your normal work week					
		0	1.00	2.00	3.00

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES						
3.00	Administrator and Assistant Administrator(s)		40.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			1.99	0.00	4.00
5.00	Other Administrative Personnel			0.00	0.00	5.00
6.00	Direct Nursing Service			8.30	0.00	6.00
7.00	Nursing Supervisor			0.00	0.00	7.00
8.00	Physical Therapy Service			1.41	0.00	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	9.00
10.00	Occupational Therapy Service			0.72	0.00	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	11.00
12.00	Speech Pathology Service			0.13	0.00	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	13.00
14.00	Medical Social Service			0.00	0.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	15.00
16.00	Home Health Aide			2.85	0.00	16.00
17.00	Home Health Aide Supervisor			1.01	0.00	17.00
18.00	Other (specify)			0.00	0.00	18.00

HOME HEALTH AGENCY CBSA CODES						
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			5		19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).		17140			20.00
20.01			50031			20.01
20.02			50034			20.02
20.03			99915			20.03
20.04			50035			20.04

		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	2,285	366	190	51	2,892
22.00	Skilled Nursing Visit Charges	458,639	73,456	38,133	10,236	580,464
23.00	Physical Therapy Visits	1,036	24	38	9	1,107
24.00	Physical Therapy Visit Charges	228,252	5,286	8,370	1,982	243,890
25.00	Occupational Therapy Visits	361	17	8	7	393
26.00	Occupational Therapy Visit Charges	79,510	3,744	1,762	1,542	86,558
27.00	Speech Pathology Visits	62	23	0	0	85
28.00	Speech Pathology Visit Charges	13,656	5,066	0	0	18,722
29.00	Medical Social Service Visits	34	2	3	1	40
30.00	Medical Social Service Visit Charges	10,193	600	899	300	11,992
31.00	Home Health Aide Visits	579	183	2	5	769
32.00	Home Health Aide Visit Charges	109,558	46,720	350	818	157,446
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	4,357	615	241	73	5,286
34.00	Other Charges	0	0	0	0	0
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	899,808	134,872	49,514	14,878	1,099,072
36.00	Total Number of Episodes (standard/non outlier)	322		85	4	411
37.00	Total Number of Outlier Episodes		11		1	12
38.00	Total Non-Routine Medical Supply Charges	24,305	13,418	3,213	554	41,490

HOSPITAL IDENTIFICATION DATA

Provider CCN: 150086
Component CCN: 151531

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

Worksheet S-9
Parts I & II
Date/Time Prepared:
5/27/2016 5:07 pm

		Hospice I						
		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
PART I - ENROLLMENT DAYS								
1.00	Continuous Home Care	0	0	0	0	0	0	
2.00	Routine Home Care	3,652	142	271	15	887	4,681	
3.00	Inpatient Respite Care	0	0	0	0	0	0	
4.00	General Inpatient Care	202	17	0	0	39	258	
5.00	Total Hospice Days	3,854	159	271	15	926	4,939	
Part II - CENSUS DATA								
6.00	Number of Patients Receiving Hospice Care	124	7	8	2	24	155	
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00				
8.00	Average Length of Stay (line 5/line 6)	31.08	22.71	33.88	7.50	38.58	31.86	
9.00	Unduplicated Census Count	124	7	8	1	23	154	

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150086	Period: From 01/01/2015 To 12/31/2015	Worksheet S-10 Date/Time Prepared: 5/27/2016 5:08 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.325917	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		3,319,273	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		2,192,026	5.00	
6.00	Medicaid charges		13,289,624	6.00	
7.00	Medicaid cost (line 1 times line 6)		4,331,314	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)		0	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0	9.00	
10.00	Stand-alone SCHIP charges		0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0	19.00	
			1.00		
			2.00		
			3.00		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	1,454,721	0	1,454,721	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	474,118	0	474,118	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	474,118	0	474,118	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)		7,956,996	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		192,132	27.00	
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		7,764,864	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		2,530,701	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		3,004,819	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		3,004,819	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150086

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

Worksheet A
Date/Time Prepared:
5/27/2016 5:07 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		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		3,365,676	3,365,676	68,394	3,434,070	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2,132,767	2,132,767	54,275	2,187,042	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	438,660	8,966,183	9,404,843	0	9,404,843	4.00
5.01	01160	COMMUNICATIONS	121,548	160,138	281,686	0	281,686	5.01
5.02	00550	DATA PROCESSING	897,695	1,058,457	1,956,152	0	1,956,152	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	236,381	-302,267	-65,886	-648	-66,534	5.03
5.04	00570	ADMITTING	632,482	81,986	714,468	0	714,468	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	735,773	492,315	1,228,088	0	1,228,088	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	1,631,743	11,057,865	12,689,608	-131,457	12,558,151	5.06
7.00	00700	OPERATION OF PLANT	961,597	2,193,852	3,155,449	-65,867	3,089,582	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	177,127	138,460	315,587	0	315,587	8.00
9.00	00900	HOUSEKEEPING	725,271	291,542	1,016,813	23,960	1,040,773	9.00
10.00	01000	DIETARY	1,138,468	711,222	1,849,690	-1,354,158	495,532	10.00
11.00	01100	CAFETERIA	0	0	0	1,354,158	1,354,158	11.00
13.00	01300	NURSING ADMINISTRATION	930,998	29,935	960,933	0	960,933	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	321,769	711,511	1,033,280	-551,046	482,234	14.00
15.00	01500	PHARMACY	1,610,109	157,353	1,767,462	-17,001	1,750,461	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	804,700	137,592	942,292	-1,995	940,297	16.00
17.00	01700	SOCIAL SERVICE	306,449	8,956	315,405	0	315,405	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,188,263	915,540	7,103,803	-829,562	6,274,241	30.00
31.00	03100	INTENSIVE CARE UNIT	1,386,574	109,471	1,496,045	-10,134	1,485,911	31.00
43.00	04300	NURSERY	0	0	0	496,383	496,383	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,825,118	2,153,096	3,978,214	-1,587,830	2,390,384	50.00
51.00	05100	RECOVERY ROOM	720,606	36,456	757,062	-10,715	746,347	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	274,335	274,335	52.00
53.00	05300	ANESTHESIOLOGY	0	1,459,234	1,459,234	-35,996	1,423,238	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,377,532	1,016,033	3,393,565	-17,914	3,375,651	54.00
54.01	05401	ULTRASOUND	188,049	104,734	292,783	-24,478	268,305	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	418,111	344,276	762,387	-172,223	590,164	55.00
57.00	05700	CT SCAN	0	421,544	421,544	-78,777	342,767	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	314,360	314,360	-5,823	308,537	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	2,231,556	3,297,897	5,529,453	-3,808	5,525,645	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	772,066	138,787	910,853	-79,565	831,288	65.00
65.01	03950	SLEEP CLINIC	0	192,530	192,530	-116	192,414	65.01
66.00	06600	PHYSICAL THERAPY	1,042,151	62,772	1,104,923	-5,842	1,099,081	66.00
67.00	06700	OCCUPATIONAL THERAPY	254,689	19,970	274,659	-3,933	270,726	67.00
68.00	06800	SPEECH PATHOLOGY	199,203	3,234	202,437	0	202,437	68.00
69.00	06900	ELECTROCARDIOLOGY	562,911	879,966	1,442,877	-379	1,442,498	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	2,772,515	2,772,515	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	2,448,196	2,448,196	0	2,448,196	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,805,912	3,805,912	0	3,805,912	73.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	1,624,903	321,145	1,946,048	-24,018	1,922,030	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	986,272	152,070	1,138,342	-17,076	1,121,266	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		0	0	0	0	113.00
116.00	11600	HOSPICE	333,280	316,553	649,833	-65,826	584,007	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	32,782,054	49,907,319	82,689,373	-52,167	82,637,206	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	65,245	227	65,472	0	65,472	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	119,631	119,631	52,376	172,007	192.00
192.01	19201	PHYSICIAN CLINIC	85,669	36,664	122,333	-185	122,148	192.01
192.02	19202	LIFELINE	0	3,952	3,952	0	3,952	192.02
192.03	19203	CREDIT UNION	0	0	0	0	0	192.03
192.04	19204	BREAST MRI STUDY	0	0	0	0	0	192.04
192.05	19205	HOSPITALIST	0	1,243,006	1,243,006	0	1,243,006	192.05
194.00	07950	COMMUNITY MENTAL HEALTH	0	0	0	0	0	194.00
194.01	07951	MARKETING	117,396	353,081	470,477	0	470,477	194.01
194.02	07953	OCCUPATIONAL HEALTH	288,268	37,189	325,457	-24	325,433	194.02
194.03	07952	PATHS EDUCATION	0	54,897	54,897	0	54,897	194.03
200.00		TOTAL (SUM OF LINES 118-199)	33,338,632	51,755,966	85,094,598	0	85,094,598	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150086

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

Worksheet A
Date/Time Prepared:
5/27/2016 5:07 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-139,803	3,294,267	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-382	2,186,660	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-15,197	9,389,646	4.00
5.01	01160	COMMUNICATIONS	-9,720	271,966	5.01
5.02	00550	DATA PROCESSING	0	1,956,152	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	-66,534	5.03
5.04	00570	ADMINITTING	0	714,468	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-19,905	1,208,183	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	-9,950,936	2,607,215	5.06
7.00	00700	OPERATION OF PLANT	-116,118	2,973,464	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	315,587	8.00
9.00	00900	HOUSEKEEPING	0	1,040,773	9.00
10.00	01000	DIETARY	0	495,532	10.00
11.00	01100	CAFETERIA	-402,873	951,285	11.00
13.00	01300	NURSING ADMINISTRATION	0	960,933	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	482,234	14.00
15.00	01500	PHARMACY	0	1,750,461	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-36,494	903,803	16.00
17.00	01700	SOCIAL SERVICE	0	315,405	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-366,490	5,907,751	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,485,911	31.00
43.00	04300	NURSERY	0	496,383	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-67,500	2,322,884	50.00
51.00	05100	RECOVERY ROOM	0	746,347	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	274,335	52.00
53.00	05300	ANESTHESIOLOGY	-1,398,592	24,646	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-131,015	3,244,636	54.00
54.01	05401	ULTRASOUND	0	268,305	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	590,164	55.00
57.00	05700	CT SCAN	-2,400	340,367	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	308,537	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-95,283	5,430,362	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	-12,061	819,227	65.00
65.01	03950	SLEEP CLINIC	0	192,414	65.01
66.00	06600	PHYSICAL THERAPY	0	1,099,081	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	270,726	67.00
68.00	06800	SPEECH PATHOLOGY	0	202,437	68.00
69.00	06900	ELECTROCARDIOLOGY	-327,013	1,115,485	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,772,515	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	2,448,196	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-1,012,630	2,793,282	73.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-68,668	1,853,362	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	1,121,266	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	-5,078	578,929	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-14,178,158	68,459,048	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	65,472	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	172,007	192.00
192.01	19201	PHYSICIAN CLINIC	0	122,148	192.01
192.02	19202	LIFELINE	0	3,952	192.02
192.03	19203	CREDIT UNION	0	0	192.03
192.04	19204	BREAST MRI STUDY	0	0	192.04
192.05	19205	HOSPITALIST	0	1,243,006	192.05
194.00	07950	COMMUNITY MENTAL HEALTH	0	0	194.00
194.01	07951	MARKETING	0	470,477	194.01
194.02	07953	OCCUPATIONAL HEALTH	0	325,433	194.02
194.03	07952	PATHS EDUCATION	0	54,897	194.03
200.00		TOTAL (SUM OF LINES 118-199)	-14,178,158	70,916,440	200.00

RECLASSIFICATIONS

Provider CCN: 150086

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

Worksheet A-6

Date/Time Prepared:
5/27/2016 5:07 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - CAFETERIA					
1.00	CAFETERIA	11.00	833,472	520,686	1.00
	O		833,472	520,686	
B - NURSERY					
1.00	NURSERY	43.00	405,414	90,969	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	224,059	50,276	2.00
	O		629,473	141,245	
C - UTILIZATION REVIEW COST					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,995	1.00
	O		0	1,995	
D - SECURITY GUARD					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	13,685	34,768	1.00
	O		13,685	34,768	
E - MED SUPPLY RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,772,515	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
	O		0	2,772,515	
F - POB HOUSEKEEPING					
1.00	HOUSEKEEPING	9.00	0	24,025	1.00
2.00		0.00	0	0	2.00
	O		0	24,025	
G - INSURANCE					
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	122,669	1.00
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	10,783	2.00
	O		0	133,452	
500.00	Grand Total: Increases		1,476,630	3,628,686	500.00

RECLASSIFICATIONS

Provider CCN: 150086

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

Worksheet A-6

Date/Time Prepared:
5/27/2016 5:07 pm

		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
A - CAFETERIA						
1.00	DIETARY	10.00	833,472	520,686	0	1.00
	O		833,472	520,686		
B - NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	629,473	141,245	0	1.00
2.00	O	0.00	0	0	0	2.00
	O		629,473	141,245		
C - UTILIZATION REVIEW COST						
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,995	0	1.00
	O		0	1,995		
D - SECURITY GUARD						
1.00	OPERATION OF PLANT	7.00	13,685	34,768	0	1.00
	O		13,685	34,768		
E - MED SUPPLY RECLASS						
1.00	PURCHASING RECEIVING AND STORES	5.03	0	648	0	1.00
2.00	OPERATION OF PLANT	7.00	0	249	0	2.00
3.00	HOUSEKEEPING	9.00	0	65	0	3.00
4.00	CENTRAL SERVICE & SUPPLY	14.00	0	551,046	0	4.00
5.00	PHARMACY	15.00	0	17,001	0	5.00
6.00	ADULTS & PEDIATRICS	30.00	0	58,844	0	6.00
7.00	INTENSIVE CARE UNIT	31.00	0	10,134	0	7.00
8.00	OPERATING ROOM	50.00	0	1,587,830	0	8.00
9.00	RECOVERY ROOM	51.00	0	10,715	0	9.00
10.00	ANESTHESIOLOGY	53.00	0	35,996	0	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	17,914	0	11.00
12.00	ULTRASOUND	54.01	0	24,478	0	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0	172,223	0	13.00
14.00	CT SCAN	57.00	0	78,777	0	14.00
15.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	5,823	0	15.00
16.00	LABORATORY	60.00	0	3,808	0	16.00
17.00	RESPIRATORY THERAPY	65.00	0	79,565	0	17.00
18.00	SLEEP CLINIC	65.01	0	116	0	18.00
19.00	PHYSICAL THERAPY	66.00	0	5,842	0	19.00
20.00	OCCUPATIONAL THERAPY	67.00	0	3,933	0	20.00
21.00	ELECTROCARDIOLOGY	69.00	0	379	0	21.00
22.00	EMERGENCY	91.00	0	24,018	0	22.00
23.00	HOME HEALTH AGENCY	101.00	0	17,076	0	23.00
24.00	HOSPICE	116.00	0	65,826	0	24.00
25.00	PHYSICIAN CLINIC	192.01	0	185	0	25.00
26.00	OCCUPATIONAL HEALTH	194.02	0	24	0	26.00
	O		0	2,772,515		
F - POB HOUSEKEEPING						
1.00	OPERATION OF PLANT	7.00	0	17,165	0	1.00
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	6,860	0	2.00
	O		0	24,025		
G - INSURANCE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	133,452	0	1.00
2.00	O	0.00	0	0	0	2.00
	O		0	133,452		
500.00	Grand Total: Decreases		1,476,630	3,628,686		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150086

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

Worksheet A-7
Part I
Date/Time Prepared:
5/27/2016 5:07 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	75,208	0	0	0	1.00
2.00	Land Improvements	1,514,521	23,065	0	23,065	2.00
3.00	Buildings and Fixtures	64,207,670	2,415,938	0	2,415,938	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	47,002,013	1,925,174	0	1,925,174	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	112,799,412	4,364,177	0	4,364,177	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	112,799,412	4,364,177	0	4,364,177	10.00
	Ending Balance		Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	75,208	0			1.00
2.00	Land Improvements	1,537,586	0			2.00
3.00	Buildings and Fixtures	65,241,013	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	48,927,187	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	115,780,994	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	115,780,994	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150086

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

Worksheet A-7
Part II
Date/Time Prepared:
5/27/2016 5:07 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	2,924,121	0	441,555	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	1,799,612	333,155	0	0	0	2.00
3.00	Total (sum of lines 1-2)	4,723,733	333,155	441,555	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	3,365,676				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	2,132,767				2.00
3.00	Total (sum of lines 1-2)	0	5,498,443				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150086

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

Worksheet A-7
Part III
Date/Time Prepared:
5/27/2016 5:07 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	64,553,899	0	64,553,899	0.557552	68,394	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	51,227,095	0	51,227,095	0.442448	54,275	2.00
3.00	Total (sum of lines 1-2)	115,780,994	0	115,780,994	1.000000	122,669	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	68,394	2,814,410	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	54,275	1,799,230	333,155	2.00
3.00	Total (sum of lines 1-2)	0	0	122,669	4,613,640	333,155	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	411,463	68,394	0	0	3,294,267	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	54,275	0	0	2,186,660	2.00
3.00	Total (sum of lines 1-2)	411,463	122,669	0	0	5,480,927	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150086

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

Worksheet A-8

Date/Time Prepared:
5/27/2016 5:07 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst.	A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00 Investment income - other (chapter 2)		0		0.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-9,540	OTHER ADMINISTRATIVE AND GENERAL	5.06		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	-9,720	COMMUNICATIONS	5.01		0	7.00
8.00 Television and radio service (chapter 21)	A	-382	NEW CAP REL COSTS-MVBLE EQUIP	2.00		9	8.00
9.00 Parking lot (chapter 21)		0		0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-2,459,865				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00		0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0				0	12.00
13.00 Laundry and linen service		0		0.00		0	13.00
14.00 Cafeteria-employees and guests	B	-402,873	CAFETERIA	11.00		0	14.00
15.00 Rental of quarters to employee and others		0		0.00		0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00		0	16.00
17.00 Sale of drugs to other than patients	B	-1,012,630	DRUGS CHARGED TO PATIENTS	73.00		0	17.00
18.00 Sale of medical records and abstracts	B	-36,494	MEDICAL RECORDS & LIBRARY	16.00		0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00		0	19.00
20.00 Vending machines		0		0.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT	1.00		0	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW CAP REL COSTS-MVBLE EQUIP	2.00		0	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00			28.00
29.00 Physicians' assistant		0		0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)		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

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.00 REV - FITNESS CENTER	B	-15,197	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00
34.00 AMBULANCE BILLING OFFSET	B	-19,905	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	34.00
35.00 HEALTH SERV/WIC MANAGMNT FEE	B	-4,283	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	35.00
36.00 RENT - LUDLOW HILL CLINIC	B	-10,069	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	36.00
38.00 REV - COMMUNITY EDUCATION PROGRAM	B	-5,990	ADULTS & PEDIATRICS	30.00	0	38.00
39.00 CLINIC INCOME	B	-1,826	ADULTS & PEDIATRICS	30.00	0	39.00
40.00 MISCELLANEOUS INCOME	B	-1,341	RADIOLOGY-DIAGNOSTIC	54.00	0	40.00
41.00 ADVERTISING	A	-39,507	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	41.00
42.00 AHA & IHA DUES	A	-6,215	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	42.00
43.00 MISC. OFFSET	A	-22,870	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	43.00
44.00 ADVERTISING STAFF	A	-10,989	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	44.00
45.00 NON ALLOWABLE REPAIRS	A	-53,771	OPERATION OF PLANT	7.00	0	45.00
45.01 PHYSICIAN RECRUITMENT & HSC LOSS	A	-6,626,842	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.01
45.02 MENTAL HEALTH UTILITIES	A	-62,347	OPERATION OF PLANT	7.00	0	45.02
45.03 NON-ALLOWABLE DEPRECIATION	A	-109,711	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	45.03
45.04 NON ALLOWABLE INTEREST	A	-30,092	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	45.04
45.05 MISC. NONALLOWABLE	A	-5,078	HOSPICE	116.00	0	45.05
45.06 HAF OFFSET	A	-3,220,621	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.06
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-14,178,158				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150086

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

Worksheet A-8-2

Date/Time Prepared:
5/27/2016 5:07 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	30.00	ADULTS & PEDIATRICS	358,674	358,674	0	0	0	1.00
2.00	50.00	OPERATING ROOM	67,500	67,500	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	1,398,592	1,398,592	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	129,674	129,674	0	0	0	4.00
5.00	57.00	CT SCAN	2,400	2,400	0	0	0	5.00
6.00	60.00	LABORATORY	175,000	0	175,000	260,300	637	6.00
7.00	65.00	RESPIRATORY THERAPY	12,061	12,061	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	327,013	327,013	0	0	0	8.00
9.00	91.00	EMERGENCY	154,726	0	154,726	179,000	1,000	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			2,625,640	2,295,914	329,726		1,637	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	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	50.00	OPERATING ROOM	0	0	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	4.00
5.00	57.00	CT SCAN	0	0	0	0	0	5.00
6.00	60.00	LABORATORY	79,717	3,986	0	0	0	6.00
7.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	8.00
9.00	91.00	EMERGENCY	86,058	4,303	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			165,775	8,289	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	30.00	ADULTS & PEDIATRICS	0	0	0	358,674		1.00
2.00	50.00	OPERATING ROOM	0	0	0	67,500		2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	1,398,592		3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	129,674		4.00
5.00	57.00	CT SCAN	0	0	0	2,400		5.00
6.00	60.00	LABORATORY	0	79,717	95,283	95,283		6.00
7.00	65.00	RESPIRATORY THERAPY	0	0	0	12,061		7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	327,013		8.00
9.00	91.00	EMERGENCY	0	86,058	68,668	68,668		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	165,775	163,951	2,459,865		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150086

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

Worksheet B
Part I
Date/Time Prepared:
5/27/2016 5:07 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	3,294,267	3,294,267			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	2,186,660		2,186,660		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	9,389,646	18,365	12,191	9,420,202	4.00
5.01 01160	COMMUNICATIONS	271,966	3,463	2,299	34,803	312,531 5.01
5.02 00550	DATA PROCESSING	1,956,152	13,820	9,173	257,036	17,019 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	-66,534	72,812	48,331	67,683	3,713 5.03
5.04 00570	ADMINISTRATIVE	714,468	39,362	26,128	181,098	8,664 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	1,208,183	27,092	17,983	210,673	13,615 5.05
5.06 00591	OTHER ADMINISTRATIVE AND GENERAL	2,607,215	119,922	79,601	467,215	10,830 5.06
7.00 00700	OPERATION OF PLANT	2,973,464	1,111,845	738,018	271,415	22,589 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	315,587	18,137	12,039	50,717	309 8.00
9.00 00900	HOUSEKEEPING	1,040,773	13,421	8,908	207,666	4,023 9.00
10.00 01000	DIETARY	495,532	45,572	30,249	87,329	6,498 10.00
11.00 01100	CAFETERIA	951,285	32,322	21,454	238,647	0 11.00
13.00 01300	NURSING ADMINISTRATION	960,933	6,836	4,537	266,572	4,642 13.00
14.00 01400	CENTRAL SERVICE & SUPPLY	482,234	63,663	42,258	92,132	3,404 14.00
15.00 01500	PHARMACY	1,750,461	20,234	13,431	461,021	10,521 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	903,803	54,766	36,352	230,409	24,445 16.00
17.00 01700	SOCIAL SERVICE	315,405	6,642	4,409	87,745	3,404 17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	5,907,751	635,325	421,714	1,591,628	38,992 30.00
31.00 03100	INTENSIVE CARE UNIT	1,485,911	84,307	55,961	397,016	5,260 31.00
43.00 04300	NURSERY	496,383	4,557	3,025	116,082	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	2,322,884	293,777	195,003	522,584	21,351 50.00
51.00 05100	RECOVERY ROOM	746,347	13,250	8,795	206,330	3,713 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	274,335	5,742	3,811	64,155	0 52.00
53.00 05300	ANESTHESIOLOGY	24,646	182	121	0	619 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,244,636	131,371	87,201	680,756	19,804 54.00
54.01 05401	ULTRASOUND	268,305	7,064	4,689	53,844	619 54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	590,164	13,159	8,735	119,717	2,166 55.00
57.00 05700	CT SCAN	340,367	0	0	0	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	308,537	9,148	6,073	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	5,430,362	76,560	50,819	638,959	12,687 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
65.00 06500	RESPIRATORY THERAPY	819,227	13,261	8,803	221,065	2,475 65.00
65.01 03950	SLEEP CLINIC	192,414	0	0	0	0 65.01
66.00 06600	PHYSICAL THERAPY	1,099,081	86,176	57,202	298,398	5,570 66.00
67.00 06700	OCCUPATIONAL THERAPY	270,726	9,046	6,005	72,925	3,094 67.00
68.00 06800	SPEECH PATHOLOGY	202,437	4,831	3,206	57,038	309 68.00
69.00 06900	ELECTROCARDIOLOGY	1,115,485	37,152	24,661	161,178	10,211 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,772,515	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	2,448,196	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	2,793,282	0	0	0	0 73.00
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	1,853,362	110,329	73,234	465,257	9,283 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	1,121,266	35,147	23,330	282,398	1,857 101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
116.00 11600	HOSPICE	578,929	3,589	2,382	95,428	0 116.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	68,459,048	3,242,247	2,152,131	9,256,919	271,686 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	65,472	27,799	18,452	18,682	1,547 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	172,007	0	0	3,918	31,253 192.00
192.01 19201	PHYSICIAN CLINIC	122,148	0	0	24,530	4,023 192.01
192.02 19202	LIFELINE	3,952	0	0	0	0 192.02
192.03 19203	CREDIT UNION	0	11,917	7,910	0	3,094 192.03
192.04 19204	BREAST MRI STUDY	0	0	0	0	0 192.04
192.05 19205	HOSPITALIST	1,243,006	0	0	0	0 192.05
194.00 07950	COMMUNITY MENTAL HEALTH	0	0	0	0	0 194.00
194.01 07951	MARKETING	470,477	12,304	8,167	33,614	928 194.01
194.02 07953	OCCUPATIONAL HEALTH	325,433	0	0	82,539	0 194.02
194.03 07952	PATHS EDUCATION	54,897	0	0	0	0 194.03
200.00	Cross Foot Adjustments					
201.00	Negative Cost Centers		0	0	0	0 201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150086

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

Worksheet B
Part I
Date/Time Prepared:
5/27/2016 5:07 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
202.00 TOTAL (sum lines 118-201)	70,916,440	3,294,267	2,186,660	9,420,202	312,531	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150086

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

Worksheet B Part I Date/Time Prepared: 5/27/2016 5:07 pm

Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING	2,253,200				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	26,984	152,989			5.03
5.04	00570	ADMINITTING	74,207	603	1,044,530		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	114,684	295	0	1,592,525	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	121,430	391	0	0	3,406,604
7.00	00700	OPERATION OF PLANT	29,233	2,607	0	0	5,149,171
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,669	0	0	398,458
9.00	00900	HOUSEKEEPING	11,244	2,160	0	0	1,288,195
10.00	01000	DIETARY	71,958	1,930	0	0	739,068
11.00	01100	CAFETERIA	0	0	0	0	1,243,708
13.00	01300	NURSING ADMINISTRATION	38,228	236	0	0	1,281,984
14.00	01400	CENTRAL SERVICE & SUPPLY	47,223	10,764	0	0	741,678
15.00	01500	PHARMACY	69,710	1,305	0	0	2,326,683
16.00	01600	MEDICAL RECORDS & LIBRARY	121,430	367	0	0	1,371,572
17.00	01700	SOCIAL SERVICE	20,238	124	0	0	437,967
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	398,020	5,114	840,748	122,874	9,962,166
31.00	03100	INTENSIVE CARE UNIT	60,715	863	109,227	26,520	2,225,780
43.00	04300	NURSERY	0	0	94,555	4,160	718,762
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	139,420	30,209	0	226,825	3,752,053
51.00	05100	RECOVERY ROOM	0	402	0	29,934	1,008,771
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	11,515	359,558
53.00	05300	ANESTHESIOLOGY	0	698	0	15,623	41,889
54.00	05400	RADIOLOGY-DIAGNOSTIC	107,938	6,402	0	152,113	4,430,221
54.01	05401	ULTRASOUND	0	492	0	30,514	365,527
55.00	05500	RADIOLOGY-THERAPEUTIC	22,487	3,988	0	52,878	813,294
57.00	05700	CT SCAN	0	2,504	0	162,321	505,192
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	990	0	31,269	356,017
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	150,663	29,823	0	294,816	6,684,689
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	78,705	1,213	0	53,562	1,198,311
65.01	03950	SLEEP CLINIC	0	17	0	5,410	197,841
66.00	06600	PHYSICAL THERAPY	49,471	512	0	46,452	1,642,862
67.00	06700	OCCUPATIONAL THERAPY	0	256	0	5,925	367,977
68.00	06800	SPEECH PATHOLOGY	0	18	0	4,851	272,690
69.00	06900	ELECTROCARDIOLOGY	0	573	0	63,073	1,412,333
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	43,588	2,816,103
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	42,380	0	6,732	2,497,308
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	106,171	2,899,453
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	76,456	1,506	0	77,291	2,666,718
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	89,948	721	0	10,908	1,565,575
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	1,262	0	7,200	688,790
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,920,392	152,394	1,044,530	1,592,525	67,834,968
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	131,952
192.00	19200	PHYSICIANS' PRIVATE OFFICES	299,077	141	0	0	506,396
192.01	19201	PHYSICIAN CLINIC	22,487	79	0	0	173,267
192.02	19202	LIFELINE	0	1	0	0	3,953
192.03	19203	CREDIT UNION	0	0	0	0	22,921
192.04	19204	BREAST MRI STUDY	0	0	0	0	0
192.05	19205	HOSPITALIST	8,995	14	0	0	1,252,015
194.00	07950	COMMUNITY MENTAL HEALTH	0	0	0	0	0
194.01	07951	MARKETING	2,249	31	0	0	527,770
194.02	07953	OCCUPATIONAL HEALTH	0	312	0	0	408,284
194.03	07952	PATHS EDUCATION	0	17	0	0	54,914
200.00		Cross Foot Adjustments					0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	2,253,200	152,989	1,044,530	1,592,525	70,916,440

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150086

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

Worksheet B
Part I
Date/Time Prepared:
5/27/2016 5:07 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.06	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	01160	COMMUNICATIONS					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.03	00560	PURCHASING RECEIVING AND STORES					5.03	
5.04	00570	ADMITTING					5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	3,406,604				5.06	
7.00	00700	OPERATION OF PLANT	259,832	5,409,003			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	20,107	51,974	470,539		8.00	
9.00	00900	HOUSEKEEPING	65,004	38,458	62,549	1,454,206	9.00	
10.00	01000	DIETARY	37,294	130,588	15,045	35,706	957,701	10.00
11.00	01100	CAFETERIA	62,759	92,620	0	25,324	0	11.00
13.00	01300	NURSING ADMINISTRATION	64,690	19,588	0	5,356	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	37,426	182,432	1,255	49,881	0	14.00
15.00	01500	PHARMACY	117,407	57,981	0	15,853	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	69,211	156,935	0	42,909	0	16.00
17.00	01700	SOCIAL SERVICE	22,100	19,033	0	5,204	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	502,694	1,820,567	167,567	497,780	768,918	30.00
31.00	03100	INTENSIVE CARE UNIT	112,315	241,588	28,640	66,055	56,246	31.00
43.00	04300	NURSERY	36,269	13,059	0	3,571	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	189,332	841,838	27,315	230,176	0	50.00
51.00	05100	RECOVERY ROOM	50,904	37,969	21,155	10,381	3,185	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,144	16,454	0	4,499	0	52.00
53.00	05300	ANESTHESIOLOGY	2,114	522	0	143	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	223,553	376,454	29,334	102,930	0	54.00
54.01	05401	ULTRASOUND	18,445	20,241	6,701	5,534	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	41,040	37,707	4,484	10,310	0	55.00
57.00	05700	CT SCAN	25,492	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	17,965	26,216	0	7,168	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	337,316	219,388	2,705	59,985	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	60,468	38,001	6,076	10,390	0	65.00
65.01	03950	SLEEP CLINIC	9,983	0	1,275	0	0	65.01
66.00	06600	PHYSICAL THERAPY	82,900	246,943	8,173	67,519	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	18,568	25,922	432	7,088	0	67.00
68.00	06800	SPEECH PATHOLOGY	13,760	13,842	0	3,785	0	68.00
69.00	06900	ELECTROCARDIOLOGY	71,268	106,462	2,107	29,109	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	142,103	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	126,017	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	146,309	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	134,565	316,154	77,786	86,443	13,249	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	79,000	100,716	0	27,538	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	34,757	10,284	0	2,812	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,251,111	5,259,936	462,599	1,413,449	841,598	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,658	79,659	0	21,780	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	25,553	0	922	0	0	192.00
192.01	19201	PHYSICIAN CLINIC	8,743	0	0	0	0	192.01
192.02	19202	LIFELINE	199	0	0	0	0	192.02
192.03	19203	CREDIT UNION	1,157	34,149	0	9,337	0	192.03
192.04	19204	BREAST MRI STUDY	0	0	0	0	0	192.04
192.05	19205	HOSPITALIST	63,178	0	0	0	0	192.05
194.00	07950	COMMUNITY MENTAL HEALTH	0	0	7,018	0	116,103	194.00
194.01	07951	MARKETING	26,632	35,259	0	9,640	0	194.01
194.02	07953	OCCUPATIONAL HEALTH	20,602	0	0	0	0	194.02
194.03	07952	PATHS EDUCATION	2,771	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,406,604	5,409,003	470,539	1,454,206	957,701	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150086

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

Worksheet B
Part I
Date/Time Prepared:
5/27/2016 5:07 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						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
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	1,424,411					11.00
13.00	01300	36,387	1,408,005				13.00
14.00	01400	30,457	59,442	1,102,571			14.00
15.00	01500	70,030	0	0	2,587,954		15.00
16.00	01600	57,474	0	0	0	1,698,101	16.00
17.00	01700	16,927	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	351,462	685,945	0	0	125,419	30.00
31.00	03100	75,480	147,313	0	0	28,597	31.00
43.00	04300	20,018	39,069	0	0	4,486	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	99,612	194,411	0	0	244,251	50.00
51.00	05100	34,571	67,471	0	0	32,278	51.00
52.00	05200	11,063	21,592	0	0	12,417	52.00
53.00	05300	0	0	0	0	16,847	53.00
54.00	05400	141,981	0	0	0	163,887	54.00
54.01	05401	9,111	0	0	0	32,904	54.01
55.00	05500	18,253	0	0	0	56,895	55.00
57.00	05700	0	0	0	0	175,033	57.00
58.00	05800	0	0	0	0	33,225	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	160,052	0	0	0	318,025	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	43,337	0	0	0	56,704	65.00
65.01	03950	0	0	0	0	5,833	65.01
66.00	06600	57,069	0	0	0	50,089	66.00
67.00	06700	11,305	0	0	0	6,389	67.00
68.00	06800	6,969	0	0	0	5,231	68.00
69.00	06900	34,752	0	0	0	57,373	69.00
71.00	07100	0	0	1,102,571	0	47,002	71.00
72.00	07200	0	0	0	0	7,861	72.00
73.00	07300	0	0	0	2,587,954	114,486	73.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	98,767	192,762	0	0	83,344	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	0	0	0	0	11,762	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
116.00	11600	0	0	0	0	7,763	116.00
118.00		1,385,077	1,408,005	1,102,571	2,587,954	1,698,101	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	9,896	0	0	0	0	190.00
192.00	19200	746	0	0	0	0	192.00
192.01	19201	9,301	0	0	0	0	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
192.04	19204	0	0	0	0	0	192.04
192.05	19205	0	0	0	0	0	192.05
194.00	07950	0	0	0	0	0	194.00
194.01	07951	6,532	0	0	0	0	194.01
194.02	07953	12,859	0	0	0	0	194.02
194.03	07952	0	0	0	0	0	194.03
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		1,424,411	1,408,005	1,102,571	2,587,954	1,698,101	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150086

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

Worksheet B
Part I
Date/Time Prepared:
5/27/2016 5:07 pm

Cost Center Description			SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICE & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE	501,231				17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	462,179	15,344,697	0	15,344,697	30.00
31.00	03100	INTENSIVE CARE UNIT	20,243	3,002,257	0	3,002,257	31.00
43.00	04300	NURSERY	0	835,234	0	835,234	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,957	5,587,945	0	5,587,945	50.00
51.00	05100	RECOVERY ROOM	0	1,266,685	0	1,266,685	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	443,727	0	443,727	52.00
53.00	05300	ANESTHESIOLOGY	0	61,515	0	61,515	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	358	5,468,718	0	5,468,718	54.00
54.01	05401	ULTRASOUND	0	458,463	0	458,463	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	981,983	0	981,983	55.00
57.00	05700	CT SCAN	0	705,717	0	705,717	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	440,591	0	440,591	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	7,782,160	0	7,782,160	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	1,413,287	0	1,413,287	65.00
65.01	03950	SLEEP CLINIC	0	214,932	0	214,932	65.01
66.00	06600	PHYSICAL THERAPY	0	2,155,555	0	2,155,555	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	437,681	0	437,681	67.00
68.00	06800	SPEECH PATHOLOGY	0	316,277	0	316,277	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,713,404	0	1,713,404	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,107,779	0	4,107,779	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	2,631,186	0	2,631,186	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,748,202	0	5,748,202	73.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	8,957	3,678,745	0	3,678,745	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	1,784,591	0	1,784,591	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	744,406	0	744,406	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	500,694	67,325,737	0	67,325,737	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	249,945	0	249,945	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	537	534,154	0	534,154	192.00
192.01	19201	PHYSICIAN CLINIC	0	191,311	0	191,311	192.01
192.02	19202	LIFELINE	0	4,152	0	4,152	192.02
192.03	19203	CREDIT UNION	0	67,564	0	67,564	192.03
192.04	19204	BREAST MRI STUDY	0	0	0	0	192.04
192.05	19205	HOSPITALIST	0	1,315,193	0	1,315,193	192.05
194.00	07950	COMMUNITY MENTAL HEALTH	0	123,121	0	123,121	194.00
194.01	07951	MARKETING	0	605,833	0	605,833	194.01
194.02	07953	OCCUPATIONAL HEALTH	0	441,745	0	441,745	194.02
194.03	07952	PATHS EDUCATION	0	57,685	0	57,685	194.03
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)	501,231	70,916,440	0	70,916,440	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150086

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

Worksheet B
Part II
Date/Time Prepared:
5/27/2016 5:07 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	18,365	12,191	30,556	30,556 4.00
5.01 01160	COMMUNICATIONS	0	3,463	2,299	5,762	113 5.01
5.02 00550	DATA PROCESSING	0	13,820	9,173	22,993	834 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	72,812	48,331	121,143	220 5.03
5.04 00570	ADMITTING	0	39,362	26,128	65,490	588 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	27,092	17,983	45,075	684 5.05
5.06 00591	OTHER ADMINISTRATIVE AND GENERAL	0	119,922	79,601	199,523	1,516 5.06
7.00 00700	OPERATION OF PLANT	0	1,111,845	738,018	1,849,863	881 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	18,137	12,039	30,176	165 8.00
9.00 00900	HOUSEKEEPING	0	13,421	8,908	22,329	674 9.00
10.00 01000	DIETARY	0	45,572	30,249	75,821	283 10.00
11.00 01100	CAFETERIA	0	32,322	21,454	53,776	774 11.00
13.00 01300	NURSING ADMINISTRATION	0	6,836	4,537	11,373	865 13.00
14.00 01400	CENTRAL SERVICE & SUPPLY	0	63,663	42,258	105,921	299 14.00
15.00 01500	PHARMACY	0	20,234	13,431	33,665	1,496 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	54,766	36,352	91,118	748 16.00
17.00 01700	SOCIAL SERVICE	0	6,642	4,409	11,051	285 17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	635,325	421,714	1,057,039	5,151 30.00
31.00 03100	INTENSIVE CARE UNIT	0	84,307	55,961	140,268	1,288 31.00
43.00 04300	NURSERY	0	4,557	3,025	7,582	377 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	293,777	195,003	488,780	1,696 50.00
51.00 05100	RECOVERY ROOM	0	13,250	8,795	22,045	669 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	5,742	3,811	9,553	208 52.00
53.00 05300	ANESTHESIOLOGY	0	182	121	303	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	131,371	87,201	218,572	2,209 54.00
54.01 05401	ULTRASOUND	0	7,064	4,689	11,753	175 54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	13,159	8,735	21,894	388 55.00
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	9,148	6,073	15,221	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	0	76,560	50,819	127,379	2,073 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
65.00 06500	RESPIRATORY THERAPY	0	13,261	8,803	22,064	717 65.00
65.01 03950	SLEEP CLINIC	0	0	0	0	0 65.01
66.00 06600	PHYSICAL THERAPY	0	86,176	57,202	143,378	968 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	9,046	6,005	15,051	237 67.00
68.00 06800	SPEECH PATHOLOGY	0	4,831	3,206	8,037	185 68.00
69.00 06900	ELECTROCARDIOLOGY	0	37,152	24,661	61,813	523 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	0	110,329	73,234	183,563	1,510 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0	35,147	23,330	58,477	916 101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	0	3,589	2,382	5,971	310 116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	3,242,247	2,152,131	5,394,378	30,025 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	27,799	18,452	46,251	61 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	13 192.00
192.01 19201	PHYSICIAN CLINIC	0	0	0	0	80 192.01
192.02 19202	LIFELINE	0	0	0	0	0 192.02
192.03 19203	CREDIT UNION	0	11,917	7,910	19,827	0 192.03
192.04 19204	BREAST MRI STUDY	0	0	0	0	0 192.04
192.05 19205	HOSPITALIST	0	0	0	0	0 192.05
194.00 07950	COMMUNITY MENTAL HEALTH	0	0	0	0	0 194.00
194.01 07951	MARKETING	0	12,304	8,167	20,471	109 194.01
194.02 07953	OCCUPATIONAL HEALTH	0	0	0	0	268 194.02
194.03 07952	PATHS EDUCATION	0	0	0	0	0 194.03
200.00	Cross Foot Adjustments				0	0 200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	0	3,294,267	2,186,660	5,480,927	30,556 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150086

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

Worksheet B Part II Date/Time Prepared: 5/27/2016 5:07 pm

Cost Center Description		COMMUNICATIONS	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160	5,875					5.01
5.02	00550	320	24,147				5.02
5.03	00560	70	289	84,830			5.03
5.04	00570	163	795	334	67,370		5.04
5.05	00580	256	1,229	164	0	47,408	5.05
5.06	00591	204	1,301	217	0	0	5.06
7.00	00700	425	313	1,445	0	0	7.00
8.00	00800	6	0	925	0	0	8.00
9.00	00900	76	120	1,198	0	0	9.00
10.00	01000	122	771	1,070	0	0	10.00
11.00	01100	0	0	0	0	0	11.00
13.00	01300	87	410	131	0	0	13.00
14.00	01400	64	506	5,968	0	0	14.00
15.00	01500	198	747	723	0	0	15.00
16.00	01600	460	1,301	204	0	0	16.00
17.00	01700	64	217	69	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	729	4,268	2,835	54,226	3,659	30.00
31.00	03100	99	651	479	7,045	790	31.00
43.00	04300	0	0	0	6,099	124	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	401	1,494	16,750	0	6,754	50.00
51.00	05100	70	0	223	0	891	51.00
52.00	05200	0	0	0	0	343	52.00
53.00	05300	12	0	387	0	465	53.00
54.00	05400	372	1,157	3,550	0	4,530	54.00
54.01	05401	12	0	273	0	909	54.01
55.00	05500	41	241	2,211	0	1,575	55.00
57.00	05700	0	0	1,388	0	4,834	57.00
58.00	05800	0	0	549	0	931	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	238	1,615	16,536	0	8,765	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	47	843	673	0	1,595	65.00
65.01	03950	0	0	10	0	161	65.01
66.00	06600	105	530	284	0	1,383	66.00
67.00	06700	58	0	142	0	176	67.00
68.00	06800	6	0	10	0	144	68.00
69.00	06900	192	0	318	0	1,878	69.00
71.00	07100	0	0	0	0	1,298	71.00
72.00	07200	0	0	23,499	0	200	72.00
73.00	07300	0	0	0	0	3,162	73.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	175	819	835	0	2,302	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	35	964	400	0	325	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
116.00	11600	0	0	700	0	214	116.00
118.00		5,107	20,581	84,500	67,370	47,408	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	29	0	0	0	0	190.00
192.00	19200	588	3,205	78	0	0	192.00
192.01	19201	76	241	44	0	0	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	58	0	0	0	0	192.03
192.04	19204	0	0	0	0	0	192.04
192.05	19205	0	96	8	0	0	192.05
194.00	07950	0	0	0	0	0	194.00
194.01	07951	17	24	17	0	0	194.01
194.02	07953	0	0	173	0	0	194.02
194.03	07952	0	0	10	0	0	194.03
200.00							200.00
201.00		0	0	36,892	0	0	201.00
202.00		5,875	24,147	121,722	67,370	47,408	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150086		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/27/2016 5:07 pm	
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	202,761					5.06
7.00	00700	OPERATION OF PLANT	15,463	1,868,390				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,197	17,953	50,422			8.00
9.00	00900	HOUSEKEEPING	3,868	13,284	6,703	48,252		9.00
10.00	01000	DIETARY	2,219	45,108	1,612	1,185	128,191	10.00
11.00	01100	CAFETERIA	3,735	31,993	0	840	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,850	6,766	0	178	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	2,227	63,016	134	1,655	0	14.00
15.00	01500	PHARMACY	6,987	20,028	0	526	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,119	54,209	0	1,424	0	16.00
17.00	01700	SOCIAL SERVICE	1,315	6,575	0	173	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	29,947	628,865	17,957	16,517	102,922	30.00
31.00	03100	INTENSIVE CARE UNIT	6,684	83,450	3,069	2,192	7,529	31.00
43.00	04300	NURSERY	2,158	4,511	0	118	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,267	290,790	2,927	7,637	0	50.00
51.00	05100	RECOVERY ROOM	3,029	13,115	2,267	344	426	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,080	5,684	0	149	0	52.00
53.00	05300	ANESTHESIOLOGY	126	180	0	5	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,304	130,035	3,143	3,415	0	54.00
54.01	05401	ULTRASOUND	1,098	6,992	718	184	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,442	13,025	480	342	0	55.00
57.00	05700	CT SCAN	1,517	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,069	9,055	0	238	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	20,074	75,782	290	1,990	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	3,599	13,126	651	345	0	65.00
65.01	03950	SLEEP CLINIC	594	0	137	0	0	65.01
66.00	06600	PHYSICAL THERAPY	4,934	85,299	876	2,240	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,105	8,954	46	235	0	67.00
68.00	06800	SPEECH PATHOLOGY	819	4,781	0	126	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,241	36,774	226	966	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,457	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	7,499	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,707	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	8,008	109,207	8,335	2,868	1,773	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	4,701	34,790	0	914	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,068	3,552	0	93	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	193,507	1,816,899	49,571	46,899	112,650	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	396	27,516	0	723	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,521	0	99	0	0	192.00
192.01	19201	PHYSICIAN CLINIC	520	0	0	0	0	192.01
192.02	19202	LIFELINE	12	0	0	0	0	192.02
192.03	19203	CREDIT UNION	69	11,796	0	310	0	192.03
192.04	19204	BREAST MRI STUDY	0	0	0	0	0	192.04
192.05	19205	HOSPITALIST	3,760	0	0	0	0	192.05
194.00	07950	COMMUNITY MENTAL HEALTH	0	0	752	0	15,541	194.00
194.01	07951	MARKETING	1,585	12,179	0	320	0	194.01
194.02	07953	OCCUPATIONAL HEALTH	1,226	0	0	0	0	194.02
194.03	07952	PATHS EDUCATION	165	0	0	0	0	194.03
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)	202,761	1,868,390	50,422	48,252	128,191	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150086		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/27/2016 5:07 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						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
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	91,118					11.00
13.00	01300	2,328	25,988				13.00
14.00	01400	1,948	1,097	182,835			14.00
15.00	01500	4,480	0	0	68,850		15.00
16.00	01600	3,677	0	0	0	157,260	16.00
17.00	01700	1,083	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	22,481	12,661	0	0	11,611	30.00
31.00	03100	4,828	2,719	0	0	2,647	31.00
43.00	04300	1,281	721	0	0	415	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	6,372	3,588	0	0	22,613	50.00
51.00	05100	2,211	1,245	0	0	2,988	51.00
52.00	05200	708	399	0	0	1,150	52.00
53.00	05300	0	0	0	0	1,560	53.00
54.00	05400	9,082	0	0	0	15,172	54.00
54.01	05401	583	0	0	0	3,046	54.01
55.00	05500	1,168	0	0	0	5,267	55.00
57.00	05700	0	0	0	0	16,204	57.00
58.00	05800	0	0	0	0	3,076	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	10,238	0	0	0	29,495	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	2,772	0	0	0	5,250	65.00
65.01	03950	0	0	0	0	540	65.01
66.00	06600	3,651	0	0	0	4,637	66.00
67.00	06700	723	0	0	0	591	67.00
68.00	06800	446	0	0	0	484	68.00
69.00	06900	2,223	0	0	0	5,312	69.00
71.00	07100	0	0	182,835	0	4,351	71.00
72.00	07200	0	0	0	0	728	72.00
73.00	07300	0	0	0	68,850	10,599	73.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	6,318	3,558	0	0	7,716	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	0	0	0	0	1,089	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
116.00	11600	0	0	0	0	719	116.00
118.00		88,601	25,988	182,835	68,850	157,260	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	633	0	0	0	0	190.00
192.00	19200	48	0	0	0	0	192.00
192.01	19201	595	0	0	0	0	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
192.04	19204	0	0	0	0	0	192.04
192.05	19205	0	0	0	0	0	192.05
194.00	07950	0	0	0	0	0	194.00
194.01	07951	418	0	0	0	0	194.01
194.02	07953	823	0	0	0	0	194.02
194.03	07952	0	0	0	0	0	194.03
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		91,118	25,988	182,835	68,850	157,260	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150086

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

Worksheet B
Part II
Date/Time Prepared:
5/27/2016 5:07 pm

Cost Center Description			SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICE & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE	20,832				17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	19,210	1,990,078	0	1,990,078	30.00
31.00	03100	INTENSIVE CARE UNIT	841	264,579	0	264,579	31.00
43.00	04300	NURSERY	0	23,386	0	23,386	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	372	861,441	0	861,441	50.00
51.00	05100	RECOVERY ROOM	0	49,523	0	49,523	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	19,274	0	19,274	52.00
53.00	05300	ANESTHESIOLOGY	0	3,038	0	3,038	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15	404,556	0	404,556	54.00
54.01	05401	ULTRASOUND	0	25,743	0	25,743	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	49,074	0	49,074	55.00
57.00	05700	CT SCAN	0	23,943	0	23,943	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	30,139	0	30,139	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	294,475	0	294,475	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	51,682	0	51,682	65.00
65.01	03950	SLEEP CLINIC	0	1,442	0	1,442	65.01
66.00	06600	PHYSICAL THERAPY	0	248,285	0	248,285	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	27,318	0	27,318	67.00
68.00	06800	SPEECH PATHOLOGY	0	15,038	0	15,038	68.00
69.00	06900	ELECTROCARDIOLOGY	0	114,466	0	114,466	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	196,941	0	196,941	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	31,926	0	31,926	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	91,318	0	91,318	73.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	372	337,359	0	337,359	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0		92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	102,611	0	102,611	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	13,627	0	13,627	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	20,810	5,271,262	0	5,271,262	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	75,609	0	75,609	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	22	5,574	0	5,574	192.00
192.01	19201	PHYSICIAN CLINIC	0	1,556	0	1,556	192.01
192.02	19202	LIFELINE	0	12	0	12	192.02
192.03	19203	CREDIT UNION	0	32,060	0	32,060	192.03
192.04	19204	BREAST MRI STUDY	0	0	0	0	192.04
192.05	19205	HOSPITALIST	0	3,864	0	3,864	192.05
194.00	07950	COMMUNITY MENTAL HEALTH	0	16,293	0	16,293	194.00
194.01	07951	MARKETING	0	35,140	0	35,140	194.01
194.02	07953	OCCUPATIONAL HEALTH	0	2,490	0	2,490	194.02
194.03	07952	PATHS EDUCATION	0	175	0	175	194.03
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	36,892	0	36,892	201.00
202.00		TOTAL (sum lines 118-201)	20,832	5,480,927	0	5,480,927	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150086

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

Worksheet B-1
Date/Time Prepared:
5/27/2016 5:07 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONES)	DATA PROCESSING (DP EQUIPMENT)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	289,151				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		289,151			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,612	1,612	32,899,972		4.00
5.01 01160	COMMUNICATIONS	304	304	121,548	1,010	5.01
5.02 00550	DATA PROCESSING	1,213	1,213	897,695	55	1,002 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	6,391	6,391	236,381	12	12 5.03
5.04 00570	ADMINISTRATIVE	3,455	3,455	632,482	28	33 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	2,378	2,378	735,773	44	51 5.05
5.06 00591	OTHER ADMINISTRATIVE AND GENERAL	10,526	10,526	1,631,743	35	54 5.06
7.00 00700	OPERATION OF PLANT	97,591	97,591	947,912	73	13 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,592	1,592	177,127	1	0 8.00
9.00 00900	HOUSEKEEPING	1,178	1,178	725,271	13	5 9.00
10.00 01000	DIETARY	4,000	4,000	304,996	21	32 10.00
11.00 01100	CAFETERIA	2,837	2,837	833,472	0	0 11.00
13.00 01300	NURSING ADMINISTRATION	600	600	930,998	15	17 13.00
14.00 01400	CENTRAL SERVICE & SUPPLY	5,588	5,588	321,769	11	21 14.00
15.00 01500	PHARMACY	1,776	1,776	1,610,109	34	31 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	4,807	4,807	804,700	79	54 16.00
17.00 01700	SOCIAL SERVICE	583	583	306,449	11	9 17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	55,765	55,765	5,558,790	126	177 30.00
31.00 03100	INTENSIVE CARE UNIT	7,400	7,400	1,386,574	17	27 31.00
43.00 04300	NURSERY	400	400	405,414	0	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	25,786	25,786	1,825,118	69	62 50.00
51.00 05100	RECOVERY ROOM	1,163	1,163	720,606	12	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	504	504	224,059	0	0 52.00
53.00 05300	ANESTHESIOLOGY	16	16	0	2	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	11,531	11,531	2,377,532	64	48 54.00
54.01 05401	ULTRASOUND	620	620	188,049	2	0 54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	1,155	1,155	418,111	7	10 55.00
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	803	803	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	6,720	6,720	2,231,556	41	67 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
65.00 06500	RESPIRATORY THERAPY	1,164	1,164	772,066	8	35 65.00
65.01 03950	SLEEP CLINIC	0	0	0	0	0 65.01
66.00 06600	PHYSICAL THERAPY	7,564	7,564	1,042,151	18	22 66.00
67.00 06700	OCCUPATIONAL THERAPY	794	794	254,689	10	0 67.00
68.00 06800	SPEECH PATHOLOGY	424	424	199,203	1	0 68.00
69.00 06900	ELECTROCARDIOLOGY	3,261	3,261	562,911	33	0 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	9,684	9,684	1,624,903	30	34 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					0 92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	3,085	3,085	986,272	6	40 101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					0 113.00
116.00 11600	HOSPICE	315	315	333,280	0	0 116.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	284,585	284,585	32,329,709	878	854 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,440	2,440	65,245	5	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	13,685	101	133 192.00
192.01 19201	PHYSICIAN CLINIC	0	0	85,669	13	10 192.01
192.02 19202	LIFELINE	0	0	0	0	0 192.02
192.03 19203	CREDIT UNION	1,046	1,046	0	10	0 192.03
192.04 19204	BREAST MRI STUDY	0	0	0	0	0 192.04
192.05 19205	HOSPITALIST	0	0	0	0	4 192.05
194.00 07950	COMMUNITY MENTAL HEALTH	0	0	0	0	0 194.00
194.01 07951	MARKETING	1,080	1,080	117,396	3	1 194.01
194.02 07953	OCCUPATIONAL HEALTH	0	0	288,268	0	0 194.02
194.03 07952	PATHS EDUCATION	0	0	0	0	0 194.03
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150086

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

Worksheet B-1

Date/Time Prepared:
5/27/2016 5:07 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONES)	DATA PROCESSING (DP EQUIPMENT)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00				
202.00	Cost to be allocated (per Wkst. B, Part I)	3,294,267	2,186,660	9,420,202	312,531	2,253,200	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	11.392895	7.562346	0.286329	309.436634	2,248.702595	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			30,556	5,875	24,147	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000929	5.816832	24.098802	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150086

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

Worksheet B-1

Date/Time Prepared:
5/27/2016 5:07 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLY EXPENSE)	ADMINITTING (ADMINISTRATIONS)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	8,837,127				5.03
5.04	00570	ADMINITTING	34,839	4,485			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	17,042	0	208,916,615		5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	22,570	0	0	-3,406,604	5.06
7.00	00700	OPERATION OF PLANT	150,563	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	96,381	0	0	0	8.00
9.00	00900	HOUSEKEEPING	124,793	0	0	0	9.00
10.00	01000	DIETARY	111,490	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	13,616	0	0	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	621,768	0	0	0	14.00
15.00	01500	PHARMACY	75,362	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	21,218	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	7,150	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	295,374	3,610	16,118,878	0	30.00
31.00	03100	INTENSIVE CARE UNIT	49,856	469	3,478,917	0	31.00
43.00	04300	NURSERY	0	406	545,748	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,744,958	0	29,755,289	0	50.00
51.00	05100	RECOVERY ROOM	23,225	0	3,926,812	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	1,510,576	0	52.00
53.00	05300	ANESTHESIOLOGY	40,290	0	2,049,490	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	369,816	0	19,954,474	0	54.00
54.01	05401	ULTRASOUND	28,443	0	4,002,888	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	230,343	0	6,936,695	0	55.00
57.00	05700	CT SCAN	144,636	0	21,293,582	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	57,190	0	4,101,905	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	1,722,674	0	38,680,698	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	70,071	0	7,026,378	0	65.00
65.01	03950	SLEEP CLINIC	994	0	709,662	0	65.01
66.00	06600	PHYSICAL THERAPY	29,558	0	6,093,606	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,771	0	777,228	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,046	0	636,424	0	68.00
69.00	06900	ELECTROCARDIOLOGY	33,105	0	8,274,020	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	5,717,960	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,448,196	0	883,102	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	13,927,747	0	73.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	86,974	0	10,139,195	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	41,625	0	1,430,882	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	72,884	0	944,459	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	8,802,821	4,485	208,916,615	-3,406,604	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	8,127	0	0	0	192.00
192.01	19201	PHYSICIAN CLINIC	4,554	0	0	0	192.01
192.02	19202	LIFELINE	32	0	0	0	192.02
192.03	19203	CREDIT UNION	0	0	0	0	192.03
192.04	19204	BREAST MRI STUDY	0	0	0	0	192.04
192.05	19205	HOSPITALIST	791	0	0	0	192.05
194.00	07950	COMMUNITY MENTAL HEALTH	0	0	0	0	194.00
194.01	07951	MARKETING	1,782	0	0	0	194.01
194.02	07953	OCCUPATIONAL HEALTH	18,012	0	0	0	194.02
194.03	07952	PATHS EDUCATION	1,008	0	0	0	194.03
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)	152,989	1,044,530	1,592,525	3,406,604	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150086

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

Worksheet B-1

Date/Time Prepared:
5/27/2016 5:07 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLY EXPENSE)	ADMINISTRATIVE (ADMINISTRATIONS)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
203.00	Unit cost multiplier (Wkst. B, Part I)	0.017312	232.894091	0.007623		0.050461	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	121,722	67,370	47,408		202,761	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.009599	15.021182	0.000227		0.003003	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150086

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

Worksheet B-1

Date/Time Prepared:
5/27/2016 5:07 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MAN HOURS)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINISTRATIVE					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT	165,681				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,592	884,841			8.00
9.00	00900	HOUSEKEEPING	1,178	117,622	162,911		9.00
10.00	01000	DIETARY	4,000	28,292	4,000	58,335	10.00
11.00	01100	CAFETERIA	2,837	0	2,837	0	11.00
13.00	01300	NURSING ADMINISTRATION	600	0	600	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	5,588	2,360	5,588	0	14.00
15.00	01500	PHARMACY	1,776	0	1,776	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,807	0	4,807	0	16.00
17.00	01700	SOCIAL SERVICE	583	0	583	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	55,765	315,105	55,765	46,836	30.00
31.00	03100	INTENSIVE CARE UNIT	7,400	53,857	7,400	3,426	31.00
43.00	04300	NURSERY	400	0	400	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	25,786	51,366	25,786	0	50.00
51.00	05100	RECOVERY ROOM	1,163	39,782	1,163	194	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	504	0	504	0	52.00
53.00	05300	ANESTHESIOLOGY	16	0	16	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,531	55,163	11,531	0	54.00
54.01	05401	ULTRASOUND	620	12,601	620	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,155	8,432	1,155	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	803	0	803	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	6,720	5,087	6,720	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,164	11,425	1,164	0	65.00
65.01	03950	SLEEP CLINIC	0	2,398	0	0	65.01
66.00	06600	PHYSICAL THERAPY	7,564	15,369	7,564	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	794	813	794	0	67.00
68.00	06800	SPEECH PATHOLOGY	424	0	424	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,261	3,963	3,261	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	9,684	146,275	9,684	807	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	3,085	0	3,085	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	315	0	315	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	161,115	869,910	158,345	51,263	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,440	0	2,440	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,733	0	0	192.00
192.01	19201	PHYSICIAN CLINIC	0	0	0	0	192.01
192.02	19202	LIFELINE	0	0	0	0	192.02
192.03	19203	CREDIT UNION	1,046	0	1,046	0	192.03
192.04	19204	BREAST MRI STUDY	0	0	0	0	192.04
192.05	19205	HOSPITALIST	0	0	0	0	192.05
194.00	07950	COMMUNITY MENTAL HEALTH	0	13,198	0	7,072	194.00
194.01	07951	MARKETING	1,080	0	1,080	0	194.01
194.02	07953	OCCUPATIONAL HEALTH	0	0	0	0	194.02
194.03	07952	PATHS EDUCATION	0	0	0	0	194.03
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,409,003	470,539	1,454,206	957,701	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	32.647093	0.531778	8.926383	16.417262	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150086

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

Worksheet B-1

Date/Time Prepared:
5/27/2016 5:07 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MAN HOURS)	
		7.00	8.00	9.00	10.00	11.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	1,868,390	50,422	48,252	128,191	91,118	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	11.277032	0.056984	0.296186	2.197497	0.112605	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150086

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

Worksheet B-1

Date/Time Prepared:
5/27/2016 5:07 pm

Cost Center Description		NURSING ADMINISTRATION (GROSS HOURS)	CENTRAL SERVICE & SUPPLY (100%)	PHARMACY (100%)	MEDICAL RECORDS & LIBRARY (ADJUSTED CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						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
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	409,833					13.00
14.00	01400	17,302	100				14.00
15.00	01500	0	0	100			15.00
16.00	01600	0	0	0	206,573,094		16.00
17.00	01700	0	0	0	0	2,798	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	199,660	0	0	15,257,764	2,580	30.00
31.00	03100	42,879	0	0	3,478,917	113	31.00
43.00	04300	11,372	0	0	545,748	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	56,588	0	0	29,714,199	50	50.00
51.00	05100	19,639	0	0	3,926,812	0	51.00
52.00	05200	6,285	0	0	1,510,576	0	52.00
53.00	05300	0	0	0	2,049,490	0	53.00
54.00	05400	0	0	0	19,937,548	2	54.00
54.01	05401	0	0	0	4,002,888	0	54.01
55.00	05500	0	0	0	6,921,539	0	55.00
57.00	05700	0	0	0	21,293,582	0	57.00
58.00	05800	0	0	0	4,041,920	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	0	38,680,698	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	0	0	6,898,301	0	65.00
65.01	03950	0	0	0	709,662	0	65.01
66.00	06600	0	0	0	6,093,606	0	66.00
67.00	06700	0	0	0	777,228	0	67.00
68.00	06800	0	0	0	636,424	0	68.00
69.00	06900	0	0	0	6,979,675	0	69.00
71.00	07100	0	100	0	5,717,960	0	71.00
72.00	07200	0	0	0	956,274	0	72.00
73.00	07300	0	0	100	13,927,747	0	73.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	56,108	0	0	10,139,195	50	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	0	0	0	1,430,882	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
116.00	11600	0	0	0	944,459	0	116.00
118.00		409,833	100	100	206,573,094	2,795	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	3	192.00
192.01	19201	0	0	0	0	0	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
192.04	19204	0	0	0	0	0	192.04
192.05	19205	0	0	0	0	0	192.05
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07953	0	0	0	0	0	194.02
194.03	07952	0	0	0	0	0	194.03
200.00							200.00
201.00							201.00
202.00		1,408,005	1,102,571	2,587,954	1,698,101	501,231	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150086

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

Worksheet B-1

Date/Time Prepared:
5/27/2016 5:07 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	PHARMACY (100%)	MEDICAL RECORDS & LIBRARY (ADJUSTED CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		(GROSS HOURS)	(100%)				
		13.00	14.00	15.00	16.00	17.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	3.435558	11,025.710000	25,879.540000	0.008220	179.139028	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	25,988	182,835	68,850	157,260	20,832	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.063411	1,828.350000	688.500000	0.000761	7.445318	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150086

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

Worksheet C
Part I
Date/Time Prepared:
5/27/2016 5:07 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		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	15,344,697		15,344,697	0	15,344,697	30.00
31.00	03100	INTENSIVE CARE UNIT	3,002,257		3,002,257	0	3,002,257	31.00
43.00	04300	NURSERY	835,234		835,234	0	835,234	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,587,945		5,587,945	0	5,587,945	50.00
51.00	05100	RECOVERY ROOM	1,266,685		1,266,685	0	1,266,685	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	443,727		443,727	0	443,727	52.00
53.00	05300	ANESTHESIOLOGY	61,515		61,515	0	61,515	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,468,718		5,468,718	0	5,468,718	54.00
54.01	05401	ULTRASOUND	458,463		458,463	0	458,463	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	981,983		981,983	0	981,983	55.00
57.00	05700	CT SCAN	705,717		705,717	0	705,717	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	440,591		440,591	0	440,591	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000	LABORATORY	7,782,160		7,782,160	95,283	7,877,443	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,413,287	0	1,413,287	0	1,413,287	65.00
65.01	03950	SLEEP CLINIC	214,932	0	214,932	0	214,932	65.01
66.00	06600	PHYSICAL THERAPY	2,155,555	0	2,155,555	0	2,155,555	66.00
67.00	06700	OCCUPATIONAL THERAPY	437,681	0	437,681	0	437,681	67.00
68.00	06800	SPEECH PATHOLOGY	316,277	0	316,277	0	316,277	68.00
69.00	06900	ELECTROCARDIOLOGY	1,713,404		1,713,404	0	1,713,404	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,107,779		4,107,779	0	4,107,779	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,631,186		2,631,186	0	2,631,186	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,748,202		5,748,202	0	5,748,202	73.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	3,678,745		3,678,745	68,668	3,747,413	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	559,695		559,695		559,695	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	1,784,591		1,784,591		1,784,591	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	744,406		744,406		744,406	116.00
200.00		Subtotal (see instructions)	67,885,432	0	67,885,432	163,951	68,049,383	200.00
201.00		Less Observation Beds	559,695		559,695		559,695	201.00
202.00		Total (see instructions)	67,325,737	0	67,325,737	163,951	67,489,688	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150086

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

Worksheet C
Part I
Date/Time Prepared:
5/27/2016 5:07 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				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	14,736,386		14,736,386		30.00
31.00	03100	INTENSIVE CARE UNIT	3,476,017		3,476,017		31.00
43.00	04300	NURSERY	545,748		545,748		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,042,505	21,671,694	29,714,199	0.188056	50.00
51.00	05100	RECOVERY ROOM	618,565	3,308,247	3,926,812	0.322573	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,380,731	116,827	1,497,558	0.296300	52.00
53.00	05300	ANESTHESIOLOGY	642,157	1,407,333	2,049,490	0.030015	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,310,712	16,626,836	19,937,548	0.274292	54.00
54.01	05401	ULTRASOUND	731,069	3,271,819	4,002,888	0.114533	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	3,184,808	3,736,731	6,921,539	0.141874	55.00
57.00	05700	CT SCAN	5,423,376	15,870,206	21,293,582	0.033142	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	583,645	3,458,275	4,041,920	0.109005	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	11,916,312	26,764,386	38,680,698	0.201190	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	5,852,106	1,046,195	6,898,301	0.204875	65.00
65.01	03950	SLEEP CLINIC	0	709,662	709,662	0.302865	65.01
66.00	06600	PHYSICAL THERAPY	1,376,406	4,717,200	6,093,606	0.353740	66.00
67.00	06700	OCCUPATIONAL THERAPY	433,471	343,757	777,228	0.563131	67.00
68.00	06800	SPEECH PATHOLOGY	219,430	416,994	636,424	0.496960	68.00
69.00	06900	ELECTROCARDIOLOGY	3,189,605	3,790,070	6,979,675	0.245485	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,799,815	1,918,145	5,717,960	0.718399	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	512,872	443,402	956,274	2.751498	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,663,799	4,263,948	13,927,747	0.412716	73.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	2,475,635	7,663,560	10,139,195	0.362824	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	120,307	416,988	537,295	1.041690	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	1,430,882	1,430,882		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	944,459	944,459		116.00
200.00		Subtotal (see instructions)	82,235,477	124,337,616	206,573,093		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	82,235,477	124,337,616	206,573,093		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150086	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/27/2016 5:07 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.188056		50.00
51.00	05100 RECOVERY ROOM	0.322573		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.296300		52.00
53.00	05300 ANESTHESIOLOGY	0.030015		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.274292		54.00
54.01	05401 ULTRASOUND	0.114533		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.141874		55.00
57.00	05700 CT SCAN	0.033142		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.109005		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.203653		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
65.00	06500 RESPIRATORY THERAPY	0.204875		65.00
65.01	03950 SLEEP CLINIC	0.302865		65.01
66.00	06600 PHYSICAL THERAPY	0.353740		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.563131		67.00
68.00	06800 SPEECH PATHOLOGY	0.496960		68.00
69.00	06900 ELECTROCARDIOLOGY	0.245485		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.718399		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	2.751498		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.412716		73.00
	OUTPATIENT SERVICE COST CENTERS			
91.00	09100 EMERGENCY	0.369597		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.041690		92.00
	OTHER REIMBURSABLE COST CENTERS			
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150086

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

Worksheet C
Part I
Date/Time Prepared:
5/27/2016 5:07 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	Hospital			
					RCE Disallowance	Total Costs		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	15,344,697		15,344,697	0	15,344,697	30.00
31.00	03100	INTENSIVE CARE UNIT	3,002,257		3,002,257	0	3,002,257	31.00
43.00	04300	NURSERY	835,234		835,234	0	835,234	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,587,945		5,587,945	0	5,587,945	50.00
51.00	05100	RECOVERY ROOM	1,266,685		1,266,685	0	1,266,685	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	443,727		443,727	0	443,727	52.00
53.00	05300	ANESTHESIOLOGY	61,515		61,515	0	61,515	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,468,718		5,468,718	0	5,468,718	54.00
54.01	05401	ULTRASOUND	458,463		458,463	0	458,463	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	981,983		981,983	0	981,983	55.00
57.00	05700	CT SCAN	705,717		705,717	0	705,717	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	440,591		440,591	0	440,591	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000	LABORATORY	7,782,160		7,782,160	95,283	7,877,443	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,413,287	0	1,413,287	0	1,413,287	65.00
65.01	03950	SLEEP CLINIC	214,932	0	214,932	0	214,932	65.01
66.00	06600	PHYSICAL THERAPY	2,155,555	0	2,155,555	0	2,155,555	66.00
67.00	06700	OCCUPATIONAL THERAPY	437,681	0	437,681	0	437,681	67.00
68.00	06800	SPEECH PATHOLOGY	316,277	0	316,277	0	316,277	68.00
69.00	06900	ELECTROCARDIOLOGY	1,713,404		1,713,404	0	1,713,404	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,107,779		4,107,779	0	4,107,779	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,631,186		2,631,186	0	2,631,186	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,748,202		5,748,202	0	5,748,202	73.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	3,678,745		3,678,745	68,668	3,747,413	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	559,695		559,695		559,695	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	1,784,591		1,784,591		1,784,591	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	744,406		744,406		744,406	116.00
200.00		Subtotal (see instructions)	67,885,432	0	67,885,432	163,951	68,049,383	200.00
201.00		Less Observation Beds	559,695		559,695		559,695	201.00
202.00		Total (see instructions)	67,325,737	0	67,325,737	163,951	67,489,688	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150086

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

Worksheet C
Part I
Date/Time Prepared:
5/27/2016 5:07 pm

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	14,736,386		14,736,386		30.00
31.00	03100	INTENSIVE CARE UNIT	3,476,017		3,476,017		31.00
43.00	04300	NURSERY	545,748		545,748		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,042,505	21,671,694	29,714,199	0.188056	50.00
51.00	05100	RECOVERY ROOM	618,565	3,308,247	3,926,812	0.322573	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,380,731	116,827	1,497,558	0.296300	52.00
53.00	05300	ANESTHESIOLOGY	642,157	1,407,333	2,049,490	0.030015	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,310,712	16,626,836	19,937,548	0.274292	54.00
54.01	05401	ULTRASOUND	731,069	3,271,819	4,002,888	0.114533	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	3,184,808	3,736,731	6,921,539	0.141874	55.00
57.00	05700	CT SCAN	5,423,376	15,870,206	21,293,582	0.033142	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	583,645	3,458,275	4,041,920	0.109005	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	11,916,312	26,764,386	38,680,698	0.201190	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	5,852,106	1,046,195	6,898,301	0.204875	65.00
65.01	03950	SLEEP CLINIC	0	709,662	709,662	0.302865	65.01
66.00	06600	PHYSICAL THERAPY	1,376,406	4,717,200	6,093,606	0.353740	66.00
67.00	06700	OCCUPATIONAL THERAPY	433,471	343,757	777,228	0.563131	67.00
68.00	06800	SPEECH PATHOLOGY	219,430	416,994	636,424	0.496960	68.00
69.00	06900	ELECTROCARDIOLOGY	3,189,605	3,790,070	6,979,675	0.245485	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,799,815	1,918,145	5,717,960	0.718399	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	512,872	443,402	956,274	2.751498	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,663,799	4,263,948	13,927,747	0.412716	73.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	2,475,635	7,663,560	10,139,195	0.362824	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	120,307	416,988	537,295	1.041690	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	1,430,882	1,430,882		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	944,459	944,459		116.00
200.00		Subtotal (see instructions)	82,235,477	124,337,616	206,573,093		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	82,235,477	124,337,616	206,573,093		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150086

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

Worksheet C
Part I
Date/Time Prepared:
5/27/2016 5:07 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.000000			50.00
51.00	05100 RECOVERY ROOM	0.000000			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300 ANESTHESIOLOGY	0.000000			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	05401 ULTRASOUND	0.000000			54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000			55.00
57.00	05700 CT SCAN	0.000000			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000 LABORATORY	0.000000			60.00
60.01	06001 BLOOD LABORATORY	0.000000			60.01
65.00	06500 RESPIRATORY THERAPY	0.000000			65.00
65.01	03950 SLEEP CLINIC	0.000000			65.01
66.00	06600 PHYSICAL THERAPY	0.000000			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800 SPEECH PATHOLOGY	0.000000			68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000			69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000			73.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0.000000			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100 HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				113.00
116.00	11600 HOSPICE				116.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150086		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part I Date/Time Prepared: 5/27/2016 5:07 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)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	1,990,078	0	1,990,078	14,558	136.70	30.00
31.00	INTENSIVE CARE UNIT	264,579		264,579	2,415	109.56	31.00
43.00	NURSERY	23,386		23,386	731	31.99	43.00
200.00	Total (Lines 30-199)	2,278,043		2,278,043	17,704		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	7,176	980,959				
31.00	INTENSIVE CARE UNIT	1,356	148,563				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	8,532	1,129,522				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150086	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part II Date/Time Prepared: 5/27/2016 5:07 pm
		Title XVIII	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	861,441	29,714,199	0.028991	3,975,235	115,246	50.00
51.00	05100 RECOVERY ROOM	49,523	3,926,812	0.012612	266,615	3,363	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	19,274	1,497,558	0.012870	7,035	91	52.00
53.00	05300 ANESTHESIOLOGY	3,038	2,049,490	0.001482	261,900	388	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	404,556	19,937,548	0.020291	2,307,661	46,825	54.00
54.01	05401 ULTRASOUND	25,743	4,002,888	0.006431	324,325	2,086	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	49,074	6,921,539	0.007090	1,399,142	9,920	55.00
57.00	05700 CT SCAN	23,943	21,293,582	0.001124	3,176,296	3,570	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	30,139	4,041,920	0.007457	289,158	2,156	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	294,475	38,680,698	0.007613	6,541,694	49,802	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	51,682	6,898,301	0.007492	4,193,269	31,416	65.00
65.01	03950 SLEEP CLINIC	1,442	709,662	0.002032	0	0	65.01
66.00	06600 PHYSICAL THERAPY	248,285	6,093,606	0.040745	874,601	35,636	66.00
67.00	06700 OCCUPATIONAL THERAPY	27,318	777,228	0.035148	270,910	9,522	67.00
68.00	06800 SPEECH PATHOLOGY	15,038	636,424	0.023629	164,244	3,881	68.00
69.00	06900 ELECTROCARDIOLOGY	114,466	6,979,675	0.016400	2,843,317	46,630	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	196,941	5,717,960	0.034443	1,335,316	45,992	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	31,926	956,274	0.033386	7,204	241	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	91,318	13,927,747	0.006557	5,818,059	38,149	73.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	337,359	10,139,195	0.033273	1,490,326	49,588	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	72,588	537,295	0.135099	95,081	12,845	92.00
200.00	Total (lines 50-199)	2,949,569	185,439,601		35,641,388	507,347	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150086		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part III Date/Time Prepared: 5/27/2016 5:07 pm	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14,558	0.00	7,176	0		30.00
31.00	03100	INTENSIVE CARE UNIT	2,415	0.00	1,356	0		31.00
43.00	04300	NURSERY	731	0.00	0	0		43.00
200.00		Total (lines 30-199)	17,704		8,532	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150086

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

Worksheet D
Part IV
Date/Time Prepared:
5/27/2016 5:07 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	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
65.01	03950	SLEEP CLINIC	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150086	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/27/2016 5:07 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	29,714,199	0.000000	0.000000	3,975,235	50.00
51.00	05100	RECOVERY ROOM	0	3,926,812	0.000000	0.000000	266,615	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,497,558	0.000000	0.000000	7,035	52.00
53.00	05300	ANESTHESIOLOGY	0	2,049,490	0.000000	0.000000	261,900	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	19,937,548	0.000000	0.000000	2,307,661	54.00
54.01	05401	ULTRASOUND	0	4,002,888	0.000000	0.000000	324,325	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	6,921,539	0.000000	0.000000	1,399,142	55.00
57.00	05700	CT SCAN	0	21,293,582	0.000000	0.000000	3,176,296	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	4,041,920	0.000000	0.000000	289,158	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	38,680,698	0.000000	0.000000	6,541,694	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	6,898,301	0.000000	0.000000	4,193,269	65.00
65.01	03950	SLEEP CLINIC	0	709,662	0.000000	0.000000	0	65.01
66.00	06600	PHYSICAL THERAPY	0	6,093,606	0.000000	0.000000	874,601	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	777,228	0.000000	0.000000	270,910	67.00
68.00	06800	SPEECH PATHOLOGY	0	636,424	0.000000	0.000000	164,244	68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,979,675	0.000000	0.000000	2,843,317	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,717,960	0.000000	0.000000	1,335,316	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	956,274	0.000000	0.000000	7,204	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	13,927,747	0.000000	0.000000	5,818,059	73.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	10,139,195	0.000000	0.000000	1,490,326	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	537,295	0.000000	0.000000	95,081	92.00
200.00		Total (lines 50-199)	0	185,439,601			35,641,388	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150086	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/27/2016 5:07 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	6,628,026	0	50.00
51.00	05100 RECOVERY ROOM	0	1,219,725	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	260,483	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	4,740,421	0	54.00
54.01	05401 ULTRASOUND	0	567,387	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	1,917,286	0	55.00
57.00	05700 CT SCAN	0	4,917,800	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	967,047	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	3,013,756	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	448,045	0	65.00
65.01	03950 SLEEP CLINIC	0	268,257	0	65.01
66.00	06600 PHYSICAL THERAPY	0	184,874	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	3,873	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,393	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,782,625	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	83,800	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	273,073	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	1,288,034	0	73.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0	1,712,522	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,164,973	0	92.00
200.00	Total (lines 50-199)	0	31,443,400	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150086	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/27/2016 5:07 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			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.188056	6,628,026	0	0	1,246,440	50.00
51.00	05100	RECOVERY ROOM	0.322573	1,219,725	0	0	393,450	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.296300	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.030015	260,483	0	0	7,818	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.274292	4,740,421	0	0	1,300,260	54.00
54.01	05401	ULTRASOUND	0.114533	567,387	0	0	64,985	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.141874	1,917,286	0	0	272,013	55.00
57.00	05700	CT SCAN	0.033142	4,917,800	0	0	162,986	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.109005	967,047	0	0	105,413	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.201190	3,013,756	400	0	606,338	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.204875	448,045	0	0	91,793	65.00
65.01	03950	SLEEP CLINIC	0.302865	268,257	0	0	81,246	65.01
66.00	06600	PHYSICAL THERAPY	0.353740	184,874	0	0	65,397	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.563131	3,873	0	0	2,181	67.00
68.00	06800	SPEECH PATHOLOGY	0.496960	1,393	0	0	692	68.00
69.00	06900	ELECTROCARDIOLOGY	0.245485	1,782,625	0	0	437,608	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.718399	83,800	0	0	60,202	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2.751498	273,073	0	0	751,360	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.412716	1,288,034	0	2,279	531,592	73.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.362824	1,712,522	0	0	621,344	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.041690	1,164,973	0	0	1,213,541	92.00
200.00		Subtotal (see instructions)		31,443,400	400	2,279	8,016,659	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		31,443,400	400	2,279	8,016,659	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150086	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/27/2016 5:07 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 ULTRASOUND	0	0		54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	80	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
65.01 03950 SLEEP CLINIC	0	0		65.01
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	941		73.00
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	80	941		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	80	941		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150086	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/27/2016 5:07 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		14,558	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		14,558	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)		14,027	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)		7,176	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		15,344,697	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)		15,344,697	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		15,344,697	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,054.04	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		7,563,791	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)		7,563,791	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150086		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/27/2016 5:07 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	3,002,257	2,415	1,243.17	1,356	1,685,739		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					9,311,994		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					18,561,524		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)					1,129,522		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					507,347		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,636,869		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					16,924,655		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)					531		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,054.04		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					559,695		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150086		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/27/2016 5:07 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	1,990,078	15,344,697	0.129692	559,695	72,588	90.00
91.00	Nursing School cost	0	15,344,697	0.000000	559,695	0	91.00
92.00	Allied health cost	0	15,344,697	0.000000	559,695	0	92.00
93.00	All other Medical Education	0	15,344,697	0.000000	559,695	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150086	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/27/2016 5:07 pm
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		14,558	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		14,558	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)		14,027	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)		694	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)		731	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		15,344,697	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)		15,344,697	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		15,344,697	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,054.04	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		731,504	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)		731,504	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150086	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/27/2016 5:07 pm	
Cost Center Description			Title XIX	Hospital	Cost	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
42.00	NURSERY (title V & XIX only)	835,234	731	1,142.59	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	3,002,257	2,415	1,243.17	0	43.00
44.00	CORONARY CARE UNIT					44.00
45.00	BURN INTENSIVE CARE UNIT					45.00
46.00	SURGICAL INTENSIVE CARE UNIT					46.00
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00
Cost Center Description						
					1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				666,306	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				1,397,810	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0 50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0 51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0 52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0 53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0 54.00
55.00	Target amount per discharge				0.00	55.00
56.00	Target amount (line 54 x line 55)					0 56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0 57.00
58.00	Bonus payment (see instructions)					0 58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0 61.00
62.00	Relief payment (see instructions)					0 62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0 63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0 64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0 65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0 66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0 67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0 68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0 69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)				531	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,054.04	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				559,695	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150086		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/27/2016 5:07 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,990,078	15,344,697	0.129692	559,695	72,588	90.00
91.00	Nursing School cost	0	15,344,697	0.000000	559,695	0	91.00
92.00	Allied health cost	0	15,344,697	0.000000	559,695	0	92.00
93.00	All other Medical Education	0	15,344,697	0.000000	559,695	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150086	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/27/2016 5:07 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		4,540,135	30.00
31.00	03100	INTENSIVE CARE UNIT		1,822,799	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.188056	3,975,235	747,567 50.00
51.00	05100	RECOVERY ROOM	0.322573	266,615	86,003 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.296300	7,035	2,084 52.00
53.00	05300	ANESTHESIOLOGY	0.030015	261,900	7,861 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.274292	2,307,661	632,973 54.00
54.01	05401	ULTRASOUND	0.114533	324,325	37,146 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.141874	1,399,142	198,502 55.00
57.00	05700	CT SCAN	0.033142	3,176,296	105,269 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.109005	289,158	31,520 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.203653	6,541,694	1,332,236 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
65.00	06500	RESPIRATORY THERAPY	0.204875	4,193,269	859,096 65.00
65.01	03950	SLEEP CLINIC	0.302865	0	0 65.01
66.00	06600	PHYSICAL THERAPY	0.353740	874,601	309,381 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.563131	270,910	152,558 67.00
68.00	06800	SPEECH PATHOLOGY	0.496960	164,244	81,623 68.00
69.00	06900	ELECTROCARDIOLOGY	0.245485	2,843,317	697,992 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.718399	1,335,316	959,290 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2.751498	7,204	19,822 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.412716	5,818,059	2,401,206 73.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.369597	1,490,326	550,820 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.041690	95,081	99,045 92.00
200.00		Total (sum of lines 50-94 and 96-98)		35,641,388	9,311,994 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		35,641,388	9,311,994 202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150086	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/27/2016 5:07 pm	
Cost Center Description		Title XIX	Hospital	Cost	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		476,419	30.00
31.00	03100	INTENSIVE CARE UNIT		37,900	31.00
43.00	04300	NURSERY		85,217	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.188056	177,870	50.00
51.00	05100	RECOVERY ROOM	0.322573	4,411	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.296300	63,136	52.00
53.00	05300	ANESTHESIOLOGY	0.030015	180,957	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.274292	52,851	54.00
54.01	05401	ULTRASOUND	0.114533	186,847	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.141874	26,122	55.00
57.00	05700	CT SCAN	0.033142	584,349	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.109005	159,308	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.201190	280,375	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.204875	60,477	65.00
65.01	03950	SLEEP CLINIC	0.302865	0	65.01
66.00	06600	PHYSICAL THERAPY	0.353740	38,782	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.563131	360	67.00
68.00	06800	SPEECH PATHOLOGY	0.496960	356	68.00
69.00	06900	ELECTROCARDIOLOGY	0.245485	341,762	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.718399	16,432	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2.751498	120,935	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.412716	0	73.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.362824	54,046	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.041690	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		2,349,376	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)		2,349,376	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150086	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/27/2016 5:07 pm
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		14,040,733	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)		166,368	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		86.55	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.20	30.00
31.00	Percentage of Medicaid patient days (see instructions)		19.27	31.00
32.00	Sum of lines 30 and 31		22.47	32.00
33.00	Allowable disproportionate share percentage (see instructions)		7.75	33.00
34.00	Disproportionate share adjustment (see instructions)		272,039	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150086	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/27/2016 5:07 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)		0.00000000	0.00000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		673,486	551,974	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		503,730	138,747	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		642,477		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		15,121,617		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)		15,121,617		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,144,002		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		16,265,619		59.00
60.00	Primary payer payments		3,815		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		16,261,804		61.00
62.00	Deductibles billed to program beneficiaries		1,640,548		62.00
63.00	Coinurance billed to program beneficiaries		94,500		63.00
64.00	Allowable bad debts (see instructions)		105,726		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		68,722		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		50,706		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		14,595,478		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)		-17,285		70.93
70.94	HRR adjustment amount (see instructions)		-109,035		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150086	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/27/2016 5:07 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)		14,469,158		71.00
71.01	Sequestration adjustment (see instructions)		289,383		71.01
72.00	Interim payments		14,208,407		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)		-28,632		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)		315,136		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

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150086

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/27/2016 5:07 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0	0	0	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	14,040,733	0	0	14,040,733	14,040,733	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	166,368	0	0	166,368	166,368	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0775	0.0775	0.0775	0.0775		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	272,039	0	0	272,039	272,039	11.00
11.01	Uncompensated care payments	36.00	642,477	0	0	642,477	642,477	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	15,121,617	0	0	15,121,617	15,121,617	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	15,121,617	0	0	15,121,617	15,121,617	15.00
16.00	Payment for inpatient program capital	50.00	1,144,002	0	0	1,144,002	1,144,002	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	0	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150086

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/27/2016 5:07 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	0	16,265,619	16,265,619	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	1,117,693	0	0	1,117,693	1,117,693	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	26,309	0	0	26,309	26,309	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,144,002	0	0	1,144,002	1,144,002	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5			Provider CCN: 150086		Period: From 01/01/2015 To 12/31/2015		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/27/2016 5:07 pm	
			Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)			
	0	1.00	2.00	3.00	4.00			
1.00	DRG amounts other than outlier payments	1.00						1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0	0	0	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	14,040,733		14,040,733	14,040,733	14,040,733	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	166,368	0	166,368	166,368	166,368	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000			5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000			7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0775	0.0775	0.0775			10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	272,039	0	272,039	272,039	272,039	11.00
11.01	Uncompensated care payments	36.00	642,477	503,730	138,747	642,477	642,477	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	15,121,617	503,730	14,617,887	15,121,617	15,121,617	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	15,121,617	503,730	14,617,887	15,121,617	15,121,617	15.00
16.00	Payment for inpatient program capital	50.00	1,144,002	19,678	1,124,324	1,144,002	1,144,002	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	0	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			523,408	15,742,211	16,265,619	16,265,619	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 150086

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/27/2016 5:07 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,117,693	0	1,117,693	1,117,693	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	26,309	19,678	6,631	26,309	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,144,002	19,678	1,124,324	1,144,002	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-17,285	0	-17,285	-17,285	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-109,035	0	-109,035	-109,035	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150086	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/27/2016 5:07 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		1,021	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		8,016,659	2.00
3.00	PPS payments		6,687,308	3.00
4.00	Outlier payment (see instructions)		13,113	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)		1,021	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		2,679	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)		2,679	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		2,679	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		1,658	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		1,021	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)		6,700,421	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		1,431,829	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)		5,269,613	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)		5,269,613	30.00
31.00	Primary payer payments		1,927	31.00
32.00	Subtotal (line 30 minus line 31)		5,267,686	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		189,862	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		123,410	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		144,245	36.00
37.00	Subtotal (see instructions)		5,391,096	37.00
38.00	MSP-LCC reconciliation amount from PS&R		90	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)		5,391,006	40.00
40.01	Sequestration adjustment (see instructions)		107,820	40.01
41.00	Interim payments		5,270,547	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		12,639	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150086

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

Worksheet E-1
Part I
Date/Time Prepared:
5/27/2016 5:07 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		14,164,027		5,161,444	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	12/31/2015	44,380	12/31/2015	109,103	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)		44,380		109,103	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)		14,208,407		5,270,547	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		12,639	6.01	
6.02	SETTLEMENT TO PROGRAM		28,632		0	6.02	
7.00	Total Medicare program liability (see instructions)		14,179,775		5,283,186	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: 150086

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

Worksheet E-1
Part II
Date/Time Prepared:
5/27/2016 5:07 pm

Title XVIII Hospital PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	4,457	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	8,532	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	1,924	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	16,442	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	206,573,093	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	1,454,721	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)	426,122	8.00
9.00	Sequestration adjustment amount (see instructions)	8,522	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	417,600	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH			
30.00	Initial/interim HIT payment adjustment (see instructions)	0	30.00
31.00	Other Adjustment (specify)	0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)	417,600	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150086	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part VII Date/Time Prepared: 5/27/2016 5:07 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		1,397,810		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		1,397,810	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		1,397,810	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		599,536		8.00
9.00	Ancillary service charges		2,349,376	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		2,948,912	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		2,948,912	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		1,551,102	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		1,397,810	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		1,397,810	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		1,397,810	0	31.00
32.00	Deductibles		0		32.00
33.00	Coinurance		0		33.00
34.00	Allowable bad debts (see instructions)		0		34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		1,397,810	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		37.00
38.00	Subtotal (line 36 ± line 37)		1,397,810	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		1,397,810	0	40.00
41.00	Interim payments		1,447,028	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		-49,218	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

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

Provider CCN: 150086

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

Worksheet G

Date/Time Prepared:
5/27/2016 5:07 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	8,410,353	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	13,850,132	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	1,799,518	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	54,153,597	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)	78,213,600	0	0	0	11.00
FIXED ASSETS						
12.00	Land	75,208	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	113,015,453	0	0	0	15.00
16.00	Accumulated depreciation	-78,822,673	0	0	0	16.00
17.00	Leasehold improvements	1,499,585	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	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	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	35,767,573	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	11,914,021	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	11,914,021	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	125,895,194	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	2,337,547	0	0	0	37.00
38.00	Salaries, wages, and fees payable	5,297,907	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	600,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	3,558,231	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	11,793,685	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	26,400,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	26,400,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	38,193,685	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	87,701,509				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)	87,701,509	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	125,895,194	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150086

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

Worksheet G-1

Date/Time Prepared:
5/27/2016 5:07 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		90,563,739		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-2,862,230			2.00
3.00	Total (sum of line 1 and line 2)		87,701,509		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		87,701,509		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		87,701,509		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150086

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/27/2016 5:07 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	16,664,626		16,664,626	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				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)	16,664,626		16,664,626	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	3,478,917		3,478,917	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	3,478,917		3,478,917	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	20,143,543		20,143,543	17.00
18.00	Ancillary services	60,574,825	115,683,711	176,258,536	18.00
19.00	Outpatient services	2,475,635	7,663,560	10,139,195	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		1,430,882	1,430,882	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	944,459	944,459	26.00
27.00	PRO FEES	86	26,065	26,151	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	83,194,089	125,748,677	208,942,766	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		85,094,598		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	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)		85,094,598		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150086

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

Worksheet G-3

Date/Time Prepared:
5/27/2016 5:07 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	208,942,766	1.00
2.00	Less contractual allowances and discounts on patients' accounts	129,694,437	2.00
3.00	Net patient revenues (line 1 minus line 2)	79,248,329	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	85,094,598	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-5,846,269	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER	3,093,717	24.00
24.01		0	24.01
25.00	Total other income (sum of lines 6-24)	3,093,717	25.00
26.00	Total (line 5 plus line 25)	-2,752,552	26.00
27.00	LOSS ON INVESTMENTS	96,309	27.00
27.01	LOSS ON DISPOSALS	13,369	27.01
27.02		0	27.02
27.03		0	27.03
28.00	Total other expenses (sum of line 27 and subscripts)	109,678	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-2,862,230	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150086

Period: From 01/01/2015

Worksheet H

HHA CCN: 157055

To 12/31/2015

Date/Time Prepared: 5/27/2016 5:07 pm

Home Health Agency I

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	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00			0		0	0	1.00
2.00			0		0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	177,865	0	88,220	0	63,850	329,935	5.00
HHA REIMBURSABLE SERVICES							
6.00	534,499	0	0	0	0	534,499	6.00
7.00	100,101	0	0	0	0	100,101	7.00
8.00	53,639	0	0	0	0	53,639	8.00
9.00	10,935	0	0	0	0	10,935	9.00
10.00	212	0	0	0	0	212	10.00
11.00	108,384	0	0	0	0	108,384	11.00
12.00	0	0	0	0	0	0	12.00
13.00	0	0	0	0	0	0	13.00
14.00	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	638	0	0	0	0	638	22.00
23.00	0	0	0	0	0	0	23.00
24.00	986,273	0	88,220	0	63,850	1,138,343	24.00
	Reclassifi cation	Reclassifi ed Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	0	0	0	0			1.00
2.00	0	0	0	0			2.00
3.00	0	0	0	0			3.00
4.00	0	0	0	0			4.00
5.00	-17,077	312,858	0	312,858			5.00
HHA REIMBURSABLE SERVICES							
6.00	0	534,499	0	534,499			6.00
7.00	0	100,101	0	100,101			7.00
8.00	0	53,639	0	53,639			8.00
9.00	0	10,935	0	10,935			9.00
10.00	0	212	0	212			10.00
11.00	0	108,384	0	108,384			11.00
12.00	0	0	0	0			12.00
13.00	0	0	0	0			13.00
14.00	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0			15.00
16.00	0	0	0	0			16.00
17.00	0	0	0	0			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	638	0	638			22.00
23.00	0	0	0	0			23.00
24.00	-17,077	1,121,266	0	1,121,266			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: 150086	Period: From 01/01/2015 To 12/31/2015	Worksheet H-1 Part I Date/Time Prepared: 5/27/2016 5:07 pm
		HHA CCN: 157055	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0	0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	312,858	0	0	0	312,858	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	534,499	0	0	0	534,499	6.00
7.00	Physical Therapy	100,101	0	0	0	100,101	7.00
8.00	Occupational Therapy	53,639	0	0	0	53,639	8.00
9.00	Speech Pathology	10,935	0	0	0	10,935	9.00
10.00	Medical Social Services	212	0	0	0	212	10.00
11.00	Home Health Aide	108,384	0	0	0	108,384	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	638	0	0	0	638	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	1,121,266	0	0	0	1,121,266	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	312,858					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	206,853	741,352				6.00
7.00	Physical Therapy	38,740	138,841				7.00
8.00	Occupational Therapy	20,759	74,398				8.00
9.00	Speech Pathology	4,232	15,167				9.00
10.00	Medical Social Services	82	294				10.00
11.00	Home Health Aide	41,945	150,329				11.00
12.00	Supplies (see instructions)	0	0				12.00
13.00	Drugs	0	0				13.00
14.00	DME	0	0				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	247	885				22.00
23.00	All Others (specify)	0	0				23.00
24.00	Total (sum of lines 1-23)		1,121,266				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 150086
HHA CCN: 157055

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

Worksheet H-1
Part II
Date/Time Prepared:
5/27/2016 5:07 pm
PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-312,858	808,408
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	534,499
7.00	Physical Therapy	0	0	0	0	0	100,101
8.00	Occupational Therapy	0	0	0	0	0	53,639
9.00	Speech Pathology	0	0	0	0	0	10,935
10.00	Medical Social Services	0	0	0	0	0	212
11.00	Home Health Aide	0	0	0	0	0	108,384
12.00	Supplies (see instructions)	0	0	0	0	0	0
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	638
23.00	All Others (specify)	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-312,858	808,408
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		312,858
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.387005

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150086

Period: From 01/01/2015

Worksheet H-2

HHA CCN: 157055

To 12/31/2015

Part I
Date/Time Prepared: 5/27/2016 5:07 pm

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	DATA PROCESSING	
		NEW BLDG & FIXT	NEW MVBLE EQUIP				
		0	1.00				
1.00 Administrative and General	0	35,147	23,330	282,398	1,857	89,948	1.00
2.00 Skilled Nursing Care	741,352	0	0	0	0	0	2.00
3.00 Physical Therapy	138,841	0	0	0	0	0	3.00
4.00 Occupational Therapy	74,398	0	0	0	0	0	4.00
5.00 Speech Pathology	15,167	0	0	0	0	0	5.00
6.00 Medical Social Services	294	0	0	0	0	0	6.00
7.00 Home Health Aide	150,329	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	885	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)	1,121,266	35,147	23,330	282,398	1,857	89,948	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	
	5.03	5.04	5.05	5A.05	5.06	7.00	
1.00 Administrative and General	721	0	10,908	444,309	22,420	100,716	1.00
2.00 Skilled Nursing Care	0	0	0	741,352	37,409	0	2.00
3.00 Physical Therapy	0	0	0	138,841	7,006	0	3.00
4.00 Occupational Therapy	0	0	0	74,398	3,754	0	4.00
5.00 Speech Pathology	0	0	0	15,167	765	0	5.00
6.00 Medical Social Services	0	0	0	294	15	0	6.00
7.00 Home Health Aide	0	0	0	150,329	7,586	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	885	45	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)	721	0	10,908	1,565,575	79,000	100,716	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: 150086

Period: From 01/01/2015

Worksheet H-2

HHA CCN: 157055

To 12/31/2015

Part I
Date/Time Prepared:
5/27/2016 5:07 pm

Home Health Agency I

PPS

Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	
		8.00	9.00	10.00	11.00	13.00	14.00	
1.00	Administrative and General	0	27,538	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	27,538	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		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	
		15.00	16.00	17.00	24.00	25.00	26.00	
1.00	Administrative and General	0	11,762	0	606,745	0	606,745	1.00
2.00	Skilled Nursing Care	0	0	0	778,761	0	778,761	2.00
3.00	Physical Therapy	0	0	0	145,847	0	145,847	3.00
4.00	Occupational Therapy	0	0	0	78,152	0	78,152	4.00
5.00	Speech Pathology	0	0	0	15,932	0	15,932	5.00
6.00	Medical Social Services	0	0	0	309	0	309	6.00
7.00	Home Health Aide	0	0	0	157,915	0	157,915	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	930	0	930	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	11,762	0	1,784,591	0	1,784,591	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: 150086

Period: From 01/01/2015

Worksheet H-2

HHA CCN: 157055

To 12/31/2015

Part I
Date/Time Prepared:
5/27/2016 5:07 pm

Home Health Agency I

PPS

Cost Center Description		Allocated HHA A&G (see Part II)	Total HHA Costs		
		27.00	28.00		
1.00	Administrative and General				1.00
2.00	Skilled Nursing Care	401,164	1,179,925		2.00
3.00	Physical Therapy	75,130	220,977		3.00
4.00	Occupational Therapy	40,259	118,411		4.00
5.00	Speech Pathology	8,207	24,139		5.00
6.00	Medical Social Services	159	468		6.00
7.00	Home Health Aide	81,347	239,262		7.00
8.00	Supplies (see instructions)	0	0		8.00
9.00	Drugs	0	0		9.00
10.00	DME	0	0		10.00
11.00	Home Dialysis Aide Services	0	0		11.00
12.00	Respiratory Therapy	0	0		12.00
13.00	Private Duty Nursing	0	0		13.00
14.00	Clinic	0	0		14.00
15.00	Health Promotion Activities	0	0		15.00
16.00	Day Care Program	0	0		16.00
17.00	Home Delivered Meals Program	0	0		17.00
18.00	Homemaker Service	479	1,409		18.00
19.00	All Others (specify)	0	0		19.00
20.00	Total (sum of lines 1-19) (2)	606,745	1,784,591		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.	0.515131			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: 150086
HHA CCN: 157055

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

Worksheet H-2 Part II
Date/Time Prepared: 5/27/2016 5:07 pm
PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONES)	DATA PROCESSING (DP EQUIPMENT)	PURCHASING RECEIVING AND STORES (SUPPLY EXPENSE)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00					
1.00 Administrative and General	3,085	3,085	986,272	6	40	41,625	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)	3,085	3,085	986,272	6	40	41,625	20.00
21.00 Total cost to be allocated	35,147	23,330	282,398	1,857	89,948	721	21.00
22.00 Unit cost multiplier	11.392869	7.562399	0.286329	309.500000	2,248.700000	0.017321	22.00
Cost Center Description	ADMINISTRATIVE (ADMINISTRATIONS)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
	5.04	5.05	5A.06	5.06	7.00	8.00	
1.00 Administrative and General	0	1,430,882	0	444,309	3,085	0	1.00
2.00 Skilled Nursing Care	0	0	0	741,352	0	0	2.00
3.00 Physical Therapy	0	0	0	138,841	0	0	3.00
4.00 Occupational Therapy	0	0	0	74,398	0	0	4.00
5.00 Speech Pathology	0	0	0	15,167	0	0	5.00
6.00 Medical Social Services	0	0	0	294	0	0	6.00
7.00 Home Health Aide	0	0	0	150,329	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	885	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	1,430,882	0	1,565,575	3,085	0	20.00
21.00 Total cost to be allocated	0	10,908	0	79,000	100,716	0	21.00
22.00 Unit cost multiplier	0.000000	0.007623	0	0.050461	32.647002	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150086
HHA CCN: 157055

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

Worksheet H-2
Part II
Date/Time Prepared:
5/27/2016 5:07 pm
PPS

Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MAN HOURS)	NURSING ADMINISTRATION (GROSS HOURS)	CENTRAL SERVICE & SUPPLY (100%)	PHARMACY (100%)	
		9.00	10.00	11.00	13.00	14.00	15.00	
1.00	Administrative and General	3,085	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)	3,085	0	0	0	0	0	20.00
21.00	Total cost to be allocated	27,538	0	0	0	0	0	21.00
22.00	Unit cost multiplier	8.926418	0.000000	0.000000	0.000000	0.000000	0.000000	22.00
Cost Center Description		MEDICAL RECORDS & LIBRARY (ADJUSTED CHARGES)	SOCIAL SERVICE (TIME SPENT)					
		16.00	17.00					
1.00	Administrative and General	1,430,882	0					1.00
2.00	Skilled Nursing Care	0	0					2.00
3.00	Physical Therapy	0	0					3.00
4.00	Occupational Therapy	0	0					4.00
5.00	Speech Pathology	0	0					5.00
6.00	Medical Social Services	0	0					6.00
7.00	Home Health Aide	0	0					7.00
8.00	Supplies (see instructions)	0	0					8.00
9.00	Drugs	0	0					9.00
10.00	DME	0	0					10.00
11.00	Home Dialysis Aide Services	0	0					11.00
12.00	Respiratory Therapy	0	0					12.00
13.00	Private Duty Nursing	0	0					13.00
14.00	Clinic	0	0					14.00
15.00	Health Promotion Activities	0	0					15.00
16.00	Day Care Program	0	0					16.00
17.00	Home Delivered Meals Program	0	0					17.00
18.00	Homemaker Service	0	0					18.00
19.00	All Others (specify)	0	0					19.00
20.00	Total (sum of lines 1-19)	1,430,882	0					20.00
21.00	Total cost to be allocated	11,762	0					21.00
22.00	Unit cost multiplier	0.008220	0.000000					22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 150086	Period: From 01/01/2015 To 12/31/2015	Worksheet H-3 Part I Date/Time Prepared: 5/27/2016 5:07 pm		
				HHA CCN: 157055	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	1,179,925		1,179,925	4,421	266.89	1.00
2.00	Physical Therapy	3.00	220,977	0	220,977	1,710	129.23	2.00
3.00	Occupational Therapy	4.00	118,411	0	118,411	636	186.18	3.00
4.00	Speech Pathology	5.00	24,139	0	24,139	140	172.42	4.00
5.00	Medical Social Services	6.00	468		468	65	7.20	5.00
6.00	Home Health Aide	7.00	239,262		239,262	3,118	76.74	6.00
7.00	Total (sum of lines 1-6)		1,783,182	0	1,783,182	10,090		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		17140	0	8			8.00
8.01	Skilled Nursing Care		50031	0	616			8.01
8.02	Skilled Nursing Care		50034	0	2,260			8.02
8.03	Skilled Nursing Care		99915	0	1			8.03
8.04	Skilled Nursing Care		50035	0	7			8.04
9.00	Physical Therapy		17140	0	0			9.00
9.01	Physical Therapy		50031	0	204			9.01
9.02	Physical Therapy		50034	0	897			9.02
9.03	Physical Therapy		99915	0	5			9.03
9.04	Physical Therapy		50035	0	1			9.04
10.00	Occupational Therapy		17140	0	0			10.00
10.01	Occupational Therapy		50031	0	72			10.01
10.02	Occupational Therapy		50034	0	319			10.02
10.03	Occupational Therapy		99915	0	0			10.03
10.04	Occupational Therapy		50035	0	2			10.04
11.00	Speech Pathology		17140	0	0			11.00
11.01	Speech Pathology		50031	0	30			11.01
11.02	Speech Pathology		50034	0	55			11.02
11.03	Speech Pathology		99915	0	0			11.03
11.04	Speech Pathology		50035	0	0			11.04
12.00	Medical Social Services		17140	0	0			12.00
12.01	Medical Social Services		50031	0	5			12.01
12.02	Medical Social Services		50034	0	35			12.02
12.03	Medical Social Services		99915	0	0			12.03
12.04	Medical Social Services		50035	0	0			12.04
13.00	Home Health Aide		17140	0	0			13.00
13.01	Home Health Aide		50031	0	34			13.01
13.02	Home Health Aide		50034	0	735			13.02
13.03	Home Health Aide		99915	0	0			13.03
13.04	Home Health Aide		50035	0	0			13.04
14.00	Total (sum of lines 8-13)			0	5,286			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

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150086	Period: From 01/01/2015	Worksheet H-3
		HHA CCN: 157055	To 12/31/2015	Part I Date/Time Prepared: 5/27/2016 5:07 pm
		Title XVIII	Home Health Agency I	PPS

Cost Center Description	Program Visits			Cost of Services		Subject to Deductibles & Coinsurance	
	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	
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	2,892		0	771,846	1.00
2.00	Physical Therapy	0	1,107		0	143,058	2.00
3.00	Occupational Therapy	0	393		0	73,169	3.00
4.00	Speech Pathology	0	85		0	14,656	4.00
5.00	Medical Social Services	0	40		0	288	5.00
6.00	Home Health Aide	0	769		0	59,013	6.00
7.00	Total (sum of lines 1-6)	0	5,286		0	1,062,030	7.00
Cost Center Description							
		6.00	7.00	8.00	9.00	10.00	11.00
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
8.02	Skilled Nursing Care						8.02
8.03	Skilled Nursing Care						8.03
8.04	Skilled Nursing Care						8.04
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
9.02	Physical Therapy						9.02
9.03	Physical Therapy						9.03
9.04	Physical Therapy						9.04
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
10.02	Occupational Therapy						10.02
10.03	Occupational Therapy						10.03
10.04	Occupational Therapy						10.04
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
11.02	Speech Pathology						11.02
11.03	Speech Pathology						11.03
11.04	Speech Pathology						11.04
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
12.02	Medical Social Services						12.02
12.03	Medical Social Services						12.03
12.04	Medical Social Services						12.04
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
13.02	Home Health Aide						13.02
13.03	Home Health Aide						13.03
13.04	Home Health Aide						13.04
14.00	Total (sum of lines 8-13)						14.00
Program Covered Charges							
Cost Center Description	Program Covered Charges			Cost of Services		Subject to Deductibles & Coinsurance	
	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	15.00
16.00	Cost of Drugs		0	0		0	16.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150086 HHA CCN: 157055	Period: From 01/01/2015 To 12/31/2015	Worksheet H-3 Part I Date/Time Prepared: 5/27/2016 5:07 pm
		Title XVII I	Home Health Agency I	PPS

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	771,846		1.00
2.00	Physical Therapy	143,058		2.00
3.00	Occupational Therapy	73,169		3.00
4.00	Speech Pathology	14,656		4.00
5.00	Medical Social Services	288		5.00
6.00	Home Health Aide	59,013		6.00
7.00	Total (sum of lines 1-6)	1,062,030		7.00
Cost Center Description		12.00		
Limitation Cost Computation				
8.00	Skilled Nursing Care			8.00
8.01	Skilled Nursing Care			8.01
8.02	Skilled Nursing Care			8.02
8.03	Skilled Nursing Care			8.03
8.04	Skilled Nursing Care			8.04
9.00	Physical Therapy			9.00
9.01	Physical Therapy			9.01
9.02	Physical Therapy			9.02
9.03	Physical Therapy			9.03
9.04	Physical Therapy			9.04
10.00	Occupational Therapy			10.00
10.01	Occupational Therapy			10.01
10.02	Occupational Therapy			10.02
10.03	Occupational Therapy			10.03
10.04	Occupational Therapy			10.04
11.00	Speech Pathology			11.00
11.01	Speech Pathology			11.01
11.02	Speech Pathology			11.02
11.03	Speech Pathology			11.03
11.04	Speech Pathology			11.04
12.00	Medical Social Services			12.00
12.01	Medical Social Services			12.01
12.02	Medical Social Services			12.02
12.03	Medical Social Services			12.03
12.04	Medical Social Services			12.04
13.00	Home Health Aide			13.00
13.01	Home Health Aide			13.01
13.02	Home Health Aide			13.02
13.03	Home Health Aide			13.03
13.04	Home Health Aide			13.04
14.00	Total (sum of lines 8-13)			14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150086 HHA CCN: 157055	Period: From 01/01/2015 To 12/31/2015	Worksheet H-3 Part II Date/Time Prepared: 5/27/2016 5:07 pm PPS
		Title XVIII	Home Health Agency I	

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
	0	1.00	2.00	3.00	4.00	
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00	Physical Therapy	66.00	0.353740	0	0	col. 2, line 2.00 1.00
2.00	Occupational Therapy	67.00	0.563131	0	0	col. 2, line 3.00 2.00
3.00	Speech Pathology	68.00	0.496960	0	0	col. 2, line 4.00 3.00
4.00	Cost of Medical Supplies	71.00	0.718399	0	0	col. 2, line 15.00 4.00
5.00	Cost of Drugs	73.00	0.412716	0	0	col. 2, line 16.00 5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 150086 HHA CCN: 157055	Period: From 01/01/2015 To 12/31/2015	Worksheet H-4 Part I-II Date/Time Prepared: 5/27/2016 5:07 pm
		Title XVII I	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	750,495
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	28,507
13.00	Total PPS Reimbursement - LUPA Episodes		0	34,560
14.00	Total PPS Reimbursement - PEP Episodes		0	4,704
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	17,356
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	873
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	836,495
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	836,495
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	836,495
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	836,495
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	836,495
31.01	Sequestration adjustment (see instructions)		0	16,717
32.00	Interim payments (see instructions)		0	819,125
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	653
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: 150086
HHA CCN: 157055

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

Worksheet H-5
Date/Time Prepared:
5/27/2016 5:07 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		819,125	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		819,125	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		653	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		819,778	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: 150086

Period: From 01/01/2015

Worksheet K

Hospice CCN: 151531

To 12/31/2015

Date/Time Prepared: 5/27/2016 5:08 pm

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	46,887	0	22,274	0	294,279	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	203,549	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	68,533	0	0	0	0	15.00
16.00	Spiritual Counseling	7,583	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	6,728	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	333,280	0	22,274	0	294,279	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150086

Period: From 01/01/2015

Worksheet K

Hospice CCN: 151531

To 12/31/2015

Date/Time Prepared: 5/27/2016 5:08 pm

		Hospice I					
		Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	363,440	-65,826	297,614	-5,078	292,536	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	203,549	0	203,549	0	203,549	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	68,533	0	68,533	0	68,533	15.00
16.00	Spiritual Counseling	7,583	0	7,583	0	7,583	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	6,728	0	6,728	0	6,728	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	649,833	-65,826	584,007	-5,078	578,929	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150086
 Hospice CCN: 151531

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

Worksheet K-1
 Date/Time Prepared:
 5/27/2016 5:07 pm

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	46,887	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	90,168	0	0	0	113,381	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	68,533	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	137,055	0	68,533	0	113,381	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150086

Period: From 01/01/2015

Worksheet K-1

Hospice CCN: 151531

To 12/31/2015

Date/Time Prepared: 5/27/2016 5:07 pm

		Hospice I			
		Total Therapists	Aides	All-Other	Total (1)
		6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS					
1.00	Capital Related Costs-Bldg and Fixt.				1.00
2.00	Capital Related Costs-Movable Equip.				2.00
3.00	Plant Operation and Maintenance		0	0	3.00
4.00	Transportation - Staff		0	0	4.00
5.00	Volunteer Service Coordination		0	0	5.00
6.00	Administrative and General		0	0	6.00
INPATIENT CARE SERVICE					
7.00	Inpatient - General Care		0	0	7.00
8.00	Inpatient - Respite Care		0	0	8.00
VISITING SERVICES					
9.00	Physician Services		0	0	9.00
10.00	Nursing Care		0	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	11.00
12.00	Physical Therapy	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	14.00
15.00	Medical Social Services		0	0	15.00
16.00	Spiritual Counseling		0	7,583	16.00
17.00	Dietary Counseling		0	0	17.00
18.00	Counseling - Other		0	0	18.00
19.00	Home Health Aide and Homemaker		6,728	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	20.00
21.00	Other		0	0	21.00
OTHER HOSPICE SERVICE COSTS					
22.00	Drugs, Biological and Infusion Therapy				22.00
23.00	Analgesics				23.00
24.00	Sedatives / Hypnotics				24.00
25.00	Other - Specify				25.00
26.00	Durable Medical Equipment/Oxygen				26.00
27.00	Patient Transportation		0	0	27.00
28.00	Imaging Services		0	0	28.00
29.00	Labs and Diagnostics		0	0	29.00
30.00	Medical Supplies		0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	31.00
32.00	Radiation Therapy		0	0	32.00
33.00	Chemotherapy		0	0	33.00
34.00	Other		0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE					
35.00	Bereavement Program Costs		0	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)	0	6,728	7,583	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150086
 Hospice CCN: 151531

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

Worksheet K-4
 Part I
 Date/Time Prepared:
 5/27/2016 5:08 pm

		CAPITAL RELATED COST				Hospice I	
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	292,536	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	203,549	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	68,533	0	0	0	0	15.00
16.00	Spiritual Counseling	7,583	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	6,728	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	578,929	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150086

Period: From 01/01/2015

Worksheet K-4

Hospice CCN: 151531

To 12/31/2015

Part I
Date/Time Prepared:
5/27/2016 5:08 pm

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5A ± col. 6)	
		5.00	5A	6.00	7.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance					3.00
4.00	Transportation - Staff					4.00
5.00	Volunteer Service Coordination	0				5.00
6.00	Administrative and General	0	292,536	292,536		6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	203,549	207,915	411,464	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services	0	68,533	70,003	138,536	15.00
16.00	Spiritual Counseling	0	7,583	7,746	15,329	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	6,728	6,872	13,600	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	578,929		578,929	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150086

Period: From 01/01/2015

Worksheet K-4

Hospice CCN: 151531

To 12/31/2015

Part II
Date/Time Prepared:
5/27/2016 5:07 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	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0					1.00
2.00	Capital Related Costs-Movable Equip.	0	0				2.00
3.00	Plant Operation and Maintenance	0	0	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
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	0	0	0	0	0	39.00
40.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	40.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150086
Hospice CCN: 151531

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

Worksheet K-4
Part II
Date/Time Prepared:
5/27/2016 5:07 pm

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	Hospice I
		6A	6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-292,536	286,393	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	203,549	7.00
8.00	Inpatient - Respite Care	0	0	8.00
VISITING SERVICES				
9.00	Physician Services	0	0	9.00
10.00	Nursing Care	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	0	12.00
13.00	Occupational Therapy	0	0	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	68,533	15.00
16.00	Spiritual Counseling	0	7,583	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	6,728	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	0	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	0	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	0	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		292,536	39.00
40.00	Unit Cost Multiplier		1.021450	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150086

Period: From 01/01/2015

Worksheet K-5

Hospice CCN: 151531

To 12/31/2015

Part I
Date/Time Prepared:
5/27/2016 5:08 pm

Cost Center Description		Hospice Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
			NEW BLDG & FIXT	NEW MVBLE EQUIP			
			1.00	2.00			
		0	3,589	2,382	95,428	0	1.00
1.00	Administrative and General					0	1.00
2.00	Inpatient - General Care	411,464	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	138,536	0	0	0	0	10.00
11.00	Spiritual Counseling	15,329	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	13,600	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)	578,929	3,589	2,382	95,428	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150086

Period: From 01/01/2015

Worksheet K-5

Hospice CCN: 151531

To 12/31/2015

Part I
Date/Time Prepared:
5/27/2016 5:08 pm

Cost Center Description		Hospice I				Subtotal	
		DATA PROCESSING 5.02	PURCHASING RECEIVING AND STORES 5.03	ADMITTING 5.04	CASHIERING/ACCOUNTS RECEIVABLE 5.05		
1.00	Administrative and General	0	1,262	0	7,200	109,861	1.00
2.00	Inpatient - General Care	0	0	0	0	411,464	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	138,536	10.00
11.00	Spiritual Counseling	0	0	0	0	15,329	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	13,600	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	1,262	0	7,200	688,790	34.00
35.00	Unit Cost Multiplier (see instructions)					0.000000	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150086

Period:

Worksheet K-5

Hospice CCN: 151531

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

Part I
Date/Time Prepared:
5/27/2016 5:08 pm

Cost Center Description		Hospice I					
		OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.06	7.00	8.00	9.00	10.00	
1.00	Administrative and General	5,544	10,284	0	2,812	0	1.00
2.00	Inpatient - General Care	20,762	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	6,991	0	0	0	0	10.00
11.00	Spiritual Counseling	774	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	686	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)	34,757	10,284	0	2,812	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150086

Period: From 01/01/2015

Worksheet K-5

Hospice CCN: 151531

To 12/31/2015

Part I
Date/Time Prepared:
5/27/2016 5:08 pm

Cost Center Description		Hospice I					
		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	0	0	0	0	7,763	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	7,763	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150086

Period: From 01/01/2015

Worksheet K-5

Hospice CCN: 151531

To 12/31/2015

Part I
Date/Time Prepared:
5/27/2016 5:08 pm

Cost Center Description		Hospice I					Allocated Hospice A&G (See Part II)	
		SOCIAL SERVICE	Subtotal (col.s. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (col.s. 24 ± 25)			
		17.00	24.00	25.00	26.00	27.00		
1.00	Administrative and General	0	136,264				1.00	
2.00	Inpatient - General Care	0	432,226	0	432,226	96,847	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	145,527	0	145,527	32,608	10.00	
11.00	Spiritual Counseling	0	16,103	0	16,103	3,608	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	14,286	0	14,286	3,201	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	744,406	0	744,406		34.00	
35.00	Unit Cost Multiplier (see instructions)					0.224066	35.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150086

Period:

Worksheet K-5

Hospice CCN: 151531

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

Part I
Date/Time Prepared:
5/27/2016 5:08 pm

Cost Center Description		Total Hospice Costs (col. 26 ± 27)	Hospice I	
		28.00		
1.00	Administrative and General			1.00
2.00	Inpatient - General Care	529,073		2.00
3.00	Inpatient - Respite Care	0		3.00
4.00	Physician Services	0		4.00
5.00	Nursing Care	0		5.00
6.00	Nursing Care-Continuous Home Care	0		6.00
7.00	Physical Therapy	0		7.00
8.00	Occupational Therapy	0		8.00
9.00	Speech/ Language Pathology	0		9.00
10.00	Medical Social Services	178,135		10.00
11.00	Spiritual Counseling	19,711		11.00
12.00	Dietary Counseling	0		12.00
13.00	Counseling - Other	0		13.00
14.00	Home Health Aide and Homemaker	17,487		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0		15.00
16.00	Other	0		16.00
17.00	Drugs, Biological and Infusion Therapy	0		17.00
18.00	Analgesics	0		18.00
19.00	Sedatives / Hypnotics	0		19.00
20.00	Other - Specify	0		20.00
21.00	Durable Medical Equipment/Oxygen	0		21.00
22.00	Patient Transportation	0		22.00
23.00	Imaging Services	0		23.00
24.00	Labs and Diagnostics	0		24.00
25.00	Medical Supplies	0		25.00
26.00	Outpatient Services (including E/R Dept.)	0		26.00
27.00	Radiation Therapy	0		27.00
28.00	Chemotherapy	0		28.00
29.00	Other	0		29.00
30.00	Bereavement Program Costs	0		30.00
31.00	Volunteer Program Costs	0		31.00
32.00	Fundraising	0		32.00
33.00	Other Program Costs	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	744,406		34.00
35.00	Unit Cost Multiplier (see instructions)			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150086
Hospice CCN: 151531

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

Worksheet K-5
Part II
Date/Time Prepared:
5/27/2016 5:08 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONES)	DATA PROCESSING (DP EQUIPMENT)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00	4.00				
1.00 Administrative and General	315	315	333,280	5.01	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)	315	315	333,280		0	0	34.00
35.00 Total cost to be allocated	3,589	2,382	95,428		0	0	35.00
36.00 Unit Cost Multiplier (see instructions)	11.393651	7.561905	0.286330		0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150086
Hospice CCN: 151531

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

Worksheet K-5
Part II
Date/Time Prepared:
5/27/2016 5:08 pm

Cost Center Description		Hospice I					
		PURCHASING RECEIVING AND STORES (SUPPLY EXPENSE) 5.03	ADMITTING (ADMISSIONS) 5.04	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES) 5.05	Reconciliation 5A.06	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST) 5.06	
1.00	Administrative and General	72,884	0	944,459	0	109,861	1.00
2.00	Inpatient - General Care	0	0	0	0	411,464	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	138,536	10.00
11.00	Spiritual Counseling	0	0	0	0	15,329	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	13,600	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)	72,884	0	944,459		688,790	34.00
35.00	Total cost to be allocated	1,262	0	7,200		34,757	35.00
36.00	Unit Cost Multiplier (see instructions)	0.017315	0.000000	0.007623		0.050461	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150086
Hospice CCN: 151531

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

Worksheet K-5
Part II
Date/Time Prepared:
5/27/2016 5:08 pm

Cost Center Description	Hospice I					
	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MAN HOURS)	
	7.00	8.00	9.00	10.00	11.00	
1.00 Administrative and General	315	0	315	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)	315	0	315	0	0	34.00
35.00 Total cost to be allocated	10,284	0	2,812	0	0	35.00
36.00 Unit Cost Multiplier (see instructions)	32.647619	0.000000	8.926984	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150086
Hospice CCN: 151531

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

Worksheet K-5
Part II
Date/Time Prepared:
5/27/2016 5:08 pm

Cost Center Description	Hospice I					SOCIAL SERVICE (TIME SPENT)	
	NURSING ADMINISTRATION (GROSS HOURS)	CENTRAL SERVICE & SUPPLY (100%)	PHARMACY (100%)	MEDICAL RECORDS & LIBRARY (ADJUSTED CHARGES)			
	13.00	14.00	15.00	16.00	17.00		
1.00 Administrative and General	0	0	0	944,459	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	944,459	0	34.00	
35.00 Total cost to be allocated	0	0	0	7,763	0	35.00	
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.008220	0.000000	36.00	

COMPUTATION OF TOTAL HOSPICE SHARED COSTS

Provider CCN: 150086

Period: From 01/01/2015

Worksheet K-5

Hospice CCN: 151531

To 12/31/2015

Part III
Date/Time Prepared:
5/27/2016 5:08 pm

Cost Center Description		Hospice I			
		Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)
		0	1.00	2.00	3.00
ANCI LLARY SERVICE COST CENTERS					
1.00	PHYSICAL THERAPY	66.00	0.353740	0	0 1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.563131	0	0 2.00
3.00	SPEECH PATHOLOGY	68.00	0.496960	0	0 3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.412716	0	0 4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00			5.00
6.00	LABORATORY	60.00	0.203653	0	0 6.00
6.01	BLOOD LABORATORY	60.01	0.000000	0	0 6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.718399	0	0 7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00			8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.141874	0	0 9.00
10.00	OTHER ANCI LLARY SERVICE COST CENTERS	76.00			10.00
11.00	Totals (sum of lines 1-10)				0 11.00

CALCULATION OF HOSPI CE PER DIEM COST

Provi der CCN: 150086

Period: From 01/01/2015

Worksheet K-6

Hospi ce CCN: 151531

To 12/31/2015

Date/Time Prepared: 5/27/2016 5:08 pm

		Hospi ce I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				744,406	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				4,939	2.00
3.00	Average cost per diem (line 1 divided by line 2)				150.72	3.00
4.00	Upduplicated Medicare Days (Worksheet S-9, column 1, line 5)	3,854				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	580,875				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		159			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		23,964			7.00
8.00	Upduplicated SNF Days (Worksheet S-9, column 3, line 5)	271				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	40,845				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		15			10.00
11.00	Aggregate NF cost (line 3 times line 10)		2,261			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			926		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			139,567		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150086	Period: From 01/01/2015 To 12/31/2015	Worksheet L Parts I-III Date/Time Prepared: 5/27/2016 5:07 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,117,693	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		26,309	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)		45.31	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		1,144,002	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00