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: 150048	Period: From 01/01/2015 To 12/31/2015	Worksheet S Parts I-III Date/Time Prepared: 5/26/2016 9:46 am

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 5/26/2016 Time: 9:46 am
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. [1] Cost Report Status
   (1) As Submitted
   (2) Settled without Audit
   (3) Settled with Audit
   (4) Reopened
   (5) Amended
6. Date Received:
7. Contractor No.
8. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by REID HOSPITAL & HEALTH CARE SERVICES (150048) 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	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-546,983	599,984	1,257,882	0	1.00
2.00	Subprovider - IPF	0	75,755	52		0	2.00
3.00	Subprovider - IRF	0	43,239	3		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
200.00	Total	0	-427,989	600,039	1,257,882	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-2 Part I | Date/Time Prepared: 5/26/2016 9:17 am

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 1401 CHESTER BOULEVARD	PO Box:			1.00
2.00	City: RICHMOND	State: IN	Zip Code: 47374	County: WAYNE	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	REID HOSPITAL & HEALTH CARE SERVICES	150048	99915	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	SUBPROVIDER	15S048	99915	4	01/01/2001	N	P	O	4.00
5.00	Subprovider - IRF	REHAB UNIT	15T048	99915	5	01/01/2003	N	P	O	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	HOSPICE	151524	99915		11/03/1993				14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From: 1.00	To: 2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2015	12/31/2015	20.00
21.00	Type of Control (see instructions)	2		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	N	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	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.	1,489	2,057	610	126	3,134	60	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.	74	134	0	0	23		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-2 Part I Date/Time Prepared: 5/26/2016 9:17 am

		Urban/Rural S	Date of Geogr	
		1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	2		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	2		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	1		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.	01/01/2015	12/31/2015	36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0		37.00
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.			38.00
		Y/N	Y/N	
		1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 “Y” for yes or “N” for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N	40.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-2 Part I Date/Time Prepared: 5/26/2016 9:17 am

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

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

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

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-2 Part I Date/Time Prepared: 5/26/2016 9:17 am

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/(col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010				
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/(col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00

		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y			70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N		0	71.00
	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.	Y			75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	76.00

		1.00	
	Long Term Care Hospital PPS		
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N	81.00
	TEFRA Providers		
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.	N	87.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-2 Part I | Date/Time Prepared: 5/26/2016 9:17 am

		V	XIX	
		1.00	2.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
	Rural Providers			
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	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. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.	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	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	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	110.00

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

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 150048	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/26/2016 9:17 am

				1.00	2.00	
	All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)			Y		140.00
	1.00	2.00	3.00			
	If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name:	Contractor's Name:	Contractor's Number:			141.00
142.00	Street:	PO Box:				142.00
143.00	City:	State:	Zip Code:			143.00

		1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y	144.00

		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y		145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00

		1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N	149.00

		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00

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

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

		1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act		
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0	168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)		168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.50	169.00

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10/01/2015	12/31/2015	170.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 150048	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/26/2016 9:17 am

		1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)	N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-2 Part II | Date/Time Prepared: 5/26/2016 9:17 am

			Y/N	Date	
			1.00	2.00	
	General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
	COMPLETED BY ALL HOSPITALS				
	Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)		N		1.00
			Y/N	Date	V/I	
			1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.		N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)		Y			3.00
			Y/N	Type	Date	
			1.00	2.00	3.00	
	Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.		Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.		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.			Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.			Y		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.			N		11.00
					Y/N	
					1.00	
	Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N	14.00
	Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				N	15.00
				Part A		Part B	
		Description		Y/N	Date	Y/N	
		0		1.00	2.00	3.00	
	PS&R Data						
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)			N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			Y	03/31/2016	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-2 Part II Date/Time Prepared: 5/26/2016 9:17 am

		Description	Part A Y/N	Part A Date	Part B Y/N	
		0	1.00	2.00	3.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N		N	21.00
					1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
	Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				N	25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				N	27.00
	Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				Y	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				N	31.00
	Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				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.				Y	33.00
	Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				N	35.00

		Y/N	Date	
		1.00	2.00	
	Home Office Costs			
36.00	Were home office costs claimed on the cost report?	N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			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.	BKD, LLP	BKD, LLP	41.00
42.00	Enter the employer/company name of the cost report preparer.	BKD, LLP		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	5025810435	LVCOSTREPORTS@BKD.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-2 Part II | Date/Time Prepared: 5/26/2016 9:17 am

		Part B Date 4.00			
	PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)				16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	03/31/2016			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.		BKD, LLP		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: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-3 Part I Date/Time Prepared: 5/26/2016 9:17 am

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	135	49,275	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)		135	49,275	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	30	10,950	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)		165	60,225	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	38	13,870		0	16.00
17.00	SUBPROVIDER - IRF	41.00	20	7,300		0	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						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)		223				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: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-3 Part I | Date/Time Prepared: 5/26/2016 9:17 am

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	17,363	1,187	29,388			1.00
2.00	HMO and other (see instructions)	3,479	5,927				2.00
3.00	HMO IPF Subprovider	782	0				3.00
4.00	HMO IRF Subprovider	140	157				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)	17,363	1,187	29,388			7.00
8.00	INTENSIVE CARE UNIT	1,882	219	5,425			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		83	2,060			13.00
14.00	Total (see instructions)	19,245	1,489	36,873	1.51	2,210.04	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	8,323	0	11,847	0.00	72.17	16.00
17.00	SUBPROVIDER - IRF	1,796	74	2,766	0.00	18.10	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						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	10,381	359	11,316	0.00	16.33	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)				1.51	2,316.64	27.00
28.00	Observation Bed Days		188	2,927			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			611			30.00
31.00	Employee discount days - IRF			29			31.00
32.00	Labor & delivery days (see instructions)	0	60	91			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: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-3 Part I | Date/Time Prepared: 5/26/2016 9:17 am

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	5,113	527	10,410	1.00
2.00	HMO and other (see instructions)			828	0		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	5,113	527	10,410	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	540	0	874	16.00
17.00	SUBPROVIDER - IRF	0.00	0	136	5	207	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						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: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-3 Part II Date/Time Prepared: 5/26/2016 9:17 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	139,579,965	0	139,579,965	4,818,618.07	28.97	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	84,980	84,980	3,470.61	24.49	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)		62,281,966	108,971	62,390,937	1,620,762.52	38.49	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		5,230,294	0	5,230,294	121,802.22	42.94	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		0	0	0	0.00	0.00	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)		17,613,649	0	17,613,649			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		11,238,891	0	11,238,891			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)		7,590	0	7,590			25.00
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	1,789,845	0	1,789,845	55,282.51	32.38	26.00
27.00	Administrative & General	5.00	14,859,528	-125,109	14,734,419	516,897.55	28.51	27.00
28.00	Administrative & General under contract (see inst.)		5,230,294	0	5,230,294	37,832.06	138.25	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,904,043	0	1,904,043	91,526.59	20.80	30.00
31.00	Laundry & Linen Service	8.00	405,689	-82,961	322,728	30,656.78	10.53	31.00
32.00	Housekeeping	9.00	1,442,436	0	1,442,436	106,753.73	13.51	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	2,462,157	-1,950,046	512,111	34,101.75	15.02	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	1,870,483	1,870,483	130,282.34	14.36	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	282,397	238,637	521,034	8,439.36	61.74	38.00
39.00	Central Services and Supply	14.00	581,221	0	581,221	40,983.30	14.18	39.00
40.00	Pharmacy	15.00	3,703,484	0	3,703,484	122,905.12	30.13	40.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-3 Part II Date/Time Prepared: 5/26/2016 9:17 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00	1,578,450	0	1,578,450	103,347.24	15.27	41.00
42.00	Social Service	17.00	3,174,740	0	3,174,740	42,108.68	75.39	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-3 Part III Date/Time Prepared: 5/26/2016 9:17 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		144,810,259	-84,980	144,725,279	4,852,979.52	29.82	1.00
2.00	Excluded area salaries (see instructions)		62,281,966	108,971	62,390,937	1,620,762.52	38.49	2.00
3.00	Subtotal salaries (line 1 minus line 2)		82,528,293	-193,951	82,334,342	3,232,217.00	25.47	3.00
4.00	Subtotal other wages & related costs (see inst.)		5,230,294	0	5,230,294	121,802.22	42.94	4.00
5.00	Subtotal wage-related costs (see inst.)		17,613,649	0	17,613,649	0.00	21.39	5.00
6.00	Total (sum of lines 3 thru 5)		105,372,236	-193,951	105,178,285	3,354,019.22	31.36	6.00
7.00	Total overhead cost (see instructions)		37,414,284	-48,996	37,365,288	1,321,117.01	28.28	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-3 Part IV Date/Time Prepared: 5/26/2016 9:17 am

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	4,263,671	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	3,829,386	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)	9,984,344	8.00
9.00	Prescription Drug Plan	837,053	9.00
10.00	Dental, Hearing and Vision Plan	252,739	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	557,792	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)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	0	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	8,772,255	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
	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	362,890	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	28,860,130	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-3 Part V Date/Time Prepared: 5/26/2016 9:17 am

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

HOSPITAL IDENTIFICATION DATA	Provider CCN: 150048 Component CCN: 151524	Period: From 01/01/2015 To 12/31/2015	Worksheet S-9 Parts I & II Date/Time Prepared: 5/26/2016 9:17 am
		Hospice I	

		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART I - ENROLLMENT DAYS							
1.00	Continuous Home Care	1	0	0	0	0	1	1.00
2.00	Routine Home Care	9,704	359	0	0	569	10,632	2.00
3.00	Inpatient Respite Care	87	0	0	0	7	94	3.00
4.00	General Inpatient Care	589	0	0	0	0	589	4.00
5.00	Total Hospice Days	10,381	359	0	0	576	11,316	5.00
	Part II - CENSUS DATA							
6.00	Number of Patients Receiving Hospice Care	390	5	0	0	35	430	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00				7.00
8.00	Average Length of Stay (line 5/line 6)	26.62	71.80	0.00	0.00	16.46	26.32	8.00
9.00	Unduplicated Census Count	390	5	0	0	35	430	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150048	Period: From 01/01/2015 To 12/31/2015	Worksheet S-10 Date/Time Prepared: 5/26/2016 9:17 am

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.294515	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	14,456,537	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	N	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	0	5.00
6.00	Medicaid charges	54,474,320	6.00
7.00	Medicaid cost (line 1 times line 6)	16,043,504	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)	1,586,967	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)	1,586,967	19.00

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	14,383,589	0	14,383,589	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	4,236,183	0	4,236,183	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)	4,236,183	0	4,236,183	23.00

		1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	5,801,842	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	1,239,579	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	4,562,263	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	1,343,655	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	5,579,838	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	7,166,805	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A | Date/Time Prepared: 5/26/2016 9:17 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		0	0	24,926,031	24,926,031	1.00
1.01	00101	NEW CAP BLDG & FIXT - OFFSITE		0	0	2,765,207	2,765,207	1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	0	0	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,789,845	24,928,776	26,718,621	322,785	27,041,406	4.00
5.01	00540	NONPATIENT TELEPHONES	238,707	19,332	258,039	0	258,039	5.01
5.02	00550	DATA PROCESSING	3,727,722	18,518,208	22,245,930	276,582	22,522,512	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	845,083	688,876	1,533,959	-29,579	1,504,380	5.03
5.04	00570	ADMITTING	1,824,600	1,448,742	3,273,342	-3,282	3,270,060	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,754,970	5,624,868	7,379,838	-84,295	7,295,543	5.05
5.06	00590	OTHER A&G	6,468,446	18,398,215	24,866,661	881,580	25,748,241	5.06
7.00	00700	OPERATION OF PLANT	1,904,043	3,056,980	4,961,023	-25,329	4,935,694	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	405,689	477,579	883,268	-180,506	702,762	8.00
9.00	00900	HOUSEKEEPING	1,442,436	540,624	1,983,060	0	1,983,060	9.00
10.00	01000	DIETARY	2,462,157	2,667,339	5,129,496	-4,032,825	1,096,671	10.00
11.00	01100	CAFETERIA	0	0	0	3,942,736	3,942,736	11.00
13.00	01300	NURSING ADMINISTRATION	282,397	161,493	443,890	227,561	671,451	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	581,221	2,425,796	3,007,017	0	3,007,017	14.00
15.00	01500	PHARMACY	3,703,484	26,421,459	30,124,943	1,439	30,126,382	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,578,450	2,593,582	4,172,032	-10,265	4,161,767	16.00
17.00	01700	SOCIAL SERVICE	2,077,261	1,155,481	3,232,742	0	3,232,742	17.00
17.01	01701	INSERVICE EDUCATION	1,097,479	1,501,561	2,599,040	-3,358	2,595,682	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	90,774	90,774	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	111,312	158,257	269,569	-90,774	178,795	22.00
23.00	02300	PARAMED ED PRGM	205,868	36,259	242,127	0	242,127	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	14,291,846	5,872,194	20,164,040	-16,779	20,147,261	30.00
31.00	03100	INTENSIVE CARE UNIT	3,524,417	1,223,212	4,747,629	0	4,747,629	31.00
40.00	04000	SUBPROVIDER - IPF	3,695,368	477,194	4,172,562	0	4,172,562	40.00
41.00	04100	SUBPROVIDER - IRF	1,049,956	274,719	1,324,675	0	1,324,675	41.00
43.00	04300	NURSERY	382,227	89,958	472,185	0	472,185	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,071,715	35,457,076	37,528,791	-9,513,563	28,015,228	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	715,006	203,442	918,448	0	918,448	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,240,212	6,151,330	11,391,542	-125,953	11,265,589	54.00
59.00	05900	CARDIAC CATHETERIZATION	1,510,390	10,107,206	11,617,596	-6,326,859	5,290,737	59.00
60.00	06000	LABORATORY	3,472,684	7,357,779	10,830,463	-41,105	10,789,358	60.00
65.00	06500	RESPIRATORY THERAPY	1,404,137	466,908	1,871,045	0	1,871,045	65.00
66.00	06600	PHYSICAL THERAPY	4,710,768	1,004,893	5,715,661	-203,416	5,512,245	66.00
69.00	06900	ELECTROCARDIOLOGY	930,440	630,393	1,560,833	-204	1,560,629	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	203,130	82,534	285,664	-359	285,305	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	15,573,434	15,573,434	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	686,586	686,586	0	686,586	74.00
76.00	03950	ANCILLARY - OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	200,404	92,321	292,725	-37,939	254,786	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	4,453,146	2,783,906	7,237,052	-441,011	6,796,041	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	PATIENT CARE CENTER - OCC	1,074,064	286,123	1,360,187	-35,177	1,325,010	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	818,111	1,906,089	2,724,200	-55,401	2,668,799	96.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE		6,022,860	6,022,860	-6,021,485	1,375	113.00
116.00	11600	HOSPICE	885,500	805,907	1,691,407	0	1,691,407	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	83,134,691	192,806,057	275,940,748	21,728,665	297,669,413	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	5,341,441	5,341,441	-2,765,207	2,576,234	192.00
194.00	07950	RENTAL SPACE	0	17,563,002	17,563,002	-15,376,377	2,186,625	194.00
194.01	07951	FOUNDATION	175,584	228,208	403,792	0	403,792	194.01
194.02	07952	RETAIL SERVICES	83,130	16,506	99,636	0	99,636	194.02
194.03	07953	REID CONTRACTED SERVICES	361,433	24,878	386,311	180,506	566,817	194.03
194.04	07954	REID PHYSICIAN ASSOC.	53,111,400	44,268,467	97,379,867	-2,330,664	95,049,203	194.04
194.05	07955	OTHER NRCC	0	0	0	32,782	32,782	194.05
194.06	07956	VACANT SPACE	0	0	0	0	0	194.06
194.07	07957	LYNN RHC	748,831	576,075	1,324,906	-616,325	708,581	194.07
194.08	07958	CAMBRIDGE RHC	961,000	699,987	1,660,987	-388,545	1,272,442	194.08
194.09	07959	MAIN STREET FAMILY RHC	573,839	404,197	978,036	-288,736	689,300	194.09
194.10	07960	REID URGENT CARE OF EATON	430,057	387,543	817,600	-176,099	641,501	194.10
200.00		TOTAL (SUM OF LINES 118-199)	139,579,965	262,316,361	401,896,326	0	401,896,326	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A | Date/Time Prepared: 5/26/2016 9:17 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-6,026,281	18,899,750		1.00
1.01	00101	NEW CAP BLDG & FIXT - OFFSITE	-2,964	2,762,243		1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	0		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-13,168,897	13,872,509		4.00
5.01	00540	NONPATIENT TELEPHONES	0	258,039		5.01
5.02	00550	DATA PROCESSING	-1,546,594	20,975,918		5.02
5.03	00560	PURCHASING RECEIVING AND STORES	-505,111	999,269		5.03
5.04	00570	ADMITTING	0	3,270,060		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-125	7,295,418		5.05
5.06	00590	OTHER A&G	-37,441,720	-11,693,479		5.06
7.00	00700	OPERATION OF PLANT	-51,734	4,883,960		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	702,762		8.00
9.00	00900	HOUSEKEEPING	0	1,983,060		9.00
10.00	01000	DIETARY	-737,873	358,798		10.00
11.00	01100	CAFETERIA	-2,751,817	1,190,919		11.00
13.00	01300	NURSING ADMINISTRATION	0	671,451		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-24,189	2,982,828		14.00
15.00	01500	PHARMACY	-168,296	29,958,086		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-61,486	4,100,281		16.00
17.00	01700	SOCIAL SERVICE	0	3,232,742		17.00
17.01	01701	INSERVICE EDUCATION	-1,568,008	1,027,674		17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	90,774		21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	-68,746	110,049		22.00
23.00	02300	PARAMED ED PRGM	-36,787	205,340		23.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-3,136,378	17,010,883		30.00
31.00	03100	INTENSIVE CARE UNIT	-266	4,747,363		31.00
40.00	04000	SUBPROVIDER - IPF	-438	4,172,124		40.00
41.00	04100	SUBPROVIDER - IRF	-106,071	1,218,604		41.00
43.00	04300	NURSERY	-38	472,147		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-4,303,047	23,712,181		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-140	918,308		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-109,483	11,156,106		54.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,290,737		59.00
60.00	06000	LABORATORY	-868,981	9,920,377		60.00
65.00	06500	RESPIRATORY THERAPY	0	1,871,045		65.00
66.00	06600	PHYSICAL THERAPY	-61,812	5,450,433		66.00
69.00	06900	ELECTROCARDIOLOGY	-74,518	1,486,111		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-71	285,234		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	15,573,434		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	686,586		74.00
76.00	03950	ANCILLARY - OTHER	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	-2,210	252,576		76.97
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	-1,479,046	5,316,995		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
93.00	04040	PATIENT CARE CENTER - OCC	0	1,325,010		93.00
		OTHER REIMBURSABLE COST CENTERS				
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	-807,443	1,861,356		96.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE	-1,375	0		113.00
116.00	11600	HOSPICE	-622	1,690,785		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-75,112,567	222,556,846		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,576,234		192.00
194.00	07950	RENTAL SPACE	0	2,186,625		194.00
194.01	07951	FOUNDATION	0	403,792		194.01
194.02	07952	RETAIL SERVICES	0	99,636		194.02
194.03	07953	REID CONTRACTED SERVICES	0	566,817		194.03
194.04	07954	REID PHYSICIAN ASSOC.	0	95,049,203		194.04
194.05	07955	OTHER NRCC	0	32,782		194.05
194.06	07956	VACANT SPACE	0	0		194.06
194.07	07957	LYNN RHC	0	708,581		194.07
194.08	07958	CAMBRIDGE RHC	0	1,272,442		194.08
194.09	07959	MAIN STREET FAMILY RHC	0	689,300		194.09
194.10	07960	REID URGENT CARE OF EATON	0	641,501		194.10
200.00		TOTAL (SUM OF LINES 118-199)	-75,112,567	326,783,759		200.00

RECLASSIFICATIONS | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-6 | Date/Time Prepared: 5/26/2016 9:17 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - ALLOCATION & SUPPORT RECLASS				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	330,128	1.00
2.00	DATA PROCESSING	5.02	0	288,750	2.00
3.00	PURCHASING RECEIVING AND STORES	5.03	0	55,109	3.00
4.00	OTHER A&G	5.06	0	783,409	4.00
5.00	PHARMACY	15.00	0	11,000	5.00
	0		0	1,468,396	
	B - CAPITAL EXPENSE RECLASS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	14,103,079	1.00
2.00	NEW CAP BLDG & FIXT - OFFSITE	1.01	0	2,571,108	2.00
3.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	34,061	3.00
4.00	NEW CAP BLDG & FIXT - OFFSITE	1.01	0	187,617	4.00
5.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	4,767,406	5.00
6.00	NEW CAP BLDG & FIXT - OFFSITE	1.01	0	6,482	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
	0		0	21,669,753	
	C - CAFETERIA RECLASS				
1.00	CAFETERIA	11.00	1,870,483	2,072,253	1.00
	0		1,870,483	2,072,253	
	D - LAUNDRY RECLASS				
1.00	REID CONTRACTED SERVICES	194.03	82,961	97,545	1.00
	0		82,961	97,545	
	E - NURSING VP RECLASS				
1.00	NURSING ADMINISTRATION	13.00	238,637	0	1.00
	0		238,637	0	
	F - QUAKER HILL RECLASS				
1.00	RENTAL SPACE	194.00	0	4,379	1.00
	0		0	4,379	
	G - OCCUPATIONAL MEDICINE RECLASS				
1.00	OTHER A&G	5.06	113,528	294,701	1.00
2.00	OTHER NRCC	194.05	26,010	6,772	2.00
	0		139,538	301,473	
	H - IMPLANTABLE DEVICES RECLASS				
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	15,573,434	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	0		0	15,573,434	
	I - DIETARY COUNSELING RECLASS				
1.00	PATIENT CARE CENTER - OCC	93.00	79,563	0	1.00
	0		79,563	0	
	J - INTEREST RECLASS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	6,021,485	1.00
	0		0	6,021,485	

RECLASSIFICATIONS | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-6 | Date/Time Prepared: 5/26/2016 9:17 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	K - INTERN AND RESIDENT					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	84,980	5,794		1.00
	TOTALS		84,980	5,794		
500.00	Grand Total: Increases		2,496,162	47,214,512		500.00

RECLASSIFICATIONS | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-6 | Date/Time Prepared: 5/26/2016 9:17 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - ALLOCATION & SUPPORT RECLASS						
1.00	REID PHYSICIAN ASSOC.	194.04	0	108,029	0		1.00
2.00	LYNN RHC	194.07	0	571,468	0		2.00
3.00	CAMBRIDGE RHC	194.08	0	384,109	0		3.00
4.00	MAIN STREET FAMILY RHC	194.09	0	228,691	0		4.00
5.00	REID URGENT CARE OF EATON	194.10	0	176,099	0		5.00
	0		0	1,468,396			
	B - CAPITAL EXPENSE RECLASS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,343	9		1.00
2.00	DATA PROCESSING	5.02	0	12,168	9		2.00
3.00	PURCHASING RECEIVING AND STORES	5.03	0	84,688	13		3.00
4.00	ADMITTING	5.04	0	3,282	13		4.00
5.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	84,295	10		5.00
6.00	OTHER A&G	5.06	0	71,421	10		6.00
7.00	OPERATION OF PLANT	7.00	0	20,950	0		7.00
8.00	DIETARY	10.00	0	10,526	0		8.00
9.00	NURSING ADMINISTRATION	13.00	0	11,076	0		9.00
10.00	PHARMACY	15.00	0	9,561	0		10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	10,265	0		11.00
12.00	INSERVICE EDUCATION	17.01	0	3,358	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	16,779	0		13.00
14.00	OPERATING ROOM	50.00	0	277,149	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	115,792	0		15.00
16.00	LABORATORY	60.00	0	41,105	0		16.00
17.00	PHYSICAL THERAPY	66.00	0	203,416	0		17.00
18.00	ELECTROCARDIOLOGY	69.00	0	204	0		18.00
19.00	ELECTROENCEPHALOGRAPHY	70.00	0	359	0		19.00
20.00	CARDIAC REHABILITATION	76.97	0	37,939	0		20.00
21.00	PATIENT CARE CENTER - OCC	93.00	0	114,740	0		21.00
22.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	55,401	0		22.00
23.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	2,765,207	0		23.00
24.00	RENTAL SPACE	194.00	0	15,380,756	0		24.00
25.00	REID PHYSICIAN ASSOC.	194.04	0	2,222,635	0		25.00
26.00	LYNN RHC	194.07	0	44,857	0		26.00
27.00	CAMBRIDGE RHC	194.08	0	4,436	0		27.00
28.00	MAIN STREET FAMILY RHC	194.09	0	60,045	0		28.00
	0		0	21,669,753			
	C - CAFETERIA RECLASS						
1.00	DIETARY	10.00	1,870,483	2,072,253	0		1.00
	0		1,870,483	2,072,253			
	D - LAUNDRY RECLASS						
1.00	LAUNDRY & LINEN SERVICE	8.00	82,961	97,545	0		1.00
	0		82,961	97,545			
	E - NURSING VP RECLASS						
1.00	OTHER A&G	5.06	238,637	0	0		1.00
	0		238,637	0			
	F - QUAKER HILL RECLASS						
1.00	OPERATION OF PLANT	7.00	0	4,379	0		1.00
	0		0	4,379			
	G - OCCUPATIONAL MEDICINE RECLASS						
1.00	EMERGENCY	91.00	139,538	301,473	0		1.00
2.00		0.00	0	0	0		2.00
	0		139,538	301,473			
	H - IMPLANTABLE DEVICES RECLASS						
1.00	OPERATING ROOM	50.00	0	9,236,414	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	10,161	0		2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	6,326,859	0		3.00
	0		0	15,573,434			
	I - DIETARY COUNSELING RECLASS						
1.00	DIETARY	10.00	79,563	0	0		1.00
	0		79,563	0			
	J - INTEREST RECLASS						
1.00	INTEREST EXPENSE	113.00	0	6,021,485	11		1.00
	0		0	6,021,485			
	K - INTERN AND RESIDENT						
1.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	84,980	5,794	0		1.00
	TOTALS		84,980	5,794			
500.00	Grand Total: Decreases		2,496,162	47,214,512			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-7 Part I | Date/Time Prepared: 5/26/2016 9:17 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	13,405,965	13,700	0	13,700	0	1.00
2.00	Land Improvements	34,157,406	1,156,654	0	1,156,654	0	2.00
3.00	Buildings and Fixtures	233,945,470	14,371,272	0	14,371,272	0	3.00
4.00	Building Improvements	10,613,686	1,639,881	0	1,639,881	0	4.00
5.00	Fixed Equipment	2,083,496	11,384	0	11,384	0	5.00
6.00	Movable Equipment	148,271,713	11,674,090	0	11,674,090	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	442,477,736	28,866,981	0	28,866,981	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	442,477,736	28,866,981	0	28,866,981	0	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	13,419,665	0	1.00
2.00	Land Improvements	35,314,060	0	2.00
3.00	Buildings and Fixtures	248,316,742	0	3.00
4.00	Building Improvements	12,253,567	0	4.00
5.00	Fixed Equipment	2,094,880	0	5.00
6.00	Movable Equipment	159,945,803	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	471,344,717	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	471,344,717	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-7 Part II | Date/Time Prepared: 5/26/2016 9:17 am

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	NEW CAP BLDG & FIXT - OFFSITE	0	0	0	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	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	0	1.00
1.01	NEW CAP BLDG & FIXT - OFFSITE	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-7 Part III Date/Time Prepared: 5/26/2016 9:17 am

	Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	311,398,914	0	311,398,914	0.660661	0	1.00
1.01	NEW CAP BLDG & FIXT - OFFSITE	159,945,803	0	159,945,803	0.339339	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	471,344,717	0	471,344,717	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	14,099,658	4,767,406	1.00
1.01	NEW CAP BLDG & FIXT - OFFSITE	0	0	0	2,568,144	6,482	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	16,667,802	4,773,888	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	-1,375	0	34,061	0	18,899,750	1.00
1.01	NEW CAP BLDG & FIXT - OFFSITE	0	0	187,617	0	2,762,243	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	-1,375	0	221,678	0	21,661,993	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-8 | Date/Time Prepared: 5/26/2016 9:17 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01	Investment income - NEW CAP BLDG & FIXT - OFFSITE (chapter 2)		0	NEW CAP BLDG & FIXT - OFFSITE	1.01	0	1.01
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-5,970,349			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-4,164,533			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-2,751,817	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-61,133	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	B	-36,657	PARAMED ED PRGM	23.00	0	19.00
20.00	Vending machines	B	-12,834	DIETARY	10.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - NEW CAP BLDG & FIXT - OFFSITE		0	NEW CAP BLDG & FIXT - OFFSITE	1.01	0	26.01
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99

ADJUSTMENTS TO EXPENSES | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-8 | Date/Time Prepared: 5/26/2016 9:17 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	MISCELLANEOUS INCOME	B	-723,983	DIETARY	10.00	0	33.00
33.01	MISCELLANEOUS INCOME	B	-222,212	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.01
33.02	MISCELLANEOUS INCOME	B	-1,546,594	DATA PROCESSING	5.02	0	33.02
33.03	MISCELLANEOUS INCOME	B	-504,961	PURCHASING RECEIVING AND STORES	5.03	0	33.03
33.04	MISCELLANEOUS INCOME	B	-125	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	33.04
33.05	MISCELLANEOUS INCOME	B	-496,399	OTHER A&G	5.06	0	33.05
33.06	MISCELLANEOUS INCOME	B	-51,734	OPERATION OF PLANT	7.00	0	33.06
33.07	MISCELLANEOUS INCOME	B	-24,189	CENTRAL SERVICES & SUPPLY	14.00	0	33.07
33.08	MISCELLANEOUS INCOME	B	-168,251	PHARMACY	15.00	0	33.08
33.09	MISCELLANEOUS INCOME	B	-35,999	INSERVICE EDUCATION	17.01	0	33.09
33.10	MISCELLANEOUS INCOME	B	-11,893	ELECTROCARDIOLOGY	69.00	0	33.10
33.11	MISCELLANEOUS INCOME	B	-50,844	PHYSICAL THERAPY	66.00	0	33.11
33.12	MISCELLANEOUS INCOME	B	-130,230	OPERATING ROOM	50.00	0	33.12
33.13	MISCELLANEOUS INCOME	B	-109,483	RADIOLOGY-DIAGNOSTIC	54.00	0	33.13
33.14	MISCELLANEOUS INCOME	B	-37,293	LABORATORY	60.00	0	33.14
33.15	MISCELLANEOUS INCOME	B	-2,453	EMERGENCY	91.00	0	33.15
33.16	MISCELLANEOUS INCOME	B	-802,809	DURABLE MEDICAL EQUIP-RENTED	96.00	0	33.16
33.17	MISCELLANEOUS INCOME	B	-1,375	INTEREST EXPENSE	113.00	0	33.17
33.18	INTEREST INCOME	B	-2,622,956	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	33.18
33.19	UNNECESSARY BORROWING	A	-3,399,904	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	33.19
33.20	SELF INSURANCE ADJUSTMENT	A	-12,876,932	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.20
33.21	CARRYFORWARD DEPRECIATION	A	-3,333	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	33.21
33.22	PATIENT ENTERTAINMENT SYSTEM	A	-181,358	OTHER A&G	5.06	0	33.22
33.23	LIFELINE SUPPORT	A	-2,999	OTHER A&G	5.06	0	33.23
33.24	LIFELINE SUPPORT	A	-2,964	NEW CAP BLDG & FIXT - OFFSITE	1.01	9	33.24
33.25	LIFELINE SUPPORT	A	-88	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	33.25
33.26	COUNTRY CLUB DUES	A	-5,768	OTHER A&G	5.06	0	33.26
33.27	AHA/IHA LOBBYING	A	-13,866	OTHER A&G	5.06	0	33.27
33.28	MARKETING/ADVERTISING	A	-59,253	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.28
33.29	MARKETING/ADVERTISING	A	-2,409,394	OTHER A&G	5.06	0	33.29
33.30	MARKETING/ADVERTISING	A	-826	DIETARY	10.00	0	33.30
33.31	MARKETING/ADVERTISING	A	-21	PHARMACY	15.00	0	33.31
33.32	MARKETING/ADVERTISING	A	-12,043	INSERVICE EDUCATION	17.01	0	33.32
33.33	MARKETING/ADVERTISING	A	-366	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	0	33.33
33.34	MARKETING/ADVERTISING	A	-6,174	ADULTS & PEDIATRICS	30.00	0	33.34
33.35	MARKETING/ADVERTISING	A	-438	SUBPROVIDER - IPF	40.00	0	33.35
33.36	MARKETING/ADVERTISING	A	-608	SUBPROVIDER - IRF	41.00	0	33.36
33.37	MARKETING/ADVERTISING	A	-8,074	OPERATING ROOM	50.00	0	33.37
33.38	MARKETING/ADVERTISING	A	-9,691	PHYSICAL THERAPY	66.00	0	33.38
33.39	MARKETING/ADVERTISING	A	-2,210	CARDIAC REHABILITATION	76.97	0	33.39
33.40	MARKETING/ADVERTISING	A	-335	DURABLE MEDICAL EQUIP-RENTED	96.00	0	33.40
33.41	MARKETING/ADVERTISING	A	-622	HOSPICE	116.00	0	33.41
33.42	NON-ALLOWABLE EXPENSES	A	-10,500	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.42
33.43	NON-ALLOWABLE EXPENSES	A	-150	PURCHASING RECEIVING AND STORES	5.03	0	33.43
33.44	NON-ALLOWABLE EXPENSES	A	-3,962,699	OTHER A&G	5.06	0	33.44
33.45	NON-ALLOWABLE EXPENSES	A	-140	DIETARY	10.00	0	33.45
33.46	NON-ALLOWABLE EXPENSES	A	-24	PHARMACY	15.00	0	33.46
33.47	NON-ALLOWABLE EXPENSES	A	-353	MEDICAL RECORDS & LIBRARY	16.00	0	33.47
33.48	NON-ALLOWABLE EXPENSES	A	-1,218,283	INSERVICE EDUCATION	17.01	0	33.48
33.49	NON-ALLOWABLE EXPENSES	A	-59	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	0	33.49
33.50	NON-ALLOWABLE EXPENSES	A	-130	PARAMED ED PRGM	23.00	0	33.50
33.51	NON-ALLOWABLE EXPENSES	A	-4,644	ADULTS & PEDIATRICS	30.00	0	33.51
33.52	NON-ALLOWABLE EXPENSES	A	-266	INTENSIVE CARE UNIT	31.00	0	33.52
33.53	NON-ALLOWABLE EXPENSES	A	-38	NURSERY	43.00	0	33.53
33.54	NON-ALLOWABLE EXPENSES	A	-140	DELIVERY ROOM & LABOR ROOM	52.00	0	33.54

ADJUSTMENTS TO EXPENSES | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-8 | Date/Time Prepared: 5/26/2016 9:17 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
33.55	NON-ALLOWABLE EXPENSES	A	-1,277	PHYSICAL THERAPY	66.00	0	33.55
33.56	NON-ALLOWABLE EXPENSES	A	-71	ELECTROENCEPHALOGRAPHY	70.00	0	33.56
33.57	NON-ALLOWABLE EXPENSES	A	-1,884	EMERGENCY	91.00	0	33.57
33.58	NON-ALLOWABLE EXPENSES	A	-4,299	DURABLE MEDICAL EQUIP-RENTED	96.00	0	33.58
33.59	HAF EXPENSE	A	-9,163,220	OTHER A&G	5.06	0	33.59
33.60	BOND REFUNDING	A	-22,128,018	OTHER A&G	5.06	0	33.60
33.61	BOND REFUNDING	A	922,001	OTHER A&G	5.06	0	33.61
33.62			0		0.00	0	33.62
33.63			0		0.00	0	33.63
33.64			0		0.00	0	33.64
33.65			0		0.00	0	33.65
33.67			0		0.00	0	33.67
33.68			0		0.00	0	33.68
33.69			0		0.00	0	33.69
33.70			0		0.00	0	33.70
33.71			0		0.00	0	33.71
33.73			0		0.00	0	33.73
33.74			0		0.00	0	33.74
33.75			0		0.00	0	33.75
33.76			0		0.00	0	33.76
33.77			0		0.00	0	33.77
33.78			0		0.00	0	33.78
33.79			0		0.00	0	33.79
33.80			0		0.00	0	33.80
33.81			0		0.00	0	33.81
33.82			0		0.00	0	33.82
33.83			0		0.00	0	33.83
33.84			0		0.00	0	33.84
33.85			0		0.00	0	33.85
33.86			0		0.00	0	33.86
33.87			0		0.00	0	33.87
33.88			0		0.00	0	33.88
33.89			0		0.00	0	33.89
33.90			0		0.00	0	33.90
33.91			0		0.00	0	33.91
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-75,112,567				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.
(2) Basis for adjustment (see instructions).
A. Costs - if cost, including applicable overhead, can be determined.
B. Amount Received - if cost cannot be determined.
(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.
Note: See instructions for column 5 referencing to Worksheet A-7.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 150048	Period: From 01/01/2015 To 12/31/2015	Worksheet A-8-1 Date/Time Prepared: 5/26/2016 9:17 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	50.00	OPERATING ROOM	REID OUTPATIENT SURGERY	17,129,744	21,294,277	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
4.01	0.00			0	0	4.01
4.02	0.00			0	0	4.02
5.00	0		0	17,129,744	21,294,277	5.00

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

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

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

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

6.00	A	REID O/P SURGER	55.00		0.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 150048	Period: From 01/01/2015 To 12/31/2015	Worksheet A-8-1 Date/Time Prepared: 5/26/2016 9:17 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	-4,164,533	0		1.00
2.00	0	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
4.01	0	0		4.01
4.02	0	0		4.02
5.00	-4,164,533			5.00

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

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

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

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

6.00			6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-8-2 | Date/Time Prepared: 5/26/2016 9:17 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	10.00	DIETARY	90	90	0	179,000	0	1.00
2.00	17.01	INSERVICE EDUCATION	301,683	301,683	0	179,000	0	2.00
3.00	22.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	68,321	68,321	0	197,500	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	3,125,560	3,125,560	0	179,000	0	4.00
5.00	41.00	SUBPROVIDER - IRF	105,463	105,463	0	179,000	0	5.00
6.00	50.00	OPERATING ROOM	210	210	0	246,400	0	6.00
7.00	60.00	LABORATORY	831,688	831,688	0	260,300	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	62,625	62,625	0	179,000	0	8.00
9.00	91.00	EMERGENCY	1,474,709	1,474,709	0	179,000	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			5,970,349	5,970,349	0		0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	10.00	DIETARY	0	0	0	0	0	1.00
2.00	17.01	INSERVICE EDUCATION	0	0	0	0	0	2.00
3.00	22.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	4.00
5.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	5.00
6.00	50.00	OPERATING ROOM	0	0	0	0	0	6.00
7.00	60.00	LABORATORY	0	0	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	8.00
9.00	91.00	EMERGENCY	0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	10.00	DIETARY	0	0	0	90		1.00
2.00	17.01	INSERVICE EDUCATION	0	0	0	301,683		2.00
3.00	22.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	68,321		3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	3,125,560		4.00
5.00	41.00	SUBPROVIDER - IRF	0	0	0	105,463		5.00
6.00	50.00	OPERATING ROOM	0	0	0	210		6.00
7.00	60.00	LABORATORY	0	0	0	831,688		7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	62,625		8.00
9.00	91.00	EMERGENCY	0	0	0	1,474,709		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	5,970,349		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part I | Date/Time Prepared: 5/26/2016 9:17 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				NEW BLDG & FIXT	NEW CAP BLDG & FIXT - OFFSITE	NEW MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	1.01	2.00	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	18,899,750	18,899,750				1.00
1.01	00101	NEW CAP BLDG & FIXT - OFFSITE	2,762,243	0	2,762,243			1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0			0		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	13,872,509	57,350	4,011	0	13,933,870	4.00
5.01	00540	NONPATIENT TELEPHONES	258,039	70,972	0	0	24,139	5.01
5.02	00550	DATA PROCESSING	20,975,918	254,383	10,981	0	376,962	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	999,269	292,448	0	0	85,458	5.03
5.04	00570	ADMITTING	3,270,060	37,897	18,893	0	184,511	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	7,295,418	167,714	81,828	0	177,470	5.05
5.06	00590	OTHER A&G	-11,693,479	600,649	70,747	0	641,464	5.06
7.00	00700	OPERATION OF PLANT	4,883,960	3,481,832	41,696	0	192,544	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	702,762	230,501	0	0	32,636	8.00
9.00	00900	HOUSEKEEPING	1,983,060	126,622	0	0	145,865	9.00
10.00	01000	DIETARY	358,798	234,855	0	0	51,787	10.00
11.00	01100	CAFETERIA	1,190,919	184,495	0	0	189,151	11.00
13.00	01300	NURSING ADMINISTRATION	671,451	36,533	0	0	52,689	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,982,828	157,174	0	0	58,775	14.00
15.00	01500	PHARMACY	29,958,086	135,872	0	0	374,511	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,100,281	175,469	58,994	0	159,619	16.00
17.00	01700	SOCIAL SERVICE	3,232,742	23,190	0	0	210,061	17.00
17.01	01701	INSERVICE EDUCATION	1,027,674	194,511	0	0	110,981	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	90,774	0	0	0	8,594	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	110,049	0	0	0	2,663	22.00
23.00	02300	PARAMED ED PRGM	205,340	69,907	26,875	0	20,818	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	17,010,883	2,041,456	0	0	1,445,249	30.00
31.00	03100	INTENSIVE CARE UNIT	4,747,363	458,798	0	0	356,403	31.00
40.00	04000	SUBPROVIDER - IPF	4,172,124	417,463	0	0	373,690	40.00
41.00	04100	SUBPROVIDER - IRF	1,218,604	334,456	0	0	106,176	41.00
43.00	04300	NURSERY	472,147	50,099	0	0	38,652	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	23,712,181	1,150,302	131,275	0	209,500	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	918,308	155,399	0	0	72,304	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,156,106	1,165,681	16,045	0	529,911	54.00
59.00	05900	CARDIAC CATHETERIZATION	5,290,737	253,748	0	0	152,737	59.00
60.00	06000	LABORATORY	9,920,377	260,587	0	0	351,172	60.00
65.00	06500	RESPIRATORY THERAPY	1,871,045	30,777	0	0	141,992	65.00
66.00	06600	PHYSICAL THERAPY	5,450,433	941,814	424,340	0	476,372	66.00
69.00	06900	ELECTROCARDIOLOGY	1,486,111	131,013	0	0	94,090	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	285,234	72,729	39,029	0	20,541	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	15,573,434	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	686,586	27,843	0	0	0	74.00
76.00	03950	ANCILLARY - OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	252,576	84,520	0	0	20,266	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	5,316,995	425,535	0	0	436,209	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	PATIENT CARE CENTER - OCC	1,325,010	182,794	8,494	0	116,659	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	1,861,356	86,819	28,800	0	82,731	96.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,690,785	8,316	0	0	89,545	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	222,556,846	14,812,523	962,008	0	8,214,897	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,576,234	50,548	24,629	0	0	192.00
194.00	07950	RENTAL SPACE	2,186,625	355,609	190,831	0	0	194.00
194.01	07951	FOUNDATION	403,792	3,849	0	0	17,756	194.01
194.02	07952	RETAIL SERVICES	99,636	43,727	0	0	8,406	194.02
194.03	07953	REID CONTRACTED SERVICES	566,817	0	0	0	44,939	194.03
194.04	07954	REID PHYSICIAN ASSOC.	95,049,203	3,276,857	1,412,616	0	5,370,819	194.04
194.05	07955	OTHER NRCC	32,782	9,941	0	0	2,630	194.05
194.06	07956	VACANT SPACE	0	346,696	172,159	0	0	194.06
194.07	07957	LYNN RHC	708,581	0	0	0	75,725	194.07
194.08	07958	CAMBRIDGE RHC	1,272,442	0	0	0	97,180	194.08

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part I Date/Time Prepared: 5/26/2016 9:17 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
				NEW BLDG & FIXT	NEW CAP BLDG & FIXT - OFFSITE	NEW MVBLE EQUIP		
			0	1.00	1.01	2.00	4.00	
194.09	07959	MAIN STREET FAMILY RHC	689,300	0	0	0	58,029	194.09
194.10	07960	REID URGENT CARE OF EATON	641,501	0	0	0	43,489	194.10
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	326,783,759	18,899,750	2,762,243	0	13,933,870	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part I | Date/Time Prepared: 5/26/2016 9:17 am

		Cost Center Description	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP BLDG & FIXT - OFFSITE						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	353,150					5.01
5.02	00550	DATA PROCESSING	29,018	21,647,262				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	3,853	2,256,701	3,637,729			5.03
5.04	00570	ADMITTING	10,837	331,868	3,470	3,857,536		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	16,977	142,229	9,090	0	7,890,726	5.05
5.06	00590	OTHER A&G	14,208	265,494	27,871	0	0	5.06
7.00	00700	OPERATION OF PLANT	6,984	0	44,384	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	722	18,964	1,153	0	0	8.00
9.00	00900	HOUSEKEEPING	722	28,446	51,401	0	0	9.00
10.00	01000	DIETARY	10,596	322,386	43,097	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,167	132,747	2,700	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,204	113,783	287,637	0	0	14.00
15.00	01500	PHARMACY	5,177	379,277	249,529	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,188	796,483	7,048	0	0	16.00
17.00	01700	SOCIAL SERVICE	4,094	265,494	7,023	0	0	17.00
17.01	01701	INSERVICE EDUCATION	5,539	1,403,327	6,380	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	361	94,819	1,060	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	27,453	2,256,701	234,150	226,586	463,474	30.00
31.00	03100	INTENSIVE CARE UNIT	6,261	331,868	163,304	50,172	102,624	31.00
40.00	04000	SUBPROVIDER - IPF	2,649	142,229	40,023	67,351	137,765	40.00
41.00	04100	SUBPROVIDER - IRF	3,853	265,494	14,473	15,598	31,905	41.00
43.00	04300	NURSERY	0	0	19,541	11,353	23,222	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	22,757	824,929	591,033	700,753	1,433,644	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,177	303,422	36,917	30,364	62,108	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,422	1,441,254	405,030	608,174	1,243,998	54.00
59.00	05900	CARDIAC CATHETERIZATION	3,492	94,819	448,065	409,268	837,142	59.00
60.00	06000	LABORATORY	7,706	549,952	44,684	419,818	858,722	60.00
65.00	06500	RESPIRATORY THERAPY	722	113,783	91,728	67,793	138,668	65.00
66.00	06600	PHYSICAL THERAPY	10,837	986,121	14,416	85,837	175,576	66.00
69.00	06900	ELECTROCARDIOLOGY	1,084	464,615	46,376	123,372	252,353	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	843	75,855	1,848	16,264	33,267	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	810	1,658	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	142,195	290,854	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	529,511	1,083,095	73.00
74.00	07400	RENAL DIALYSIS	602	18,964	5,145	4,139	8,467	74.00
76.00	03950	ANCILLARY - OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,445	18,964	2,420	5,762	11,786	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	9,873	711,145	125,054	264,288	540,591	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	PATIENT CARE CENTER - OCC	6,863	369,796	18,660	21,247	43,459	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	3,010	113,783	139,342	33,078	67,660	96.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,565	28,446	89,095	23,803	48,688	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	255,261	15,664,158	3,273,147	3,857,536	7,890,726	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	7,826	9,482	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	11,679	0	3,176	0	0	192.00
194.00	07950	RENTAL SPACE	843	56,892	23,362	0	0	194.00
194.01	07951	FOUNDATION	0	341,350	971	0	0	194.01
194.02	07952	RETAIL SERVICES	0	0	2,070	0	0	194.02
194.03	07953	REID CONTRACTED SERVICES	77,541	5,575,380	0	0	0	194.03
194.04	07954	REID PHYSICIAN ASSOC.	0	0	297,592	0	0	194.04
194.05	07955	OTHER NRCC	0	0	0	0	0	194.05
194.06	07956	VACANT SPACE	0	0	0	0	0	194.06
194.07	07957	LYNN RHC	0	0	12,664	0	0	194.07
194.08	07958	CAMBRIDGE RHC	0	0	8,918	0	0	194.08
194.09	07959	MAIN STREET FAMILY RHC	0	0	3,146	0	0	194.09
194.10	07960	REID URGENT CARE OF EATON	0	0	12,683	0	0	194.10
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part I Date/Time Prepared: 5/26/2016 9:17 am

	Cost Center Description	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
202.00	TOTAL (sum lines 118-201)	353,150	21,647,262	3,637,729	3,857,536	7,890,726	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part I | Date/Time Prepared: 5/26/2016 9:17 am

		Cost Center Description	Subtotal	OTHER A&G	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5A.05	5.06	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP BLDG & FIXT - OFFSITE						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER A&G	-10,073,046	-10,073,046				5.06
7.00	00700	OPERATION OF PLANT	8,651,400	0	8,651,400			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	986,738	0	171,826	1,158,564		8.00
9.00	00900	HOUSEKEEPING	2,336,116	0	90,405	0	2,426,521	9.00
10.00	01000	DIETARY	1,021,519	0	153,717	0	42,402	10.00
11.00	01100	CAFETERIA	1,564,565	0	137,530	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	898,287	0	27,233	0	106,565	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,601,401	0	117,165	29,490	3,200	14.00
15.00	01500	PHARMACY	31,102,452	0	98,067	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,306,082	0	16,187	0	11,041	16.00
17.00	01700	SOCIAL SERVICE	3,742,604	0	6,101	0	5,440	17.00
17.01	01701	INSERVICE EDUCATION	2,748,412	0	129,855	0	26,401	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	99,368	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	112,712	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	419,180	0	39,101	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	23,705,952	0	1,506,382	310,224	711,716	30.00
31.00	03100	INTENSIVE CARE UNIT	6,216,793	0	342,007	75,688	162,088	31.00
40.00	04000	SUBPROVIDER - IPF	5,353,294	0	311,194	67,187	117,286	40.00
41.00	04100	SUBPROVIDER - IRF	1,990,559	0	249,318	37,761	79,844	41.00
43.00	04300	NURSERY	615,014	0	37,346	50,602	4,480	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	28,776,374	0	565,889	209,583	223,691	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,583,999	0	115,841	0	54,883	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,584,621	0	611,802	74,267	122,246	54.00
59.00	05900	CARDIAC CATHETERIZATION	7,490,008	0	63,980	0	26,241	59.00
60.00	06000	LABORATORY	12,413,018	0	177,955	59,235	137,927	60.00
65.00	06500	RESPIRATORY THERAPY	2,456,508	0	27,762	0	13,121	65.00
66.00	06600	PHYSICAL THERAPY	8,565,746	0	671,701	9,037	70,884	66.00
69.00	06900	ELECTROCARDIOLOGY	2,599,014	0	7,759	0	38,402	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	545,610	0	75,222	2,745	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,468	0	0	0	19,201	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	16,006,483	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,612,606	0	0	0	26,081	73.00
74.00	07400	RENAL DIALYSIS	751,746	0	20,756	0	32,962	74.00
76.00	03950	ANCILLARY - OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	397,739	0	0	0	9,600	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	7,829,690	0	317,212	139,928	178,889	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0					92.00
93.00	04040	PATIENT CARE CENTER - OCC	2,092,982	0	5,642	12,272	20,801	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	2,416,579	0	52,265	0	1,600	96.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,980,243	0	0	0	19,521	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	204,504,836	0	6,147,220	1,078,019	2,266,513	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	17,308	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,666,266	0	34,212	65,439	0	192.00
194.00	07950	RENTAL SPACE	2,814,162	0	312,309	0	0	194.00
194.01	07951	FOUNDATION	767,718	0	2,870	0	3,200	194.01
194.02	07952	RETAIL SERVICES	153,839	0	9,528	0	0	194.02
194.03	07953	REID CONTRACTED SERVICES	6,264,677	0	0	0	0	194.03
194.04	07954	REID PHYSICIAN ASSOC.	105,407,087	0	1,808,157	15,106	156,808	194.04
194.05	07955	OTHER NRCC	45,353	0	7,411	0	0	194.05
194.06	07956	VACANT SPACE	518,855	0	329,693	0	0	194.06
194.07	07957	LYNN RHC	796,970	0	0	0	0	194.07
194.08	07958	CAMBRIDGE RHC	1,378,540	0	0	0	0	194.08
194.09	07959	MAIN STREET FAMILY RHC	750,475	0	0	0	0	194.09
194.10	07960	REID URGENT CARE OF EATON	697,673	0	0	0	0	194.10
200.00		Cross Foot Adjustments	0					200.00
201.00		Negative Cost Centers	0	-10,073,046	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	326,783,759	-10,073,046	8,651,400	1,158,564	2,426,521	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part I | Date/Time Prepared: 5/26/2016 9:17 am

		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP BLDG & FIXT - OFFSITE						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER A&G						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	1,217,638					10.00
11.00	01100	CAFETERIA	0	1,702,095				11.00
13.00	01300	NURSING ADMINISTRATION	0	3,916	1,036,001			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	19,019	0	3,770,275		14.00
15.00	01500	PHARMACY	0	57,036	0	500	31,258,055	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	47,960	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	INSERVICE EDUCATION	0	19,541	0	0	30	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,611	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	522	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	2,580	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	695,945	243,168	357,852	2,786	11,125	30.00
31.00	03100	INTENSIVE CARE UNIT	128,074	58,074	85,463	3,548	3,906	31.00
40.00	04000	SUBPROVIDER - IPF	279,686	69,664	102,520	0	769	40.00
41.00	04100	SUBPROVIDER - IRF	65,300	17,475	25,717	0	106	41.00
43.00	04300	NURSERY	48,633	5,419	7,975	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	87,852	129,286	1,549,751	131,312	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	11,361	16,719	601	1,159	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	85,643	126,035	4,249	524,608	54.00
59.00	05900	CARDIAC CATHETERIZATION	0	23,913	35,191	1,492,921	7,982	59.00
60.00	06000	LABORATORY	0	72,287	0	236,607	176	60.00
65.00	06500	RESPIRATORY THERAPY	0	23,269	34,243	817	24,611	65.00
66.00	06600	PHYSICAL THERAPY	0	74,360	0	273	56	66.00
69.00	06900	ELECTROCARDIOLOGY	0	15,769	0	66	232,381	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,241	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	183,529	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	27,466,734	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	75	74.00
76.00	03950	ANCILLARY - OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	3,534	5,200	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	74,612	109,800	582	103,101	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	PATIENT CARE CENTER - OCC	0	17,854	0	203,435	4,309	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	21,495	0	77	0	96.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	15,762	0	0	116,094	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,217,638	1,076,937	1,036,001	3,679,742	28,628,534	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	RENTAL SPACE	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	0	4,224	0	0	0	194.01
194.02	07952	RETAIL SERVICES	0	2,498	0	0	0	194.02
194.03	07953	REID CONTRACTED SERVICES	0	10,739	0	0	0	194.03
194.04	07954	REID PHYSICIAN ASSOC.	0	559,129	0	90,533	2,511,320	194.04
194.05	07955	OTHER NRCC	0	0	0	0	0	194.05
194.06	07956	VACANT SPACE	0	0	0	0	0	194.06
194.07	07957	LYNN RHC	0	12,908	0	0	33,184	194.07
194.08	07958	CAMBRIDGE RHC	0	12,751	0	0	51,566	194.08
194.09	07959	MAIN STREET FAMILY RHC	0	8,069	0	0	23,539	194.09
194.10	07960	REID URGENT CARE OF EATON	0	14,840	0	0	9,912	194.10
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part I Date/Time Prepared: 5/26/2016 9:17 am

	Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
202.00	TOTAL (sum lines 118-201)	1,217,638	1,702,095	1,036,001	3,770,275	31,258,055	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part I Date/Time Prepared: 5/26/2016 9:17 am

		Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INSERVICE EDUCATION	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM. COSTS	
			16.00	17.00	17.01	21.00	22.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP BLDG & FIXT - OFFSITE						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER A&G						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,381,270					16.00
17.00	01700	SOCIAL SERVICE	0	3,754,145				17.00
17.01	01701	INSERVICE EDUCATION	0	0	2,924,239			17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	100,979		21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0		113,234	22.00
23.00	02300	PARAMED ED PRGM	0	0	19,038			23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	316,071	2,033,702	652,309	41,245	46,250	30.00
31.00	03100	INTENSIVE CARE UNIT	69,986	482,942	163,296	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	93,950	0	138,645	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	21,758	0	40,146	0	0	41.00
43.00	04300	NURSERY	15,837	0	8,601	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	977,797	0	42,323	32,000	35,884	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	42,355	19,890	14,193	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	848,357	0	173,989	0	0	54.00
59.00	05900	CARDIAC CATHETERIZATION	570,897	0	42,579	0	0	59.00
60.00	06000	LABORATORY	585,614	0	119,137	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	94,566	0	58,160	0	0	65.00
66.00	06600	PHYSICAL THERAPY	119,736	0	129,339	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	172,095	0	26,914	16,356	18,341	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	22,686	0	4,781	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,131	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	198,351	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	738,628	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	5,774	0	3,927	0	0	74.00
76.00	03950	ANCILLARY - OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	8,037	0	6,574	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	368,662	1,217,611	155,378	11,378	12,759	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	PATIENT CARE CENTER - OCC	29,638	0	33,359	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	46,141	0	11,483	0	0	96.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	33,203	0	27,405	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,381,270	3,754,145	1,871,576	100,979	113,234	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	RENTAL SPACE	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	0	0	768	0	0	194.01
194.02	07952	RETAIL SERVICES	0	0	1,558	0	0	194.02
194.03	07953	REID CONTRACTED SERVICES	0	0	0	0	0	194.03
194.04	07954	REID PHYSICIAN ASSOC.	0	0	759,026	0	0	194.04
194.05	07955	OTHER NRCC	0	0	230,313	0	0	194.05
194.06	07956	VACANT SPACE	0	0	0	0	0	194.06
194.07	07957	LYNN RHC	0	0	23,392	0	0	194.07
194.08	07958	CAMBRIDGE RHC	0	0	32,292	0	0	194.08
194.09	07959	MAIN STREET FAMILY RHC	0	0	0	0	0	194.09
194.10	07960	REID URGENT CARE OF EATON	0	0	5,314	0	0	194.10

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part I Date/Time Prepared: 5/26/2016 9:17 am

	Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INSERVICE EDUCATION	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM. COSTS	
		16.00	17.00	17.01	21.00	22.00	
200.00	Cross Foot Adjustments				0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	5,381,270	3,754,145	2,924,239	100,979	113,234	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part I Date/Time Prepared: 5/26/2016 9:17 am

		Cost Center Description	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.00	24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP BLDG & FIXT - OFFSITE						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER A&G						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
17.01	01701	INSERVICE EDUCATION						17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM	479,899					23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	30,634,727	0	30,634,727		30.00
31.00	03100	INTENSIVE CARE UNIT	0	7,791,865	0	7,791,865		31.00
40.00	04000	SUBPROVIDER - IPF	0	6,534,195	0	6,534,195		40.00
41.00	04100	SUBPROVIDER - IRF	0	2,527,984	0	2,527,984		41.00
43.00	04300	NURSERY	0	793,907	0	793,907		43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	32,761,742	0	32,761,742		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,861,001	0	1,861,001		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	479,899	19,635,716	0	19,635,716		54.00
59.00	05900	CARDIAC CATHETERIZATION	0	9,753,712	0	9,753,712		59.00
60.00	06000	LABORATORY	0	13,801,956	0	13,801,956		60.00
65.00	06500	RESPIRATORY THERAPY	0	2,733,057	0	2,733,057		65.00
66.00	06600	PHYSICAL THERAPY	0	9,641,132	0	9,641,132		66.00
69.00	06900	ELECTROCARDIOLOGY	0	3,127,097	0	3,127,097		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	654,285	0	654,285		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	206,329	0	206,329		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	16,204,834	0	16,204,834		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	29,844,049	0	29,844,049		73.00
74.00	07400	RENAL DIALYSIS	0	815,240	0	815,240		74.00
76.00	03950	ANCILLARY - OTHER	0	0	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	430,684	0	430,684		76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	10,519,602	0	10,519,602		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
93.00	04040	PATIENT CARE CENTER - OCC	0	2,420,292	0	2,420,292		93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	2,549,640	0	2,549,640		96.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	2,192,228	0	2,192,228		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	479,899	207,435,274	0	207,435,274		118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	17,308	0	17,308		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,765,917	0	2,765,917		192.00
194.00	07950	RENTAL SPACE	0	3,126,471	0	3,126,471		194.00
194.01	07951	FOUNDATION	0	778,780	0	778,780		194.01
194.02	07952	RETAIL SERVICES	0	167,423	0	167,423		194.02
194.03	07953	REID CONTRACTED SERVICES	0	6,275,416	0	6,275,416		194.03
194.04	07954	REID PHYSICIAN ASSOC.	0	111,307,166	0	111,307,166		194.04
194.05	07955	OTHER NRCC	0	283,077	0	283,077		194.05
194.06	07956	VACANT SPACE	0	848,548	0	848,548		194.06
194.07	07957	LYNN RHC	0	866,454	0	866,454		194.07
194.08	07958	CAMBRIDGE RHC	0	1,475,149	0	1,475,149		194.08
194.09	07959	MAIN STREET FAMILY RHC	0	782,083	0	782,083		194.09
194.10	07960	REID URGENT CARE OF EATON	0	727,739	0	727,739		194.10

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part I Date/Time Prepared: 5/26/2016 9:17 am

	Cost Center Description	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.00	24.00	25.00	26.00		
200.00	Cross Foot Adjustments	0	0	0	0		200.00
201.00	Negative Cost Centers	0	-10,073,046	0	-10,073,046		201.00
202.00	TOTAL (sum lines 118-201)	479,899	326,783,759	0	326,783,759		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part II Date/Time Prepared: 5/26/2016 9:17 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				NEW BLDG & FIXT	NEW CAP BLDG & FIXT - OFFSITE	NEW MVBLE EQUIP	Subtotal	
			0	1.00	1.01	2.00	2A	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP BLDG & FIXT - OFFSITE						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	20,959	57,350	4,011	0	82,320	4.00
5.01	00540	NONPATIENT TELEPHONES	244	70,972	0	0	71,216	5.01
5.02	00550	DATA PROCESSING	2,989,882	254,383	10,981	0	3,255,246	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	15,880	292,448	0	0	308,328	5.03
5.04	00570	ADMITTING	18,400	37,897	18,893	0	75,190	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	41,252	167,714	81,828	0	290,794	5.05
5.06	00590	OTHER A&G	116,788	600,649	70,747	0	788,184	5.06
7.00	00700	OPERATION OF PLANT	112,883	3,481,832	41,696	0	3,636,411	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	105,712	230,501	0	0	336,213	8.00
9.00	00900	HOUSEKEEPING	10,700	126,622	0	0	137,322	9.00
10.00	01000	DIETARY	198,142	234,855	0	0	432,997	10.00
11.00	01100	CAFETERIA	0	184,495	0	0	184,495	11.00
13.00	01300	NURSING ADMINISTRATION	3,534	36,533	0	0	40,067	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	254,173	157,174	0	0	411,347	14.00
15.00	01500	PHARMACY	161,277	135,872	0	0	297,149	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	40,190	175,469	58,994	0	274,653	16.00
17.00	01700	SOCIAL SERVICE	7,005	23,190	0	0	30,195	17.00
17.01	01701	INSERVICE EDUCATION	32,376	194,511	0	0	226,887	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	1,286	0	0	0	1,286	22.00
23.00	02300	PARAMED ED PRGM	6,040	69,907	26,875	0	102,822	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	341,253	2,041,456	0	0	2,382,709	30.00
31.00	03100	INTENSIVE CARE UNIT	227,436	458,798	0	0	686,234	31.00
40.00	04000	SUBPROVIDER - IPF	36,936	417,463	0	0	454,399	40.00
41.00	04100	SUBPROVIDER - IRF	35,146	334,456	0	0	369,602	41.00
43.00	04300	NURSERY	7,160	50,099	0	0	57,259	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	744,844	1,150,302	131,275	0	2,026,421	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	43,633	155,399	0	0	199,032	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	948,879	1,165,681	16,045	0	2,130,605	54.00
59.00	05900	CARDIAC CATHETERIZATION	355,225	253,748	0	0	608,973	59.00
60.00	06000	LABORATORY	457,059	260,587	0	0	717,646	60.00
65.00	06500	RESPIRATORY THERAPY	48,649	30,777	0	0	79,426	65.00
66.00	06600	PHYSICAL THERAPY	78,045	941,814	424,340	0	1,444,199	66.00
69.00	06900	ELECTROCARDIOLOGY	144,569	131,013	0	0	275,582	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	42,860	72,729	39,029	0	154,618	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,707	27,843	0	0	31,550	74.00
76.00	03950	ANCILLARY - OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	26,085	84,520	0	0	110,605	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	161,750	425,535	0	0	587,285	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
93.00	04040	PATIENT CARE CENTER - OCC	20,216	182,794	8,494	0	211,504	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	34,340	86,819	28,800	0	149,959	96.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	4,336	8,316	0	0	12,652	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	7,898,851	14,812,523	962,008	0	23,673,382	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	74,013	50,548	24,629	0	149,190	192.00
194.00	07950	RENTAL SPACE	294,530	355,609	190,831	0	840,970	194.00
194.01	07951	FOUNDATION	1,711	3,849	0	0	5,560	194.01
194.02	07952	RETAIL SERVICES	0	43,727	0	0	43,727	194.02
194.03	07953	REID CONTRACTED SERVICES	200	0	0	0	200	194.03
194.04	07954	REID PHYSICIAN ASSOC.	1,568,443	3,276,857	1,412,616	0	6,257,916	194.04
194.05	07955	OTHER NRCC	0	9,941	0	0	9,941	194.05
194.06	07956	VACANT SPACE	0	346,696	172,159	0	518,855	194.06
194.07	07957	LYNN RHC	31,933	0	0	0	31,933	194.07
194.08	07958	CAMBRIDGE RHC	30,684	0	0	0	30,684	194.08
194.09	07959	MAIN STREET FAMILY RHC	11,768	0	0	0	11,768	194.09

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part II Date/Time Prepared: 5/26/2016 9:17 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
				NEW BLDG & FIXT	NEW CAP BLDG & FIXT - OFFSITE	NEW MVBLE EQUIP		
			0	1.00	1.01	2.00	2A	
194.10	07960	REID URGENT CARE OF EATON	21,058	0	0	0	21,058	194.10
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	9,933,191	18,899,750	2,762,243	0	31,595,184	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part II | Date/Time Prepared: 5/26/2016 9:17 am

		Cost Center Description	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	
			4.00	5.01	5.02	5.03	5.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP BLDG & FIXT - OFFSITE						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	82,320					4.00
5.01	00540	NONPATIENT TELEPHONES	143	71,359				5.01
5.02	00550	DATA PROCESSING	2,225	5,863	3,263,334			5.02
5.03	00560	PURCHASING RECEIVING AND STORES	505	779	340,199	649,811		5.03
5.04	00570	ADMITTING	1,089	2,190	50,029	620	129,118	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,048	3,430	21,441	1,624	0	5.05
5.06	00590	OTHER A&G	3,787	2,871	40,023	4,979	0	5.06
7.00	00700	OPERATION OF PLANT	1,137	1,411	0	7,928	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	193	146	2,859	206	0	8.00
9.00	00900	HOUSEKEEPING	861	146	4,288	9,182	0	9.00
10.00	01000	DIETARY	306	2,141	48,600	7,698	0	10.00
11.00	01100	CAFETERIA	1,117	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	311	438	20,012	482	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	347	243	17,153	51,381	0	14.00
15.00	01500	PHARMACY	2,211	1,046	57,176	44,573	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	942	1,654	120,070	1,259	0	16.00
17.00	01700	SOCIAL SERVICE	1,240	827	40,023	1,255	0	17.00
17.01	01701	INSERVICE EDUCATION	655	1,119	211,552	1,140	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	51	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	16	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	123	73	14,294	189	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	8,532	5,547	340,199	41,826	7,571	30.00
31.00	03100	INTENSIVE CARE UNIT	2,104	1,265	50,029	29,171	1,676	31.00
40.00	04000	SUBPROVIDER - IPF	2,206	535	21,441	7,149	2,250	40.00
41.00	04100	SUBPROVIDER - IRF	627	779	40,023	2,585	521	41.00
43.00	04300	NURSERY	228	0	0	3,491	379	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,237	4,598	124,358	105,582	23,643	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	427	1,046	45,741	6,595	1,015	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,128	3,722	217,270	72,350	20,321	54.00
59.00	05900	CARDIAC CATHETERIZATION	902	706	14,294	80,038	13,675	59.00
60.00	06000	LABORATORY	2,073	1,557	82,906	7,982	14,027	60.00
65.00	06500	RESPIRATORY THERAPY	838	146	17,153	16,385	2,265	65.00
66.00	06600	PHYSICAL THERAPY	2,812	2,190	148,658	2,575	2,868	66.00
69.00	06900	ELECTROCARDIOLOGY	555	219	70,041	8,284	4,122	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	121	170	11,435	330	543	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	27	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	4,751	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	17,692	73.00
74.00	07400	RENAL DIALYSIS	0	122	2,859	919	138	74.00
76.00	03950	ANCILLARY - OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	120	292	2,859	432	193	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	2,575	1,995	107,205	22,338	8,831	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	PATIENT CARE CENTER - OCC	689	1,387	55,747	3,333	710	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	488	608	17,153	24,891	1,105	96.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	529	316	4,288	15,915	795	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	48,498	51,577	2,361,378	584,687	129,118	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,581	1,429	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,360	0	567	0	192.00
194.00	07950	RENTAL SPACE	0	170	8,576	4,173	0	194.00
194.01	07951	FOUNDATION	105	0	51,459	173	0	194.01
194.02	07952	RETAIL SERVICES	50	0	0	370	0	194.02
194.03	07953	REID CONTRACTED SERVICES	265	15,671	840,492	0	0	194.03
194.04	07954	REID PHYSICIAN ASSOC.	31,765	0	0	53,159	0	194.04
194.05	07955	OTHER NRCC	16	0	0	0	0	194.05
194.06	07956	VACANT SPACE	0	0	0	0	0	194.06
194.07	07957	LYNN RHC	447	0	0	2,262	0	194.07
194.08	07958	CAMBRIDGE RHC	574	0	0	1,593	0	194.08
194.09	07959	MAIN STREET FAMILY RHC	343	0	0	562	0	194.09
194.10	07960	REID URGENT CARE OF EATON	257	0	0	2,265	0	194.10
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part II Date/Time Prepared: 5/26/2016 9:17 am

	Cost Center Description	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	
		4.00	5.01	5.02	5.03	5.04	
202.00	TOTAL (sum lines 118-201)	82,320	71,359	3,263,334	649,811	129,118	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part II | Date/Time Prepared: 5/26/2016 9:17 am

		Cost Center Description	CASHIERING/ACCOUNTS RECEIVABLE	OTHER A&G	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.05	5.06	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP BLDG & FIXT - OFFSITE						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	318,337					5.05
5.06	00590	OTHER A&G	0	839,844				5.06
7.00	00700	OPERATION OF PLANT	0	0	3,646,887			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	72,431	412,048		8.00
9.00	00900	HOUSEKEEPING	0	0	38,109	0	189,908	9.00
10.00	01000	DIETARY	0	0	64,797	0	3,319	10.00
11.00	01100	CAFETERIA	0	0	57,974	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	11,480	0	8,340	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	49,389	10,488	250	14.00
15.00	01500	PHARMACY	0	0	41,339	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	6,823	0	864	16.00
17.00	01700	SOCIAL SERVICE	0	0	2,572	0	426	17.00
17.01	01701	INSERVICE EDUCATION	0	0	54,739	0	2,066	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	16,483	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	18,699	0	634,996	110,331	55,702	30.00
31.00	03100	INTENSIVE CARE UNIT	4,141	0	144,169	26,919	12,686	31.00
40.00	04000	SUBPROVIDER - IPF	5,558	0	131,180	23,895	9,179	40.00
41.00	04100	SUBPROVIDER - IRF	1,287	0	105,097	13,430	6,249	41.00
43.00	04300	NURSERY	937	0	15,743	17,997	351	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	57,816	0	238,543	74,539	17,507	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,506	0	48,831	0	4,295	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	50,191	0	257,897	26,414	9,567	54.00
59.00	05900	CARDIAC CATHETERIZATION	33,776	0	26,970	0	2,054	59.00
60.00	06000	LABORATORY	34,646	0	75,015	21,067	10,795	60.00
65.00	06500	RESPIRATORY THERAPY	5,595	0	11,703	0	1,027	65.00
66.00	06600	PHYSICAL THERAPY	7,084	0	283,147	3,214	5,548	66.00
69.00	06900	ELECTROCARDIOLOGY	10,182	0	3,271	0	3,005	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,342	0	31,709	976	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	67	0	0	0	1,503	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	11,735	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	43,699	0	0	0	2,041	73.00
74.00	07400	RENAL DIALYSIS	342	0	8,749	0	2,580	74.00
76.00	03950	ANCILLARY - OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	476	0	0	0	751	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	21,811	0	133,717	49,766	14,000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	PATIENT CARE CENTER - OCC	1,753	0	2,378	4,365	1,628	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	2,730	0	22,032	0	125	96.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,964	0	0	0	1,528	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	318,337	0	2,591,283	383,401	177,386	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	14,422	23,274	0	192.00
194.00	07950	RENTAL SPACE	0	0	131,650	0	0	194.00
194.01	07951	FOUNDATION	0	0	1,210	0	250	194.01
194.02	07952	RETAIL SERVICES	0	0	4,016	0	0	194.02
194.03	07953	REID CONTRACTED SERVICES	0	0	0	0	0	194.03
194.04	07954	REID PHYSICIAN ASSOC.	0	0	762,204	5,373	12,272	194.04
194.05	07955	OTHER NRCC	0	0	3,124	0	0	194.05
194.06	07956	VACANT SPACE	0	0	138,978	0	0	194.06
194.07	07957	LYNN RHC	0	0	0	0	0	194.07
194.08	07958	CAMBRIDGE RHC	0	0	0	0	0	194.08
194.09	07959	MAIN STREET FAMILY RHC	0	0	0	0	0	194.09
194.10	07960	REID URGENT CARE OF EATON	0	0	0	0	0	194.10
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	839,844	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part II Date/Time Prepared: 5/26/2016 9:17 am

	Cost Center Description	CASHIERING/ACCOUNTS RECEIVABLE	OTHER A&G	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.05	5.06	7.00	8.00	9.00	
202.00	TOTAL (sum lines 118-201)	318,337	839,844	3,646,887	412,048	189,908	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part II | Date/Time Prepared: 5/26/2016 9:17 am

		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP BLDG & FIXT - OFFSITE						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER A&G						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	559,858					10.00
11.00	01100	CAFETERIA	0	243,586				11.00
13.00	01300	NURSING ADMINISTRATION	0	560	81,690			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,722	0	543,320		14.00
15.00	01500	PHARMACY	0	8,162	0	72	451,728	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,863	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	INSERVICE EDUCATION	0	2,797	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	231	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	75	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	369	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	319,989	34,800	28,217	401	161	30.00
31.00	03100	INTENSIVE CARE UNIT	58,887	8,311	6,739	511	56	31.00
40.00	04000	SUBPROVIDER - IPF	128,597	9,970	8,084	0	11	40.00
41.00	04100	SUBPROVIDER - IRF	30,024	2,501	2,028	0	2	41.00
43.00	04300	NURSERY	22,361	775	629	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	12,573	10,194	223,327	1,898	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,626	1,318	87	17	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	12,256	9,938	612	7,582	54.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,422	2,775	215,141	115	59.00
60.00	06000	LABORATORY	0	10,345	0	34,097	3	60.00
65.00	06500	RESPIRATORY THERAPY	0	3,330	2,700	118	356	65.00
66.00	06600	PHYSICAL THERAPY	0	10,642	0	39	1	66.00
69.00	06900	ELECTROCARDIOLOGY	0	2,257	0	10	3,358	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	464	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	26,448	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	396,936	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	1	74.00
76.00	03950	ANCILLARY - OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	506	410	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	10,678	8,658	84	1,490	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	PATIENT CARE CENTER - OCC	0	2,555	0	29,316	62	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	3,076	0	11	0	96.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	2,256	0	0	1,678	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	559,858	154,122	81,690	530,274	413,727	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	RENTAL SPACE	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	0	604	0	0	0	194.01
194.02	07952	RETAIL SERVICES	0	357	0	0	0	194.02
194.03	07953	REID CONTRACTED SERVICES	0	1,537	0	0	0	194.03
194.04	07954	REID PHYSICIAN ASSOC.	0	80,015	0	13,046	36,293	194.04
194.05	07955	OTHER NRCC	0	0	0	0	0	194.05
194.06	07956	VACANT SPACE	0	0	0	0	0	194.06
194.07	07957	LYNN RHC	0	1,847	0	0	480	194.07
194.08	07958	CAMBRIDGE RHC	0	1,825	0	0	745	194.08
194.09	07959	MAIN STREET FAMILY RHC	0	1,155	0	0	340	194.09
194.10	07960	REID URGENT CARE OF EATON	0	2,124	0	0	143	194.10
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part II Date/Time Prepared: 5/26/2016 9:17 am

	Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
202.00	TOTAL (sum lines 118-201)	559,858	243,586	81,690	543,320	451,728	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part II Date/Time Prepared: 5/26/2016 9:17 am

		Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INSERVICE EDUCATION	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM. COSTS	
			16.00	17.00	17.01	21.00	22.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP BLDG & FIXT - OFFSITE						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER A&G						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	413,128					16.00
17.00	01700	SOCIAL SERVICE	0	76,538				17.00
17.01	01701	INSERVICE EDUCATION	0	0	500,955			17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	282		21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0		1,377	22.00
23.00	02300	PARAMED ED PRGM	0	0	3,261			23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	24,284	41,463	111,748			30.00
31.00	03100	INTENSIVE CARE UNIT	5,377	9,846	27,974			31.00
40.00	04000	SUBPROVIDER - IPF	7,218	0	23,751			40.00
41.00	04100	SUBPROVIDER - IRF	1,672	0	6,878			41.00
43.00	04300	NURSERY	1,217	0	1,473			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	74,799	0	7,250			50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,254	405	2,431			52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	65,181	0	29,806			54.00
59.00	05900	CARDIAC CATHETERIZATION	43,863	0	7,294			59.00
60.00	06000	LABORATORY	44,994	0	20,410			60.00
65.00	06500	RESPIRATORY THERAPY	7,266	0	9,963			65.00
66.00	06600	PHYSICAL THERAPY	9,200	0	22,157			66.00
69.00	06900	ELECTROCARDIOLOGY	13,222	0	4,611			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,743	0	819			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	87	0	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	15,240	0	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	56,751	0	0			73.00
74.00	07400	RENAL DIALYSIS	444	0	673			74.00
76.00	03950	ANCILLARY - OTHER	0	0	0			76.00
76.97	07697	CARDIAC REHABILITATION	618	0	1,126			76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	28,325	24,824	26,618			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	PATIENT CARE CENTER - OCC	2,277	0	5,715			93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	3,545	0	1,967			96.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,551	0	4,695			116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	413,128	76,538	320,620	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
194.00	07950	RENTAL SPACE	0	0	0			194.00
194.01	07951	FOUNDATION	0	0	132			194.01
194.02	07952	RETAIL SERVICES	0	0	267			194.02
194.03	07953	REID CONTRACTED SERVICES	0	0	0			194.03
194.04	07954	REID PHYSICIAN ASSOC.	0	0	130,032			194.04
194.05	07955	OTHER NRCC	0	0	39,455			194.05
194.06	07956	VACANT SPACE	0	0	0			194.06
194.07	07957	LYNN RHC	0	0	4,007			194.07
194.08	07958	CAMBRIDGE RHC	0	0	5,532			194.08
194.09	07959	MAIN STREET FAMILY RHC	0	0	0			194.09
194.10	07960	REID URGENT CARE OF EATON	0	0	910			194.10

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part II Date/Time Prepared: 5/26/2016 9:17 am

	Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INSERVICE EDUCATION	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM. COSTS	
		16.00	17.00	17.01	21.00	22.00	
200.00	Cross Foot Adjustments				282	1,377	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	413,128	76,538	500,955	282	1,377	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part II Date/Time Prepared: 5/26/2016 9:17 am

		Cost Center Description	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.00	24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP BLDG & FIXT - OFFSITE						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER A&G						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
17.01	01701	INSERVICE EDUCATION						17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM	137,614					23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		4,167,175	0	4,167,175		30.00
31.00	03100	INTENSIVE CARE UNIT		1,076,095	0	1,076,095		31.00
40.00	04000	SUBPROVIDER - IPF		835,423	0	835,423		40.00
41.00	04100	SUBPROVIDER - IRF		583,305	0	583,305		41.00
43.00	04300	NURSERY		122,840	0	122,840		43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM		3,004,285	0	3,004,285		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		318,626	0	318,626		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		2,916,840	0	2,916,840		54.00
59.00	05900	CARDIAC CATHETERIZATION		1,053,998	0	1,053,998		59.00
60.00	06000	LABORATORY		1,077,563	0	1,077,563		60.00
65.00	06500	RESPIRATORY THERAPY		158,271	0	158,271		65.00
66.00	06600	PHYSICAL THERAPY		1,944,334	0	1,944,334		66.00
69.00	06900	ELECTROCARDIOLOGY		398,719	0	398,719		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		204,270	0	204,270		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		28,132	0	28,132		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		31,726	0	31,726		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		517,119	0	517,119		73.00
74.00	07400	RENAL DIALYSIS		48,377	0	48,377		74.00
76.00	03950	ANCILLARY - OTHER		0	0	0		76.00
76.97	07697	CARDIAC REHABILITATION		118,388	0	118,388		76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY		1,050,200	0	1,050,200		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
93.00	04040	PATIENT CARE CENTER - OCC		323,419	0	323,419		93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED		227,690	0	227,690		96.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE		49,167	0	49,167		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	20,255,962	0	20,255,962		118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		3,010	0	3,010		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES		189,813	0	189,813		192.00
194.00	07950	RENTAL SPACE		985,539	0	985,539		194.00
194.01	07951	FOUNDATION		59,493	0	59,493		194.01
194.02	07952	RETAIL SERVICES		48,787	0	48,787		194.02
194.03	07953	REID CONTRACTED SERVICES		858,165	0	858,165		194.03
194.04	07954	REID PHYSICIAN ASSOC.		7,382,075	0	7,382,075		194.04
194.05	07955	OTHER NRCC		52,536	0	52,536		194.05
194.06	07956	VACANT SPACE		657,833	0	657,833		194.06
194.07	07957	LYNN RHC		40,976	0	40,976		194.07
194.08	07958	CAMBRIDGE RHC		40,953	0	40,953		194.08
194.09	07959	MAIN STREET FAMILY RHC		14,168	0	14,168		194.09
194.10	07960	REID URGENT CARE OF EATON		26,757	0	26,757		194.10

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part II Date/Time Prepared: 5/26/2016 9:17 am

	Cost Center Description	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.00	24.00	25.00	26.00		
200.00	Cross Foot Adjustments	137,614	139,273	0	139,273		200.00
201.00	Negative Cost Centers	0	839,844	0	839,844		201.00
202.00	TOTAL (sum lines 118-201)	137,614	31,595,184	0	31,595,184		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B-1 | Date/Time Prepared: 5/26/2016 9:17 am

		Cost Center Description	CAPITAL RELATED COSTS					
			NEW BLDG & FIXT (SQUARE FEET)	NEW CAP BLDG & FIXT - OFFSITE (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	
			1.00	1.01	2.00	4.00	5.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1,011,397					1.00
1.01	00101	NEW CAP BLDG & FIXT - OFFSITE	0	275,456				1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP			0			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,069	400	0	137,790,120		4.00
5.01	00540	NONPATIENT TELEPHONES	3,798	0	0	238,707	2,933	5.01
5.02	00550	DATA PROCESSING	13,613	1,095	0	3,727,722	241	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	15,650	0	0	845,083	32	5.03
5.04	00570	ADMITTING	2,028	1,884	0	1,824,600	90	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	8,975	8,160	0	1,754,970	141	5.05
5.06	00590	OTHER A&G	32,143	7,055	0	6,343,337	118	5.06
7.00	00700	OPERATION OF PLANT	186,326	4,158	0	1,904,043	58	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	12,335	0	0	322,728	6	8.00
9.00	00900	HOUSEKEEPING	6,776	0	0	1,442,436	6	9.00
10.00	01000	DIETARY	12,568	0	0	512,111	88	10.00
11.00	01100	CAFETERIA	9,873	0	0	1,870,483	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,955	0	0	521,034	18	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,411	0	0	581,221	10	14.00
15.00	01500	PHARMACY	7,271	0	0	3,703,484	43	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	9,390	5,883	0	1,578,450	68	16.00
17.00	01700	SOCIAL SERVICE	1,241	0	0	2,077,261	34	17.00
17.01	01701	INSERVICE EDUCATION	10,409	0	0	1,097,479	46	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	84,980	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	26,332	0	22.00
23.00	02300	PARAMED ED PRGM	3,741	2,680	0	205,868	3	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	109,246	0	0	14,291,846	228	30.00
31.00	03100	INTENSIVE CARE UNIT	24,552	0	0	3,524,417	52	31.00
40.00	04000	SUBPROVIDER - IPF	22,340	0	0	3,695,368	22	40.00
41.00	04100	SUBPROVIDER - IRF	17,898	0	0	1,049,956	32	41.00
43.00	04300	NURSERY	2,681	0	0	382,227	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	61,557	13,091	0	2,071,715	189	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,316	0	0	715,006	43	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	62,380	1,600	0	5,240,212	153	54.00
59.00	05900	CARDIAC CATHETERIZATION	13,579	0	0	1,510,390	29	59.00
60.00	06000	LABORATORY	13,945	0	0	3,472,684	64	60.00
65.00	06500	RESPIRATORY THERAPY	1,647	0	0	1,404,137	6	65.00
66.00	06600	PHYSICAL THERAPY	50,400	42,316	0	4,710,768	90	66.00
69.00	06900	ELECTROCARDIOLOGY	7,011	0	0	930,440	9	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,892	3,892	0	203,130	7	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,490	0	0	0	5	74.00
76.00	03950	ANCILLARY - OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	4,523	0	0	200,404	12	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	22,772	0	0	4,313,608	82	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	PATIENT CARE CENTER - OCC	9,782	847	0	1,153,627	57	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	4,646	2,872	0	818,111	25	96.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	445	0	0	885,500	13	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	792,674	95,933	0	81,235,875	2,120	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	65	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,705	2,456	0	0	97	192.00
194.00	07950	RENTAL SPACE	19,030	19,030	0	0	7	194.00
194.01	07951	FOUNDATION	206	0	0	175,584	0	194.01
194.02	07952	RETAIL SERVICES	2,340	0	0	83,130	0	194.02
194.03	07953	REID CONTRACTED SERVICES	0	0	0	444,394	644	194.03
194.04	07954	REID PHYSICIAN ASSOC.	175,357	140,869	0	53,111,400	0	194.04
194.05	07955	OTHER NRCC	532	0	0	26,010	0	194.05
194.06	07956	VACANT SPACE	18,553	17,168	0	0	0	194.06
194.07	07957	LYNN RHC	0	0	0	748,831	0	194.07
194.08	07958	CAMBRIDGE RHC	0	0	0	961,000	0	194.08

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B-1 | Date/Time Prepared: 5/26/2016 9:17 am

		Cost Center Description	CAPITAL RELATED COSTS					
			NEW BLDG & FIXT (SQUARE FEET)	NEW CAP BLDG & FIXT - OFFSITE (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	
			1.00	1.01	2.00	4.00	5.01	
194.09	07959	MAIN STREET FAMILY RHC	0	0	0	573,839	0	194.09
194.10	07960	REID URGENT CARE OF EATON	0	0	0	430,057	0	194.10
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)	18,899,750	2,762,243	0	13,933,870	353,150	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	18.686777	10.027892	0.000000	0.101124	120.405728	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)				82,320	71,359	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)				0.000597	24.329697	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B-1 | Date/Time Prepared: 5/26/2016 9:17 am

		Cost Center Description	DATA PROCESSING (TERMINALS)	PURCHASING RECEIVING AND STORES (SUPPLY EXPENSE)	ADMITTING (TOTAL REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (TOTAL REVENUE)	Reconciliation	
			5.02	5.03	5.04	5.05	5A.06	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP BLDG & FIXT - OFFSITE						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	2,283					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	238	9,557,680				5.03
5.04	00570	ADMITTING	35	9,118	704,327,653			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	15	23,882	0	704,327,653		5.05
5.06	00590	OTHER A&G	28	73,228	0	0	10,073,046	5.06
7.00	00700	OPERATION OF PLANT	0	116,613	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2	3,029	0	0	0	8.00
9.00	00900	HOUSEKEEPING	3	135,050	0	0	0	9.00
10.00	01000	DIETARY	34	113,233	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	14	7,095	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	12	755,730	0	0	0	14.00
15.00	01500	PHARMACY	40	655,605	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	84	18,517	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	28	18,452	0	0	0	17.00
17.01	01701	INSERVICE EDUCATION	148	16,763	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	10	2,785	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	238	615,201	41,370,528	41,370,528	0	30.00
31.00	03100	INTENSIVE CARE UNIT	35	429,062	9,160,447	9,160,447	0	31.00
40.00	04000	SUBPROVIDER - IPF	15	105,156	12,297,133	12,297,133	0	40.00
41.00	04100	SUBPROVIDER - IRF	28	38,025	2,847,874	2,847,874	0	41.00
43.00	04300	NURSERY	0	51,342	2,072,853	2,072,853	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	87	1,552,864	127,956,986	127,956,986	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	32	96,996	5,543,889	5,543,889	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	152	1,064,165	111,041,470	111,041,470	0	54.00
59.00	05900	CARDIAC CATHETERIZATION	10	1,177,235	74,724,785	74,724,785	0	59.00
60.00	06000	LABORATORY	58	117,402	76,651,074	76,651,074	0	60.00
65.00	06500	RESPIRATORY THERAPY	12	241,004	12,377,769	12,377,769	0	65.00
66.00	06600	PHYSICAL THERAPY	104	37,877	15,672,237	15,672,237	0	66.00
69.00	06900	ELECTROCARDIOLOGY	49	121,848	22,525,472	22,525,472	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8	4,855	2,969,433	2,969,433	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	147,980	147,980	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	25,962,134	25,962,134	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	96,679,010	96,679,010	0	73.00
74.00	07400	RENAL DIALYSIS	2	13,519	755,764	755,764	0	74.00
76.00	03950	ANCILLARY - OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	2	6,359	1,052,003	1,052,003	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	75	328,564	48,254,150	48,254,150	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	PATIENT CARE CENTER - OCC	39	49,026	3,879,272	3,879,272	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	12	366,104	6,039,444	6,039,444	0	96.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3	234,086	4,345,946	4,345,946	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,652	8,599,790	704,327,653	704,327,653	10,073,046	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	8,344	0	0	0	192.00
194.00	07950	RENTAL SPACE	6	61,380	0	0	0	194.00
194.01	07951	FOUNDATION	36	2,550	0	0	0	194.01
194.02	07952	RETAIL SERVICES	0	5,439	0	0	0	194.02
194.03	07953	REID CONTRACTED SERVICES	588	0	0	0	0	194.03
194.04	07954	REID PHYSICIAN ASSOC.	0	781,886	0	0	0	194.04
194.05	07955	OTHER NRCC	0	0	0	0	0	194.05
194.06	07956	VACANT SPACE	0	0	0	0	0	194.06
194.07	07957	LYNN RHC	0	33,272	0	0	0	194.07
194.08	07958	CAMBRIDGE RHC	0	23,430	0	0	0	194.08
194.09	07959	MAIN STREET FAMILY RHC	0	8,267	0	0	0	194.09
194.10	07960	REID URGENT CARE OF EATON	0	33,322	0	0	0	194.10

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B-1 | Date/Time Prepared: 5/26/2016 9:17 am

		Cost Center Description	DATA PROCESSING (TERMINALS)	PURCHASING RECEIVING AND STORES (SUPPLY EXPENSE)	ADMITTING (TOTAL REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (TOTAL REVENUE)	Reconciliation	
			5.02	5.03	5.04	5.05	5A.06	
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)	21,647,262	3,637,729	3,857,536	7,890,726		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9,481.936925	0.380608	0.005477	0.011203		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	3,263,334	649,811	129,118	318,337		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1,429.406045	0.067988	0.000183	0.000452		205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B-1 | Date/Time Prepared: 5/26/2016 9:17 am

		Cost Center Description	OTHER A&G (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
			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
1.01	00101	NEW CAP BLDG & FIXT - OFFSITE						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER A&G	336,856,805					5.06
7.00	00700	OPERATION OF PLANT	8,651,400	621,066				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	986,738	12,335	757,062			8.00
9.00	00900	HOUSEKEEPING	2,336,116	6,490	0	15,165		9.00
10.00	01000	DIETARY	1,021,519	11,035	0	265	51,577	10.00
11.00	01100	CAFETERIA	1,564,565	9,873	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	898,287	1,955	0	666	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,601,401	8,411	19,270	20	0	14.00
15.00	01500	PHARMACY	31,102,452	7,040	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,306,082	1,162	0	69	0	16.00
17.00	01700	SOCIAL SERVICE	3,742,604	438	0	34	0	17.00
17.01	01701	INSERVICE EDUCATION	2,748,412	9,322	0	165	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	99,368	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	112,712	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	419,180	2,807	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	23,705,952	108,140	202,715	4,448	29,479	30.00
31.00	03100	INTENSIVE CARE UNIT	6,216,793	24,552	49,458	1,013	5,425	31.00
40.00	04000	SUBPROVIDER - IPF	5,353,294	22,340	43,903	733	11,847	40.00
41.00	04100	SUBPROVIDER - IRF	1,990,559	17,898	24,675	499	2,766	41.00
43.00	04300	NURSERY	615,014	2,681	33,066	28	2,060	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	28,776,374	40,624	136,952	1,398	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,583,999	8,316	0	343	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,584,621	43,920	48,530	764	0	54.00
59.00	05900	CARDIAC CATHETERIZATION	7,490,008	4,593	0	164	0	59.00
60.00	06000	LABORATORY	12,413,018	12,775	38,707	862	0	60.00
65.00	06500	RESPIRATORY THERAPY	2,456,508	1,993	0	82	0	65.00
66.00	06600	PHYSICAL THERAPY	8,565,746	48,220	5,905	443	0	66.00
69.00	06900	ELECTROCARDIOLOGY	2,599,014	557	0	240	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	545,610	5,400	1,794	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,468	0	0	120	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	16,006,483	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,612,606	0	0	163	0	73.00
74.00	07400	RENAL DIALYSIS	751,746	1,490	0	206	0	74.00
76.00	03950	ANCILLARY - OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	397,739	0	0	60	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	7,829,690	22,772	91,436	1,118	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	PATIENT CARE CENTER - OCC	2,092,982	405	8,019	130	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	2,416,579	3,752	0	10	0	96.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,980,243	0	0	122	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	214,577,882	441,296	704,430	14,165	51,577	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	17,308	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,666,266	2,456	42,761	0	0	192.00
194.00	07950	RENTAL SPACE	2,814,162	22,420	0	0	0	194.00
194.01	07951	FOUNDATION	767,718	206	0	20	0	194.01
194.02	07952	RETAIL SERVICES	153,839	684	0	0	0	194.02
194.03	07953	REID CONTRACTED SERVICES	6,264,677	0	0	0	0	194.03
194.04	07954	REID PHYSICIAN ASSOC.	105,407,087	129,804	9,871	980	0	194.04
194.05	07955	OTHER NRCC	45,353	532	0	0	0	194.05
194.06	07956	VACANT SPACE	518,855	23,668	0	0	0	194.06
194.07	07957	LYNN RHC	796,970	0	0	0	0	194.07
194.08	07958	CAMBRIDGE RHC	1,378,540	0	0	0	0	194.08
194.09	07959	MAIN STREET FAMILY RHC	750,475	0	0	0	0	194.09
194.10	07960	REID URGENT CARE OF EATON	697,673	0	0	0	0	194.10
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B-1 | Date/Time Prepared: 5/26/2016 9:17 am

		Cost Center Description	OTHER A&G (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
			5.06	7.00	8.00	9.00	10.00	
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	-10,073,046	8,651,400	1,158,564	2,426,521	1,217,638	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	13.929920	1.530342	160.007979	23.608159	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	839,844	3,646,887	412,048	189,908	559,858	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.002493	5.871980	0.544272	12.522783	10.854800	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B-1 | Date/Time Prepared: 5/26/2016 9:17 am

		Cost Center Description	CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (MED SUPPLIES)	PHARMACY (DRUGS)	MEDICAL RECORDS & LIBRARY (TOTAL REVENUE)	
			11.00	13.00	14.00	15.00	16.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP BLDG & FIXT - OFFSITE						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER A&G						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	3,667,807					11.00
13.00	01300	NURSING ADMINISTRATION	8,439	1,516,998				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	40,983	0	21,081,130			14.00
15.00	01500	PHARMACY	122,905	0	2,793	28,379,085		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	103,347	0	0	0	704,327,653	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	INSERVICE EDUCATION	42,109	0	0	27	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	3,471	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	1,124	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	5,560	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	523,997	523,997	15,575	10,100	41,370,528	30.00
31.00	03100	INTENSIVE CARE UNIT	125,142	125,142	19,839	3,546	9,160,447	31.00
40.00	04000	SUBPROVIDER - IPF	150,118	150,118	0	698	12,297,133	40.00
41.00	04100	SUBPROVIDER - IRF	37,657	37,657	0	96	2,847,874	41.00
43.00	04300	NURSERY	11,677	11,677	0	0	2,072,853	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	189,311	189,311	8,665,295	119,218	127,956,986	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,481	24,481	3,360	1,052	5,543,889	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	184,551	184,551	23,757	476,290	111,041,470	54.00
59.00	05900	CARDIAC CATHETERIZATION	51,529	51,529	8,347,522	7,247	74,724,785	59.00
60.00	06000	LABORATORY	155,770	0	1,322,963	160	76,651,074	60.00
65.00	06500	RESPIRATORY THERAPY	50,141	50,141	4,566	22,344	12,377,769	65.00
66.00	06600	PHYSICAL THERAPY	160,237	0	1,528	51	15,672,237	66.00
69.00	06900	ELECTROCARDIOLOGY	33,981	0	370	210,978	22,525,472	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,984	0	0	0	2,969,433	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	1,026,183	0	147,980	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	25,962,134	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	24,936,958	96,679,010	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	68	755,764	74.00
76.00	03950	ANCILLARY - OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	7,615	7,615	0	0	1,052,003	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	160,779	160,779	3,255	93,605	48,254,150	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	PATIENT CARE CENTER - OCC	38,473	0	1,137,488	3,912	3,879,272	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	46,320	0	430	0	6,039,444	96.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	33,965	0	0	105,401	4,345,946	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,320,666	1,516,998	20,574,924	25,991,751	704,327,653	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	RENTAL SPACE	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	9,102	0	0	0	0	194.01
194.02	07952	RETAIL SERVICES	5,383	0	0	0	0	194.02
194.03	07953	REID CONTRACTED SERVICES	23,141	0	0	0	0	194.03
194.04	07954	REID PHYSICIAN ASSOC.	1,204,858	0	506,206	2,280,019	0	194.04
194.05	07955	OTHER NRCC	0	0	0	0	0	194.05
194.06	07956	VACANT SPACE	0	0	0	0	0	194.06
194.07	07957	LYNN RHC	27,815	0	0	30,128	0	194.07
194.08	07958	CAMBRIDGE RHC	27,476	0	0	46,817	0	194.08
194.09	07959	MAIN STREET FAMILY RHC	17,387	0	0	21,371	0	194.09
194.10	07960	REID URGENT CARE OF EATON	31,979	0	0	8,999	0	194.10

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B-1 | Date/Time Prepared: 5/26/2016 9:17 am

		Cost Center Description	CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (MED SUPPLIES)	PHARMACY (DRUGS)	MEDICAL RECORDS & LIBRARY (TOTAL REVENUE)	
			11.00	13.00	14.00	15.00	16.00	
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,702,095	1,036,001	3,770,275	31,258,055	5,381,270	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.464063	0.682928	0.178846	1.101447	0.007640	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	243,586	81,690	543,320	451,728	413,128	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.066412	0.053850	0.025773	0.015918	0.000587	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B-1 | Date/Time Prepared: 5/26/2016 9:17 am

		Cost Center Description	SOCIAL SERVICE (TIME SPENT)	INSERVICE EDUCATION (IN HOUSE ED)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)	PARAMED ED PRGM (TIME SPENT)	
			17.00	17.01	21.00	22.00	23.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP BLDG & FIXT - OFFSITE						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER A&G						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	6,040					17.00
17.01	01701	INSERVICE EDUCATION	0	137,011				17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	142			21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0		142		22.00
23.00	02300	PARAMED ED PRGM	0	892			100	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,272	30,563	58	58	0	30.00
31.00	03100	INTENSIVE CARE UNIT	777	7,651	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	6,496	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	1,881	0	0	0	41.00
43.00	04300	NURSERY	0	403	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	1,983	45	45	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	32	665	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	8,152	0	0	100	54.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,995	0	0	0	59.00
60.00	06000	LABORATORY	0	5,582	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	2,725	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	6,060	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	1,261	23	23	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	224	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	184	0	0	0	74.00
76.00	03950	ANCILLARY - OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	308	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	1,959	7,280	16	16	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	PATIENT CARE CENTER - OCC	0	1,563	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	538	0	0	0	96.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	1,284	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,040	87,690	142	142	100	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	RENTAL SPACE	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	0	36	0	0	0	194.01
194.02	07952	RETAIL SERVICES	0	73	0	0	0	194.02
194.03	07953	REID CONTRACTED SERVICES	0	0	0	0	0	194.03
194.04	07954	REID PHYSICIAN ASSOC.	0	35,563	0	0	0	194.04
194.05	07955	OTHER NRCC	0	10,791	0	0	0	194.05
194.06	07956	VACANT SPACE	0	0	0	0	0	194.06
194.07	07957	LYNN RHC	0	1,096	0	0	0	194.07
194.08	07958	CAMBRIDGE RHC	0	1,513	0	0	0	194.08
194.09	07959	MAIN STREET FAMILY RHC	0	0	0	0	0	194.09

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B-1 | Date/Time Prepared: 5/26/2016 9:17 am

		Cost Center Description	SOCIAL SERVICE (TIME SPENT)	INSERVICE EDUCATION (IN HOUSE ED)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)	PARAMED ED PRGM (TIME SPENT)	
			17.00	17.01	21.00	22.00	23.00	
194.10	07960	REID URGENT CARE OF EATON	0	249	0	0	0	194.10
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,754,145	2,924,239	100,979	113,234	479,899	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	621.547185	21.343097	711.119718	797.422535	4,798.990000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	76,538	500,955	282	1,377	137,614	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	12.671854	3.656312	1.985915	9.697183	1,376.140000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet C Part I Date/Time Prepared: 5/26/2016 9:17 am

Title XVIII | Hospital | PPS

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	30,634,727		30,634,727	0	30,634,727	30.00
31.00	03100	INTENSIVE CARE UNIT	7,791,865		7,791,865	0	7,791,865	31.00
40.00	04000	SUBPROVIDER - IPF	6,534,195		6,534,195	0	6,534,195	40.00
41.00	04100	SUBPROVIDER - IRF	2,527,984		2,527,984	0	2,527,984	41.00
43.00	04300	NURSERY	793,907		793,907	0	793,907	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	32,761,742		32,761,742	0	32,761,742	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,861,001		1,861,001	0	1,861,001	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,635,716		19,635,716	0	19,635,716	54.00
59.00	05900	CARDIAC CATHETERIZATION	9,753,712		9,753,712	0	9,753,712	59.00
60.00	06000	LABORATORY	13,801,956		13,801,956	0	13,801,956	60.00
65.00	06500	RESPIRATORY THERAPY	2,733,057	0	2,733,057	0	2,733,057	65.00
66.00	06600	PHYSICAL THERAPY	9,641,132	0	9,641,132	0	9,641,132	66.00
69.00	06900	ELECTROCARDIOLOGY	3,127,097		3,127,097	0	3,127,097	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	654,285		654,285	0	654,285	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	206,329		206,329	0	206,329	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	16,204,834		16,204,834	0	16,204,834	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	29,844,049		29,844,049	0	29,844,049	73.00
74.00	07400	RENAL DIALYSIS	815,240		815,240	0	815,240	74.00
76.00	03950	ANCILLARY - OTHER	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	430,684		430,684	0	430,684	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	10,519,602		10,519,602	0	10,519,602	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,774,796		2,774,796		2,774,796	92.00
93.00	04040	PATIENT CARE CENTER - OCC	2,420,292		2,420,292	0	2,420,292	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	2,549,640		2,549,640	0	2,549,640	96.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,192,228		2,192,228		2,192,228	116.00
200.00		Subtotal (see instructions)	210,210,070	0	210,210,070	0	210,210,070	200.00
201.00		Less Observation Beds	2,774,796		2,774,796		2,774,796	201.00
202.00		Total (see instructions)	207,435,274	0	207,435,274	0	207,435,274	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet C Part I Date/Time Prepared: 5/26/2016 9:17 am

Title XVIII | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	37,598,450		37,598,450			30.00
31.00	03100	INTENSIVE CARE UNIT	9,160,447		9,160,447			31.00
40.00	04000	SUBPROVIDER - IPF	12,297,133		12,297,133			40.00
41.00	04100	SUBPROVIDER - IRF	2,847,874		2,847,874			41.00
43.00	04300	NURSERY	2,072,853		2,072,853			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	43,851,542	84,105,444	127,956,986	0.256037	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,053,500	1,490,389	5,543,889	0.335685	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,336,761	94,704,709	111,041,470	0.176832	0.000000	54.00
59.00	05900	CARDIAC CATHETERIZATION	21,700,949	53,023,836	74,724,785	0.130528	0.000000	59.00
60.00	06000	LABORATORY	26,274,233	50,376,841	76,651,074	0.180062	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	10,410,792	1,966,977	12,377,769	0.220804	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	5,364,040	10,308,197	15,672,237	0.615173	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	3,237,357	19,288,115	22,525,472	0.138825	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,000	2,962,433	2,969,433	0.220340	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	135,458	12,522	147,980	1.394303	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	14,914,006	11,048,128	25,962,134	0.624172	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	37,176,055	59,502,955	96,679,010	0.308692	0.000000	73.00
74.00	07400	RENAL DIALYSIS	668,910	86,854	755,764	1.078697	0.000000	74.00
76.00	03950	ANCILLARY - OTHER	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	1,716	1,050,287	1,052,003	0.409394	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	15,041,690	33,212,460	48,254,150	0.218004	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,178,026	2,594,052	3,772,078	0.735615	0.000000	92.00
93.00	04040	PATIENT CARE CENTER - OCC	147,535	3,731,737	3,879,272	0.623904	0.000000	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	6,039,444	6,039,444	0.422165	0.000000	96.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,403,227	2,942,719	4,345,946			116.00
200.00		Subtotal (see instructions)	265,879,554	438,448,099	704,327,653			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	265,879,554	438,448,099	704,327,653			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet C Part I Date/Time Prepared: 5/26/2016 9:17 am

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio	
			11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
40.00	04000	SUBPROVIDER - IPF		40.00
41.00	04100	SUBPROVIDER - IRF		41.00
43.00	04300	NURSERY		43.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0.256037	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.335685	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.176832	54.00
59.00	05900	CARDIAC CATHETERIZATION	0.130528	59.00
60.00	06000	LABORATORY	0.180062	60.00
65.00	06500	RESPIRATORY THERAPY	0.220804	65.00
66.00	06600	PHYSICAL THERAPY	0.615173	66.00
69.00	06900	ELECTROCARDIOLOGY	0.138825	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.220340	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.394303	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.624172	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.308692	73.00
74.00	07400	RENAL DIALYSIS	1.078697	74.00
76.00	03950	ANCILLARY - OTHER	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0.409394	76.97
		OUTPATIENT SERVICE COST CENTERS		
91.00	09100	EMERGENCY	0.218004	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.735615	92.00
93.00	04040	PATIENT CARE CENTER - OCC	0.623904	93.00
		OTHER REIMBURSABLE COST CENTERS		
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.422165	96.00
		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: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet C Part I Date/Time Prepared: 5/26/2016 9:17 am

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	30,634,727		30,634,727	0	30,634,727	30.00
31.00	03100	INTENSIVE CARE UNIT	7,791,865		7,791,865	0	7,791,865	31.00
40.00	04000	SUBPROVIDER - IPF	6,534,195		6,534,195	0	6,534,195	40.00
41.00	04100	SUBPROVIDER - IRF	2,527,984		2,527,984	0	2,527,984	41.00
43.00	04300	NURSERY	793,907		793,907	0	793,907	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	32,761,742		32,761,742	0	32,761,742	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,861,001		1,861,001	0	1,861,001	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,635,716		19,635,716	0	19,635,716	54.00
59.00	05900	CARDIAC CATHETERIZATION	9,753,712		9,753,712	0	9,753,712	59.00
60.00	06000	LABORATORY	13,801,956		13,801,956	0	13,801,956	60.00
65.00	06500	RESPIRATORY THERAPY	2,733,057	0	2,733,057	0	2,733,057	65.00
66.00	06600	PHYSICAL THERAPY	9,641,132	0	9,641,132	0	9,641,132	66.00
69.00	06900	ELECTROCARDIOLOGY	3,127,097		3,127,097	0	3,127,097	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	654,285		654,285	0	654,285	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	206,329		206,329	0	206,329	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	16,204,834		16,204,834	0	16,204,834	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	29,844,049		29,844,049	0	29,844,049	73.00
74.00	07400	RENAL DIALYSIS	815,240		815,240	0	815,240	74.00
76.00	03950	ANCILLARY - OTHER	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	430,684		430,684	0	430,684	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	10,519,602		10,519,602	0	10,519,602	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,774,796		2,774,796		2,774,796	92.00
93.00	04040	PATIENT CARE CENTER - OCC	2,420,292		2,420,292	0	2,420,292	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	2,549,640		2,549,640	0	2,549,640	96.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,192,228		2,192,228		2,192,228	116.00
200.00		Subtotal (see instructions)	210,210,070	0	210,210,070	0	210,210,070	200.00
201.00		Less Observation Beds	2,774,796		2,774,796		2,774,796	201.00
202.00		Total (see instructions)	207,435,274	0	207,435,274	0	207,435,274	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet C Part I Date/Time Prepared: 5/26/2016 9:17 am

Title XIX | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	37,598,450		37,598,450			30.00
31.00	03100	INTENSIVE CARE UNIT	9,160,447		9,160,447			31.00
40.00	04000	SUBPROVIDER - IPF	12,297,133		12,297,133			40.00
41.00	04100	SUBPROVIDER - IRF	2,847,874		2,847,874			41.00
43.00	04300	NURSERY	2,072,853		2,072,853			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	43,851,542	84,105,444	127,956,986	0.256037	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,053,500	1,490,389	5,543,889	0.335685	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,336,761	94,704,709	111,041,470	0.176832	0.000000	54.00
59.00	05900	CARDIAC CATHETERIZATION	21,700,949	53,023,836	74,724,785	0.130528	0.000000	59.00
60.00	06000	LABORATORY	26,274,233	50,376,841	76,651,074	0.180062	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	10,410,792	1,966,977	12,377,769	0.220804	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	5,364,040	10,308,197	15,672,237	0.615173	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	3,237,357	19,288,115	22,525,472	0.138825	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,000	2,962,433	2,969,433	0.220340	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	135,458	12,522	147,980	1.394303	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	14,914,006	11,048,128	25,962,134	0.624172	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	37,176,055	59,502,955	96,679,010	0.308692	0.000000	73.00
74.00	07400	RENAL DIALYSIS	668,910	86,854	755,764	1.078697	0.000000	74.00
76.00	03950	ANCILLARY - OTHER	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	1,716	1,050,287	1,052,003	0.409394	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	15,041,690	33,212,460	48,254,150	0.218004	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,178,026	2,594,052	3,772,078	0.735615	0.000000	92.00
93.00	04040	PATIENT CARE CENTER - OCC	147,535	3,731,737	3,879,272	0.623904	0.000000	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	6,039,444	6,039,444	0.422165	0.000000	96.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,403,227	2,942,719	4,345,946			116.00
200.00		Subtotal (see instructions)	265,879,554	438,448,099	704,327,653			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	265,879,554	438,448,099	704,327,653			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet C Part I Date/Time Prepared: 5/26/2016 9:17 am

Title XIX | Hospital | Cost

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.000000		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.00	03950	ANCILLARY - OTHER	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
		OUTPATIENT SERVICE COST CENTERS			
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
93.00	04040	PATIENT CARE CENTER - OCC	0.000000		93.00
		OTHER REIMBURSABLE COST CENTERS			
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
		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: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part I Date/Time Prepared: 5/26/2016 9:17 am

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	4,167,175	0	4,167,175	32,315	128.95	30.00
31.00	INTENSIVE CARE UNIT	1,076,095		1,076,095	5,425	198.36	31.00
40.00	SUBPROVIDER - IPF	835,423	0	835,423	11,847	70.52	40.00
41.00	SUBPROVIDER - IRF	583,305	0	583,305	2,766	210.88	41.00
43.00	NURSERY	122,840		122,840	2,060	59.63	43.00
200.00	Total (lines 30-199)	6,784,838		6,784,838	54,413		200.00

	Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	17,363	2,238,959				30.00
31.00	INTENSIVE CARE UNIT	1,882	373,314				31.00
40.00	SUBPROVIDER - IPF	8,323	586,938				40.00
41.00	SUBPROVIDER - IRF	1,796	378,740				41.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30-199)	29,364	3,577,951				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part II Date/Time Prepared: 5/26/2016 9:17 am

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,004,285	127,956,986	0.023479	30,727,198	721,444	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	318,626	5,543,889	0.057473	31,789	1,827	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,916,840	111,041,470	0.026268	14,273,474	374,936	54.00
59.00	05900	CARDIAC CATHETERIZATION	1,053,998	74,724,785	0.014105	11,422,739	161,118	59.00
60.00	06000	LABORATORY	1,077,563	76,651,074	0.014058	17,244,222	242,419	60.00
65.00	06500	RESPIRATORY THERAPY	158,271	12,377,769	0.012787	6,297,473	80,526	65.00
66.00	06600	PHYSICAL THERAPY	1,944,334	15,672,237	0.124062	1,944,523	241,241	66.00
69.00	06900	ELECTROCARDIOLOGY	398,719	22,525,472	0.017701	2,061,167	36,485	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	204,270	2,969,433	0.068791	5,165	355	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	28,132	147,980	0.190107	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	31,726	25,962,134	0.001222	8,676,045	10,602	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	517,119	96,679,010	0.005349	19,020,062	101,738	73.00
74.00	07400	RENAL DIALYSIS	48,377	755,764	0.064011	521,765	33,399	74.00
76.00	03950	ANCILLARY - OTHER	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	118,388	1,052,003	0.112536	1,159	130	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	1,050,200	48,254,150	0.021764	9,552,563	207,902	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	377,450	3,772,078	0.100064	612,261	61,265	92.00
93.00	04040	PATIENT CARE CENTER - OCC	323,419	3,879,272	0.083371	6,739	562	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	227,690	6,039,444	0.037700	0	0	96.00
200.00		Total (lines 50-199)	13,799,407	636,004,950		122,398,344	2,275,949	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part III Date/Time Prepared: 5/26/2016 9:17 am

Title XVIII | Hospital | PPS

		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	87,495	0	87,495	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0		0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0		0	43.00
200.00		Total (lines 30-199)	0	0	87,495		87,495	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	32,315	2.71	17,363	47,054		30.00
31.00	03100	INTENSIVE CARE UNIT	5,425	0.00	1,882	0		31.00
40.00	04000	SUBPROVIDER - IPF	11,847	0.00	8,323	0		40.00
41.00	04100	SUBPROVIDER - IRF	2,766	0.00	1,796	0		41.00
43.00	04300	NURSERY	2,060	0.00	0	0		43.00
200.00		Total (lines 30-199)	54,413		29,364	47,054		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part IV | Date/Time Prepared: 5/26/2016 9:17 am

Title XVIII | Hospital | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	67,884	67,884	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	479,899	0	479,899	54.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	34,697	34,697	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	ANCILLARY - OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0	0	24,137	24,137	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	7,925	7,925	92.00
93.00	04040	PATIENT CARE CENTER - OCC	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00		Total (lines 50-199)	0	0	479,899	134,643	614,542	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part IV Date/Time Prepared: 5/26/2016 9:17 am

Title XVIII | Hospital | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	67,884	127,956,986	0.000531	0.000531	30,727,198	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,543,889	0.000000	0.000000	31,789	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	479,899	111,041,470	0.004322	0.004322	14,273,474	54.00
59.00	05900	CARDIAC CATHETERIZATION	0	74,724,785	0.000000	0.000000	11,422,739	59.00
60.00	06000	LABORATORY	0	76,651,074	0.000000	0.000000	17,244,222	60.00
65.00	06500	RESPIRATORY THERAPY	0	12,377,769	0.000000	0.000000	6,297,473	65.00
66.00	06600	PHYSICAL THERAPY	0	15,672,237	0.000000	0.000000	1,944,523	66.00
69.00	06900	ELECTROCARDIOLOGY	34,697	22,525,472	0.001540	0.001540	2,061,167	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,969,433	0.000000	0.000000	5,165	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	147,980	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	25,962,134	0.000000	0.000000	8,676,045	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	96,679,010	0.000000	0.000000	19,020,062	73.00
74.00	07400	RENAL DIALYSIS	0	755,764	0.000000	0.000000	521,765	74.00
76.00	03950	ANCILLARY - OTHER	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,052,003	0.000000	0.000000	1,159	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	24,137	48,254,150	0.000500	0.000500	9,552,563	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	7,925	3,772,078	0.002101	0.002101	612,261	92.00
93.00	04040	PATIENT CARE CENTER - OCC	0	3,879,272	0.000000	0.000000	6,739	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	6,039,444	0.000000	0.000000	0	96.00
200.00		Total (lines 50-199)	614,542	636,004,950			122,398,344	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part IV | Date/Time Prepared: 5/26/2016 9:17 am

Title XVIII | Hospital | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	16,316	32,153,687	17,074		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	61,690	35,422,110	153,094		54.00
59.00	05900	CARDIAC CATHETERIZATION	0	24,487,313	0		59.00
60.00	06000	LABORATORY	0	7,949,358	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	562,389	0		65.00
66.00	06600	PHYSICAL THERAPY	0	11,523	0		66.00
69.00	06900	ELECTROCARDIOLOGY	3,174	9,585,744	14,762		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,143,137	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	5,825,293	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	19,328,847	0		73.00
74.00	07400	RENAL DIALYSIS	0	6,254	0		74.00
76.00	03950	ANCILLARY - OTHER	0	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	446,760	0		76.97
		OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	4,776	9,786,233	4,893		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,286	967,333	2,032		92.00
93.00	04040	PATIENT CARE CENTER - OCC	0	2,418,791	0		93.00
		OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
200.00		Total (lines 50-199)	87,242	150,094,772	191,855		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part V Date/Time Prepared: 5/26/2016 9:17 am

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.256037	32,153,687	0	0	8,232,534	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.335685	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.176832	35,422,110	0	0	6,263,763	54.00
59.00	05900	CARDIAC CATHETERIZATION	0.130528	24,487,313	0	0	3,196,280	59.00
60.00	06000	LABORATORY	0.180062	7,949,358	1,567	0	1,431,377	60.00
65.00	06500	RESPIRATORY THERAPY	0.220804	562,389	0	0	124,178	65.00
66.00	06600	PHYSICAL THERAPY	0.615173	11,523	0	0	7,089	66.00
69.00	06900	ELECTROCARDIOLOGY	0.138825	9,585,744	0	0	1,330,741	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.220340	1,143,137	0	0	251,879	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.394303	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.624172	5,825,293	0	0	3,635,985	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.308692	19,328,847	81,997	0	5,966,660	73.00
74.00	07400	RENAL DIALYSIS	1.078697	6,254	0	0	6,746	74.00
76.00	03950	ANCILLARY - OTHER	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.409394	446,760	0	0	182,901	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.218004	9,786,233	0	0	2,133,438	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.735615	967,333	0	0	711,585	92.00
93.00	04040	PATIENT CARE CENTER - OCC	0.623904	2,418,791	0	0	1,509,093	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.422165	0	0	0	0	96.00
200.00		Subtotal (see instructions)		150,094,772	83,564	0	34,984,249	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		150,094,772	83,564	0	34,984,249	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part V Date/Time Prepared: 5/26/2016 9:17 am

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	282	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	25,312	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03950	ANCILLARY - OTHER	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00	04040	PATIENT CARE CENTER - OCC	0	0		93.00
		OTHER REIMBURSABLE COST CENTERS				
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
200.00		Subtotal (see instructions)	25,594	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	25,594	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150048 | Component CCN: 15S048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part II Date/Time Prepared: 5/26/2016 9:17 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,004,285	127,956,986	0.023479	31,521	740	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	318,626	5,543,889	0.057473	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,916,840	111,041,470	0.026268	444,838	11,685	54.00
59.00	05900	CARDIAC CATHETERIZATION	1,053,998	74,724,785	0.014105	1,431	20	59.00
60.00	06000	LABORATORY	1,077,563	76,651,074	0.014058	778,469	10,944	60.00
65.00	06500	RESPIRATORY THERAPY	158,271	12,377,769	0.012787	315,681	4,037	65.00
66.00	06600	PHYSICAL THERAPY	1,944,334	15,672,237	0.124062	306,711	38,051	66.00
69.00	06900	ELECTROCARDIOLOGY	398,719	22,525,472	0.017701	33,391	591	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	204,270	2,969,433	0.068791	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	28,132	147,980	0.190107	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	31,726	25,962,134	0.001222	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	517,119	96,679,010	0.005349	1,273,912	6,814	73.00
74.00	07400	RENAL DIALYSIS	48,377	755,764	0.064011	17,199	1,101	74.00
76.00	03950	ANCILLARY - OTHER	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	118,388	1,052,003	0.112536	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	1,050,200	48,254,150	0.021764	579,446	12,611	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	3,772,078	0.000000	0	0	92.00
93.00	04040	PATIENT CARE CENTER - OCC	323,419	3,879,272	0.083371	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	227,690	6,039,444	0.037700	0	0	96.00
200.00		Total (lines 50-199)	13,421,957	636,004,950		3,782,599	86,594	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150048 | Component CCN: 15S048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part IV | Date/Time Prepared: 5/26/2016 9:17 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	67,884	67,884	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	479,899	0	479,899	54.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	34,697	34,697	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	ANCILLARY - OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0	0	24,137	24,137	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	PATIENT CARE CENTER - OCC	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00		Total (lines 50-199)	0	0	479,899	126,718	606,617	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150048 | Component CCN: 15S048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part IV Date/Time Prepared: 5/26/2016 9:17 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	67,884	127,956,986	0.000531	0.000531	31,521	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,543,889	0.000000	0.000000	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	479,899	111,041,470	0.004322	0.004322	444,838	54.00
59.00	05900	CARDIAC CATHETERIZATION	0	74,724,785	0.000000	0.000000	1,431	59.00
60.00	06000	LABORATORY	0	76,651,074	0.000000	0.000000	778,469	60.00
65.00	06500	RESPIRATORY THERAPY	0	12,377,769	0.000000	0.000000	315,681	65.00
66.00	06600	PHYSICAL THERAPY	0	15,672,237	0.000000	0.000000	306,711	66.00
69.00	06900	ELECTROCARDIOLOGY	34,697	22,525,472	0.001540	0.001540	33,391	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,969,433	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	147,980	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	25,962,134	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	96,679,010	0.000000	0.000000	1,273,912	73.00
74.00	07400	RENAL DIALYSIS	0	755,764	0.000000	0.000000	17,199	74.00
76.00	03950	ANCILLARY - OTHER	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,052,003	0.000000	0.000000	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	24,137	48,254,150	0.000500	0.000500	579,446	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	3,772,078	0.000000	0.000000	0	92.00
93.00	04040	PATIENT CARE CENTER - OCC	0	3,879,272	0.000000	0.000000	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	6,039,444	0.000000	0.000000	0	96.00
200.00		Total (lines 50-199)	606,617	636,004,950			3,782,599	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150048 | Component CCN: 15S048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part IV | Date/Time Prepared: 5/26/2016 9:17 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	17	0	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,923	0	0		54.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	0	621	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	105	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	51	77	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	820	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
76.00	03950	ANCILLARY - OTHER	0	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	290	2,719	1		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
93.00	04040	PATIENT CARE CENTER - OCC	0	0	0		93.00
		OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
200.00		Total (lines 50-199)	2,281	4,342	1		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150048 | Component CCN: 15S048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part V | Date/Time Prepared: 5/26/2016 9:17 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.256037	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.335685	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.176832	0	0	0	0	54.00
59.00	05900	CARDIAC CATHETERIZATION	0.130528	0	0	0	0	59.00
60.00	06000	LABORATORY	0.180062	621	0	0	112	60.00
65.00	06500	RESPIRATORY THERAPY	0.220804	105	0	0	23	65.00
66.00	06600	PHYSICAL THERAPY	0.615173	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.138825	77	0	0	11	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.220340	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.394303	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.624172	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.308692	820	3,036	0	253	73.00
74.00	07400	RENAL DIALYSIS	1.078697	0	0	0	0	74.00
76.00	03950	ANCILLARY - OTHER	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.409394	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.218004	2,719	0	0	593	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.735615	0	0	0	0	92.00
93.00	04040	PATIENT CARE CENTER - OCC	0.623904	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.422165	0	0	0	0	96.00
200.00		Subtotal (see instructions)		4,342	3,036	0	992	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		4,342	3,036	0	992	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150048 | Component CCN: 15S048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part V | Date/Time Prepared: 5/26/2016 9:17 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	937	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03950	ANCILLARY - OTHER	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00	04040	PATIENT CARE CENTER - OCC	0	0		93.00
		OTHER REIMBURSABLE COST CENTERS				
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
200.00		Subtotal (see instructions)	937	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	937	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150048 | Component CCN: 15T048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part II Date/Time Prepared: 5/26/2016 9:17 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,004,285	127,956,986	0.023479	765	18	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	318,626	5,543,889	0.057473	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,916,840	111,041,470	0.026268	63,087	1,657	54.00
59.00	05900	CARDIAC CATHETERIZATION	1,053,998	74,724,785	0.014105	0	0	59.00
60.00	06000	LABORATORY	1,077,563	76,651,074	0.014058	181,491	2,551	60.00
65.00	06500	RESPIRATORY THERAPY	158,271	12,377,769	0.012787	91,358	1,168	65.00
66.00	06600	PHYSICAL THERAPY	1,944,334	15,672,237	0.124062	1,345,974	166,984	66.00
69.00	06900	ELECTROCARDIOLOGY	398,719	22,525,472	0.017701	6,629	117	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	204,270	2,969,433	0.068791	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	28,132	147,980	0.190107	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	31,726	25,962,134	0.001222	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	517,119	96,679,010	0.005349	352,712	1,887	73.00
74.00	07400	RENAL DIALYSIS	48,377	755,764	0.064011	32,313	2,068	74.00
76.00	03950	ANCILLARY - OTHER	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	118,388	1,052,003	0.112536	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	1,050,200	48,254,150	0.021764	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	3,772,078	0.000000	0	0	92.00
93.00	04040	PATIENT CARE CENTER - OCC	323,419	3,879,272	0.083371	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	227,690	6,039,444	0.037700	0	0	96.00
200.00		Total (lines 50-199)	13,421,957	636,004,950		2,074,329	176,450	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150048 | Component CCN: 15T048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part IV | Date/Time Prepared: 5/26/2016 9:17 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	67,884	67,884	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	479,899	0	479,899	54.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	34,697	34,697	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	ANCILLARY - OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0	0	24,137	24,137	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	PATIENT CARE CENTER - OCC	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00		Total (lines 50-199)	0	0	479,899	126,718	606,617	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150048 | Component CCN: 15T048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part IV | Date/Time Prepared: 5/26/2016 9:17 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	67,884	127,956,986	0.000531	0.000531	765	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,543,889	0.000000	0.000000	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	479,899	111,041,470	0.004322	0.004322	63,087	54.00
59.00	05900	CARDIAC CATHETERIZATION	0	74,724,785	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	76,651,074	0.000000	0.000000	181,491	60.00
65.00	06500	RESPIRATORY THERAPY	0	12,377,769	0.000000	0.000000	91,358	65.00
66.00	06600	PHYSICAL THERAPY	0	15,672,237	0.000000	0.000000	1,345,974	66.00
69.00	06900	ELECTROCARDIOLOGY	34,697	22,525,472	0.001540	0.001540	6,629	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,969,433	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	147,980	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	25,962,134	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	96,679,010	0.000000	0.000000	352,712	73.00
74.00	07400	RENAL DIALYSIS	0	755,764	0.000000	0.000000	32,313	74.00
76.00	03950	ANCILLARY - OTHER	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,052,003	0.000000	0.000000	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	24,137	48,254,150	0.000500	0.000500	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	3,772,078	0.000000	0.000000	0	92.00
93.00	04040	PATIENT CARE CENTER - OCC	0	3,879,272	0.000000	0.000000	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	6,039,444	0.000000	0.000000	0	96.00
200.00		Total (lines 50-199)	606,617	636,004,950			2,074,329	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150048 Component CCN: 15T048	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/26/2016 9:17 am
	Title XVIII	Subprovider - IRF	PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	273	0	0		54.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	0	0	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	10	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
76.00	03950	ANCILLARY - OTHER	0	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0	3,036	2		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
93.00	04040	PATIENT CARE CENTER - OCC	0	0	0		93.00
		OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
200.00		Total (lines 50-199)	283	3,036	2		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150048 | Component CCN: 15T048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part V | Date/Time Prepared: 5/26/2016 9:17 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.256037	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.335685	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.176832	0	0	0	0	54.00
59.00	05900	CARDIAC CATHETERIZATION	0.130528	0	0	0	0	59.00
60.00	06000	LABORATORY	0.180062	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.220804	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.615173	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.138825	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.220340	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.394303	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.624172	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.308692	0	88	0	0	73.00
74.00	07400	RENAL DIALYSIS	1.078697	0	0	0	0	74.00
76.00	03950	ANCILLARY - OTHER	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.409394	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.218004	3,036	0	0	662	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.735615	0	0	0	0	92.00
93.00	04040	PATIENT CARE CENTER - OCC	0.623904	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.422165	0	0	0	0	96.00
200.00		Subtotal (see instructions)		3,036	88	0	662	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		3,036	88	0	662	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150048 | Component CCN: 15T048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part V | Date/Time Prepared: 5/26/2016 9:17 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	27	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03950	ANCILLARY - OTHER	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00	04040	PATIENT CARE CENTER - OCC	0	0		93.00
		OTHER REIMBURSABLE COST CENTERS				
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
200.00		Subtotal (see instructions)	27	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	27	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part V Date/Time Prepared: 5/26/2016 9:17 am

Title XIX | Hospital | Cost

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.256037	0	3,606,232	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.335685	0	15,637	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.176832	0	4,667,325	0	0	54.00
59.00	05900	CARDIAC CATHETERIZATION	0.130528	0	1,683,171	0	0	59.00
60.00	06000	LABORATORY	0.180062	0	2,122,677	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.220804	0	65,569	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.615173	0	1,144,979	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.138825	0	603,355	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.220340	0	156,695	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.394303	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.624172	0	2,231,956	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.308692	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1.078697	0	0	0	0	74.00
76.00	03950	ANCILLARY - OTHER	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.409394	0	24,849	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.218004	0	2,868,508	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.735615	0	199,280	0	0	92.00
93.00	04040	PATIENT CARE CENTER - OCC	0.623904	0	231,853	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.422165	0	0	0	0	96.00
200.00		Subtotal (see instructions)		0	19,622,086	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		0	19,622,086	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part V Date/Time Prepared: 5/26/2016 9:17 am

Title XIX | Hospital | Cost

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
			6.00	7.00	
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	923,329	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,249	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	825,332	0	54.00
59.00	05900	CARDIAC CATHETERIZATION	219,701	0	59.00
60.00	06000	LABORATORY	382,213	0	60.00
65.00	06500	RESPIRATORY THERAPY	14,478	0	65.00
66.00	06600	PHYSICAL THERAPY	704,360	0	66.00
69.00	06900	ELECTROCARDIOLOGY	83,761	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	34,526	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,393,124	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03950	ANCILLARY - OTHER	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	10,173	0	76.97
		OUTPATIENT SERVICE COST CENTERS			
91.00	09100	EMERGENCY	625,346	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	146,593	0	92.00
93.00	04040	PATIENT CARE CENTER - OCC	144,654	0	93.00
		OTHER REIMBURSABLE COST CENTERS			
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
200.00		Subtotal (see instructions)	5,512,839	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	5,512,839	0	202.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D-1 | Date/Time Prepared: 5/26/2016 9:17 am

Title XVIII | Hospital | PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	32,315	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	32,315	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)	29,388	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)	17,363	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)	30,634,727	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)	30,634,727	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)	30,634,727	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)	948.00	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	16,460,124	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	16,460,124	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D-1 | Date/Time Prepared: 5/26/2016 9:17 am

Title XVIII | Hospital | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	7,791,865	5,425	1,436.29	1,882	2,703,098	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)	32,259,073	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	51,422,295	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)	2,659,327	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	2,363,191	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	5,022,518	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	46,399,777	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)	2,927	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	948.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	2,774,796	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D-1 | Date/Time Prepared: 5/26/2016 9:17 am

Title XVIII | Hospital | PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	4,167,175	30,634,727	0.136028	2,774,796	377,450	90.00
91.00	Nursing School cost	0	30,634,727	0.000000	2,774,796	0	91.00
92.00	Allied health cost	0	30,634,727	0.000000	2,774,796	0	92.00
93.00	All other Medical Education	87,495	30,634,727	0.002856	2,774,796	7,925	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150048 Component CCN: 15S048	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/26/2016 9:17 am
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	11,847	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	11,847	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)	11,847	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	8,323	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)	6,534,195	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)	6,534,195	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)	6,534,195	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)	551.55	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	4,590,551	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)	4,590,551	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D-1

Component CCN: 15S048 | Date/Time Prepared: 5/26/2016 9:17 am

Title XVIII | Subprovider - IPF | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	1,028,234	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	5,618,785	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)	586,938	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	88,875	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	675,813	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	4,942,972	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)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150048 Component CCN: 15S048	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/26/2016 9:17 am
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	835,423	6,534,195	0.127854	0	0	90.00
91.00	Nursing School cost	0	6,534,195	0.000000	0	0	91.00
92.00	Allied health cost	0	6,534,195	0.000000	0	0	92.00
93.00	All other Medical Education	0	6,534,195	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150048 Component CCN: 15T048	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/26/2016 9:17 am
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	2,766	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,766	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)	2,766	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)	1,796	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	2,527,984	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)	2,527,984	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)	2,527,984	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)	913.95	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,641,454	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	1,641,454	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150048 | Component CCN: 15T048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D-1 | Date/Time Prepared: 5/26/2016 9:17 am

Title XVIII | Subprovider - IRF | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	1,036,866	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	2,678,320	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)	378,740	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	176,733	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	555,473	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	2,122,847	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)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150048 Component CCN: 15T048	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/26/2016 9:17 am
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	583,305	2,527,984	0.230739	0	0	90.00
91.00	Nursing School cost	0	2,527,984	0.000000	0	0	91.00
92.00	Allied health cost	0	2,527,984	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,527,984	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D-1 | Date/Time Prepared: 5/26/2016 9:17 am

Title XIX | Hospital | Cost

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	32,315	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	32,315	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)	29,388	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)	1,187	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	2,060	15.00
16.00	Nursery days (title V or XIX only)	83	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)	30,634,727	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)	30,634,727	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)	30,634,727	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)	948.00	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,125,276	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	1,125,276	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D-1 | Date/Time Prepared: 5/26/2016 9:17 am

Title XIX | Hospital | Cost

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	793,907	2,060	385.39	83	31,987	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	7,791,865	5,425	1,436.29	219	314,548	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)	2,563,119	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	4,034,930	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)	2,927	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	948.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	2,774,796	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D-1 | Date/Time Prepared: 5/26/2016 9:17 am

Title XIX | Hospital | Cost

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	4,167,175	30,634,727	0.136028	2,774,796	377,450	90.00
91.00	Nursing School cost	0	30,634,727	0.000000	2,774,796	0	91.00
92.00	Allied health cost	0	30,634,727	0.000000	2,774,796	0	92.00
93.00	All other Medical Education	0	30,634,727	0.000000	2,774,796	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150048 Component CCN: 15S048	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/26/2016 9:17 am
	Title XIX	Subprovider - IPF	Cost

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	11,847	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	11,847	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)	11,847	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	0	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	2,060	15.00
16.00	Nursery days (title V or XIX only)	83	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)	6,534,195	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)	6,534,195	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)	6,534,195	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)	551.55	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	0	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	0	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150048 | Component CCN: 15S048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D-1 | Date/Time Prepared: 5/26/2016 9:17 am

Title XIX | Subprovider - IPF | Cost

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	0	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)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150048 Component CCN: 15S048	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/26/2016 9:17 am
	Title XIX	Subprovider - IPF	Cost

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	835,423	6,534,195	0.127854	0	0	90.00
91.00	Nursing School cost	0	6,534,195	0.000000	0	0	91.00
92.00	Allied health cost	0	6,534,195	0.000000	0	0	92.00
93.00	All other Medical Education	0	6,534,195	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150048 Component CCN: 15T048	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/26/2016 9:17 am
	Title XIX	Subprovider - IRF	Cost

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	2,766	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,766	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)	2,766	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)	74	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)	2,060	15.00
16.00	Nursery days (title V or XIX only)	83	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)	2,527,984	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)	2,527,984	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)	2,527,984	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)	913.95	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	67,632	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)	67,632	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D-1

Component CCN: 15T048 | Date/Time Prepared: 5/26/2016 9:17 am

Title XIX | Subprovider - IRF | Cost

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	67,632	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)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150048 Component CCN: 15T048	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/26/2016 9:17 am
	Title XIX	Subprovider - IRF	Cost

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	583,305	2,527,984	0.230739	0	0	90.00
91.00	Nursing School cost	0	2,527,984	0.000000	0	0	91.00
92.00	Allied health cost	0	2,527,984	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,527,984	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D-3 | Date/Time Prepared: 5/26/2016 9:17 am

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		22,370,330		30.00
31.00	03100	INTENSIVE CARE UNIT		3,495,573		31.00
40.00	04000	SUBPROVIDER - IPF		273,550		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.256037	30,727,198	7,867,300	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.335685	31,789	10,671	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.176832	14,273,474	2,524,007	54.00
59.00	05900	CARDIAC CATHETERIZATION	0.130528	11,422,739	1,490,987	59.00
60.00	06000	LABORATORY	0.180062	17,244,222	3,105,029	60.00
65.00	06500	RESPIRATORY THERAPY	0.220804	6,297,473	1,390,507	65.00
66.00	06600	PHYSICAL THERAPY	0.615173	1,944,523	1,196,218	66.00
69.00	06900	ELECTROCARDIOLOGY	0.138825	2,061,167	286,142	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.220340	5,165	1,138	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.394303	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.624172	8,676,045	5,415,344	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.308692	19,020,062	5,871,341	73.00
74.00	07400	RENAL DIALYSIS	1.078697	521,765	562,826	74.00
76.00	03950	ANCILLARY - OTHER	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.409394	1,159	474	76.97
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0.218004	9,552,563	2,082,497	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.735615	612,261	450,388	92.00
93.00	04040	PATIENT CARE CENTER - OCC	0.623904	6,739	4,204	93.00
		OTHER REIMBURSABLE COST CENTERS				
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.422165	0	0	96.00
200.00		Total (sum of lines 50-94 and 96-98)		122,398,344	32,259,073	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)		122,398,344		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 150048 | Component CCN: 15S048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D-3 | Date/Time Prepared: 5/26/2016 9:17 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
40.00	04000	SUBPROVIDER - IPF		8,609,622		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.256037	31,521	8,071	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.335685	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.176832	444,838	78,662	54.00
59.00	05900	CARDIAC CATHETERIZATION	0.130528	1,431	187	59.00
60.00	06000	LABORATORY	0.180062	778,469	140,173	60.00
65.00	06500	RESPIRATORY THERAPY	0.220804	315,681	69,704	65.00
66.00	06600	PHYSICAL THERAPY	0.615173	306,711	188,680	66.00
69.00	06900	ELECTROCARDIOLOGY	0.138825	33,391	4,636	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.220340	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.394303	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.624172	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.308692	1,273,912	393,246	73.00
74.00	07400	RENAL DIALYSIS	1.078697	17,199	18,553	74.00
76.00	03950	ANCILLARY - OTHER	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.409394	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0.218004	579,446	126,322	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.735615	0	0	92.00
93.00	04040	PATIENT CARE CENTER - OCC	0.623904	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS				
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.422165	0	0	96.00
200.00		Total (sum of lines 50-94 and 96-98)		3,782,599	1,028,234	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net Charges (line 200 minus line 201)		3,782,599		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 150048 Component CCN: 15T048	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/26/2016 9:17 am
	Title XVIII	Subprovider - IRF	PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		1,851,396		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.256037	765	196	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.335685	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.176832	63,087	11,156	54.00
59.00	05900	CARDIAC CATHETERIZATION	0.130528	0	0	59.00
60.00	06000	LABORATORY	0.180062	181,491	32,680	60.00
65.00	06500	RESPIRATORY THERAPY	0.220804	91,358	20,172	65.00
66.00	06600	PHYSICAL THERAPY	0.615173	1,345,974	828,007	66.00
69.00	06900	ELECTROCARDIOLOGY	0.138825	6,629	920	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.220340	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.394303	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.624172	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.308692	352,712	108,879	73.00
74.00	07400	RENAL DIALYSIS	1.078697	32,313	34,856	74.00
76.00	03950	ANCILLARY - OTHER	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.409394	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0.218004	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.735615	0	0	92.00
93.00	04040	PATIENT CARE CENTER - OCC	0.623904	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS				
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.422165	0	0	96.00
200.00		Total (sum of lines 50-94 and 96-98)		2,074,329	1,036,866	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)		2,074,329		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D-3 | Date/Time Prepared: 5/26/2016 9:17 am

Title XIX | Hospital | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		2,613,013		30.00
31.00	03100	INTENSIVE CARE UNIT		714,651		31.00
40.00	04000	SUBPROVIDER - IPF		881,673		40.00
41.00	04100	SUBPROVIDER - IRF		83,398		41.00
43.00	04300	NURSERY		337,550		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.256037	1,946,146	498,285	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.335685	386,534	129,754	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.176832	1,528,863	270,352	54.00
59.00	05900	CARDIAC CATHETERIZATION	0.130528	1,013,790	132,328	59.00
60.00	06000	LABORATORY	0.180062	1,921,840	346,050	60.00
65.00	06500	RESPIRATORY THERAPY	0.220804	576,359	127,262	65.00
66.00	06600	PHYSICAL THERAPY	0.615173	187,195	115,157	66.00
69.00	06900	ELECTROCARDIOLOGY	0.138825	198,842	27,604	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.220340	1,728	381	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.394303	10,493	14,630	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.624172	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.308692	2,218,228	684,749	73.00
74.00	07400	RENAL DIALYSIS	1.078697	9,902	10,681	74.00
76.00	03950	ANCILLARY - OTHER	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.409394	78	32	76.97
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0.218004	935,159	203,868	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.735615	0	0	92.00
93.00	04040	PATIENT CARE CENTER - OCC	0.623904	3,183	1,986	93.00
		OTHER REIMBURSABLE COST CENTERS				
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.422165	0	0	96.00
200.00		Total (sum of lines 50-94 and 96-98)		10,938,340	2,563,119	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)		10,938,340		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet E Part A Date/Time Prepared: 5/26/2016 9:17 am

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)		33,101,204		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		10,571,163		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)		570,710		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		7,183,369		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		156.98		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)		4.87		30.00
31.00	Percentage of Medicaid patient days (see instructions)		19.90		31.00
32.00	Sum of lines 30 and 31		24.77		32.00
33.00	Allowable disproportionate share percentage (see instructions)		9.65		33.00
34.00	Disproportionate share adjustment (see instructions)		1,053,596		34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet E Part A Date/Time Prepared: 5/26/2016 9:17 am

Title XVIII | Hospital | PPS

			Prior to October 1	On/After October 1	
		0	1.00	2.00	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		7,647,644,885	6,406,145,534	35.00
35.01	Factor 3 (see instructions)		0.000230453	0.000227066	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,762,423	1,454,619	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,318,195	365,642	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,683,837		36.00
	Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 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 an 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		46,980,510		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)		57,699,257		48.00
49.00	Total payment for inpatient operating costs (see instructions)		57,699,257		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,626,336		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		25,994		53.00
54.00	Special add-on payments for new technologies		1,697		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see intructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		47,054		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		87,242		58.00
59.00	Total (sum of amounts on lines 49 through 58)		61,487,580		59.00
60.00	Primary payer payments		0		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		61,487,580		61.00
62.00	Deductibles billed to program beneficiaries		4,574,856		62.00
63.00	Coinsurance billed to program beneficiaries		86,573		63.00
64.00	Allowable bad debts (see instructions)		581,864		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		378,212		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		252,635		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		57,204,363		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)		103,175		70.93
70.94	HRR adjustment amount (see instructions)		-359,239		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150048	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/26/2016 9:17 am
	Title XVIII	Hospital	PPS

			Prior to October 1	On/After October 1	
		0	1.00	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)		56,948,299		71.00
71.01	Sequestration adjustment (see instructions)		1,138,966		71.01
72.00	Interim payments		56,356,316		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)		-546,983		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0		75.00
	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00

		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	HSP Bonus Payment Amount			
100.00	HSP bonus amount (see instructions)	0	0	100.00
	HVBP Adjustment for HSP Bonus Payment			
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00
	HRR Adjustment for HSP Bonus Payment			
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150048	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/26/2016 9:17 am
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	25,594	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	34,792,394	2.00
3.00	PPS payments	40,450,516	3.00
4.00	Outlier payment (see instructions)	57,221	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	191,855	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	25,594	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	83,564	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)	83,564	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	83,564	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	57,970	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)	25,594	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)	40,699,592	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)	7,681,643	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)	33,043,543	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)	33,043,543	30.00
31.00	Primary payer payments	9,407	31.00
32.00	Subtotal (line 30 minus line 31)	33,034,136	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)	1,209,531	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	786,195	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	766,656	36.00
37.00	Subtotal (see instructions)	33,820,331	37.00
38.00	MSP-LCC reconciliation amount from PS&R	-404	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)	33,820,735	40.00
40.01	Sequestration adjustment (see instructions)	676,415	40.01
41.00	Interim payments	32,544,336	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	599,984	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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150048 Component CCN: 15S048	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/26/2016 9:17 am
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	937	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	991	2.00
3.00	PPS payments	1,844	3.00
4.00	Outlier payment (see instructions)	0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	1	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	937	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	3,036	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)	3,036	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	3,036	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	2,099	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)	937	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)	1,845	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)	171	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)	2,611	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)	2,611	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	2,611	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Wkst. I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	36.00
37.00	Subtotal (see instructions)	2,611	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	2,611	40.00
40.01	Sequestration adjustment (see instructions)	52	40.01
41.00	Interim payments	2,507	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	52	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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150048 Component CCN: 15T048	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/26/2016 9:17 am
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	27	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	660	2.00
3.00	PPS payments	29	3.00
4.00	Outlier payment (see instructions)	0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	2	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	27	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	88	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)	88	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	88	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	61	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)	27	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)	31	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)	0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	58	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)	58	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	58	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Wkst. I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	36.00
37.00	Subtotal (see instructions)	58	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	58	40.00
40.01	Sequestration adjustment (see instructions)	1	40.01
41.00	Interim payments	54	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	3	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: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet E-1 Part I | Date/Time Prepared: 5/26/2016 9:17 am

Title XVIII | Hospital | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		56,222,616		32,544,336	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	07/15/2015	133,700		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		133,700		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		56,356,316		32,544,336	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		599,984	6.01
6.02	SETTLEMENT TO PROGRAM		546,983		0	6.02
7.00	Total Medicare program liability (see instructions)		55,809,333		33,144,320	7.00

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150048 | Component CCN: 15S048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet E-1 Part I | Date/Time Prepared: 5/26/2016 9:17 am

Title XVIII | Subprovider - IPF | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		6,925,186		2,507	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		6,925,186		2,507	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		75,755		52	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		7,000,941		2,559	7.00

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150048 | Component CCN: 15T048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet E-1 Part I | Date/Time Prepared: 5/26/2016 9:17 am

Title XVIII | Subprovider - IRF | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		2,730,965		54	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,730,965		54	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		43,239		3	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,774,204		57	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: 150048	Period: From 01/01/2015 To 12/31/2015	Worksheet E-1 Part II Date/Time Prepared: 5/26/2016 9:17 am
	Title XVIII	Hospital	PPS

		1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS		
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	10,410	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	19,245	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	3,479	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	34,813	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	704,327,653	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	14,383,589	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168	0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	1,283,553	8.00
9.00	Sequestration adjustment amount (see instructions)	25,671	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	1,257,882	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)	1,257,882	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150048 Component CCN: 15S048	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part II Date/Time Prepared: 5/26/2016 9:17 am
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART II - MEDICARE PART A SERVICES - IPF PPS		
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	7,816,060	1.00
2.00	Net IPF PPS Outlier Payments	9,067	2.00
3.00	Net IPF PPS ECT Payments	0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)	0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	4.01
5.00	New Teaching program adjustment. (see instructions)	0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instuctions)	0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instuctions)	0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)	0.00	8.00
9.00	Average Daily Census (see instructions)	32.457534	9.00
10.00	Teaching Adjustment Factor {((1 + (line 8/line 9)) raised to the power of .5150 -1}.	0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).	0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	7,825,127	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)	0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)		14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)	0	15.00
16.00	Subtotal (see instructions)	7,825,127	16.00
17.00	Primary payer payments	0	17.00
18.00	Subtotal (line 16 less line 17).	7,825,127	18.00
19.00	Deductibles	358,528	19.00
20.00	Subtotal (line 18 minus line 19)	7,466,599	20.00
21.00	Coinsurance	400,050	21.00
22.00	Subtotal (line 20 minus line 21)	7,066,549	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	115,365	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	74,987	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	79,720	25.00
26.00	Subtotal (sum of lines 22 and 24)	7,141,536	26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)	0	27.00
28.00	Other pass through costs (see instructions)	2,281	28.00
29.00	Outlier payments reconciliation	0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	30.50
30.99	Recovery of Accelerated Depreciation	0	30.99
31.00	Total amount payable to the provider (see instructions)	7,143,817	31.00
31.01	Sequestration adjustment (see instructions)	142,876	31.01
32.00	Interim payments	6,925,186	32.00
33.00	Tentative settlement (for contractor use only)	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)	75,755	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	35.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Worksheet E-3, Part II, line 2	9,067	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150048 Component CCN: 15T048	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part III Date/Time Prepared: 5/26/2016 9:17 am
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS		
1.00	Net Federal PPS Payment (see instructions)	2,731,849	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0169	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	83,595	3.00
4.00	Outlier Payments	55,499	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	0.00	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	5.01
6.00	New Teaching program adjustment. (see instructions)	0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)	0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)	0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00	9.00
10.00	Average Daily Census (see instructions)	7.578082	10.00
11.00	Teaching Adjustment Factor (see instructions)	0.000000	11.00
12.00	Teaching Adjustment (see instructions)	0	12.00
13.00	Total PPS Payment (see instructions)	2,870,943	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)	0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)		15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)	0	16.00
17.00	Subtotal (see instructions)	2,870,943	17.00
18.00	Primary payer payments	0	18.00
19.00	Subtotal (line 17 less line 18).	2,870,943	19.00
20.00	Deductibles	20,116	20.00
21.00	Subtotal (line 19 minus line 20)	2,850,827	21.00
22.00	Coinsurance	20,475	22.00
23.00	Subtotal (line 21 minus line 22)	2,830,352	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	285	24.00
25.00	Adjusted reimbursable bad debts (see instructions)	185	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	253	26.00
27.00	Subtotal (sum of lines 23 and 25)	2,830,537	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)	0	28.00
29.00	Other pass through costs (see instructions)	283	29.00
30.00	Outlier payments reconciliation	0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	31.50
31.99	Recovery of Accelerated Depreciation	0	31.99
32.00	Total amount payable to the provider (see instructions)	2,830,820	32.00
32.01	Sequestration adjustment (see instructions)	56,616	32.01
33.00	Interim payments	2,730,965	33.00
34.00	Tentative settlement (for contractor use only)	0	34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 33, and 34)	43,239	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	36.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4	55,499	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150048	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part VII Date/Time Prepared: 5/26/2016 9:17 am
	Title XIX	Hospital	Cost

		Inpatient	Outpatient	
		1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES			
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services	4,034,930		1.00
2.00	Medical and other services		5,512,839	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	4,034,930	5,512,839	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)	4,034,930	5,512,839	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	10,938,340	19,622,086	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)	10,938,340	19,622,086	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)	10,938,340	19,622,086	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	6,903,410	14,109,247	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)	4,034,930	5,512,839	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)	4,034,930	5,512,839	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)	4,034,930	5,512,839	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	4,034,930	5,512,839	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	4,034,930	5,512,839	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)	4,034,930	5,512,839	40.00
41.00	Interim payments	4,034,930	5,512,839	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150048 Component CCN: 15S048	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part VII Date/Time Prepared: 5/26/2016 9:17 am
	Title XIX	Subprovider - IPF	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	0		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)	0	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)	0	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	0	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0	12.00
	CUSTOMARY CHARGES			
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	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)	0	0	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.			
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150048 Component CCN: 15T048	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part VII Date/Time Prepared: 5/26/2016 9:17 am
	Title XIX	Subprovider - IRF	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	67,632		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)	67,632	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)	67,632	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	0	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0	12.00
	CUSTOMARY CHARGES			
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	67,632	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.			
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	67,632	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet G | Date/Time Prepared: 5/26/2016 9:17 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	14,502,638	0	0	0	1.00
2.00	Temporary investments	232,493,487	0	0	0	2.00
3.00	Notes receivable	24,164,168	0	0	0	3.00
4.00	Accounts receivable	130,040,703	0	0	0	4.00
5.00	Other receivable	-464,060	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-61,103,708	0	0	0	6.00
7.00	Inventory	7,538,516	0	0	0	7.00
8.00	Prepaid expenses	5,010,600	0	0	0	8.00
9.00	Other current assets	-1,500,000	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)	350,682,344	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	13,419,665	0	0	0	12.00
13.00	Land improvements	35,314,060	0	0	0	13.00
14.00	Accumulated depreciation	-17,735,140	0	0	0	14.00
15.00	Buildings	248,316,742	0	0	0	15.00
16.00	Accumulated depreciation	-91,614,679	0	0	0	16.00
17.00	Leasehold improvements	12,253,567	0	0	0	17.00
18.00	Accumulated depreciation	-4,536,268	0	0	0	18.00
19.00	Fixed equipment	2,094,880	0	0	0	19.00
20.00	Accumulated depreciation	-1,135,066	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	159,945,803	0	0	0	23.00
24.00	Accumulated depreciation	-127,695,610	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)	228,627,954	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	10,139,607	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	10,139,607	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	589,449,905	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	17,324,832	0	0	0	37.00
38.00	Salaries, wages, and fees payable	41,713,326	0	0	0	38.00
39.00	Payroll taxes payable	28,502	0	0	0	39.00
40.00	Notes and loans payable (short term)	3,950,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	3,175,353				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	1,367,764	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	67,559,777	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	174,011,193	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49	174,011,193	0	0	0	50.00
51.00	Total liabilites (sum of lines 45 and 50)	241,570,970	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	347,878,935				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)	347,878,935	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	589,449,905	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet G-1 | Date/Time Prepared: 5/26/2016 9:17 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		381,178,154		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-33,299,364				2.00
3.00	Total (sum of line 1 and line 2)		347,878,790		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		347,878,790		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		347,878,790		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: 150048 | Period: From 01/01/2015 To 12/31/2015 | Worksheet G-2 Parts I & II Date/Time Prepared: 5/26/2016 9:17 am

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	46,045,794		46,045,794	1.00
2.00	SUBPROVIDER - IPF	12,379,895		12,379,895	2.00
3.00	SUBPROVIDER - IRF	2,877,732		2,877,732	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)	61,303,421		61,303,421	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	11,010,940		11,010,940	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)	11,010,940		11,010,940	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	72,314,361		72,314,361	17.00
18.00	Ancillary services	181,659,110	402,161,113	583,820,223	18.00
19.00	Outpatient services	58,146	54,666,485	54,724,631	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				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	1,062,749	2,470,913	3,533,662	26.00
27.00	OTHER	28,001,294	112,038,330	140,039,624	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	283,095,660	571,336,841	854,432,501	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		401,896,326		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		401,896,326		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 150048	Period: From 01/01/2015 To 12/31/2015	Worksheet G-3 Date/Time Prepared: 5/26/2016 9:17 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	854,432,501	1.00
2.00	Less contractual allowances and discounts on patients' accounts	479,124,538	2.00
3.00	Net patient revenues (line 1 minus line 2)	375,307,963	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	401,896,326	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-26,588,363	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	770,851	6.00
7.00	Income from investments	-20,935,165	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	571,887	10.00
11.00	Rebates and refunds of expenses	26,929	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	278,695	13.00
14.00	Revenue from meals sold to employees and guests	3,045,809	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	16,023	17.00
18.00	Revenue from sale of medical records and abstracts	51,299	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	36,657	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	12,834	21.00
22.00	Rental of hospital space	2,832,280	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	6,580,900	24.00
25.00	Total other income (sum of lines 6-24)	-6,711,001	25.00
26.00	Total (line 5 plus line 25)	-33,299,364	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-33,299,364	29.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150048 Hospice CCN: 151524 | Period: From 01/01/2015 To 12/31/2015 | Worksheet K | Date/Time Prepared: 5/26/2016 9:17 am

Hospice I

		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	79,101	55,803	68,085	0	533,644	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	165,030	10,235	0	0	32,304	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	525,257	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	67,856	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	48,256	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	105,401	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	5	26.00
27.00	Patient Transportation	0	0	0	0	430	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)	885,500	66,038	68,085	0	671,784	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150048 Hospice CCN: 151524 | Period: From 01/01/2015 To 12/31/2015 | Worksheet K | Date/Time Prepared: 5/26/2016 9:17 am

Hospice I

		Total (cols. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	736,633	0	736,633	-622	736,011	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	207,569	0	207,569	0	207,569	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	525,257	0	525,257	0	525,257	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	67,856	0	67,856	0	67,856	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	48,256	0	48,256	0	48,256	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	105,401	0	105,401	0	105,401	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	5	0	5	0	5	26.00
27.00	Patient Transportation	430	0	430	0	430	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,691,407	0	1,691,407	-622	1,690,785	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150048 Hospice CCN: 151524

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

Worksheet K-1

Date/Time Prepared: 5/26/2016 9:17 am

Hospice I

		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	79,101	0	0	0	0	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	165,030	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	525,257	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	79,101	0	0	0	690,287	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150048 Hospice CCN: 151524

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

Worksheet K-1

Date/Time Prepared: 5/26/2016 9:17 am

Hospice I

		Total Therapists	Aides	All-Other	Total (1)		
		6.00	7.00	8.00	9.00		
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance		0	0	0		3.00
4.00	Transportation - Staff		0	0	0		4.00
5.00	Volunteer Service Coordination		0	0	0		5.00
6.00	Administrative and General		0	0	79,101		6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	165,030		7.00
8.00	Inpatient - Respite Care		0	0	0		8.00
	VISITING SERVICES						
9.00	Physician Services		0	0	0		9.00
10.00	Nursing Care		0	0	525,257		10.00
11.00	Nursing Care-Continuous Home Care		0	0	0		11.00
12.00	Physical Therapy	0	0	0	0		12.00
13.00	Occupational Therapy	0	0	0	0		13.00
14.00	Speech/ Language Pathology	0	0	0	0		14.00
15.00	Medical Social Services		0	0	0		15.00
16.00	Spiritual Counseling		0	0	0		16.00
17.00	Dietary Counseling		0	0	0		17.00
18.00	Counseling - Other		0	0	0		18.00
19.00	Home Health Aide and Homemaker		67,856	0	67,856		19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0		20.00
21.00	Other		0	48,256	48,256		21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation		0	0	0		27.00
28.00	Imaging Services		0	0	0		28.00
29.00	Labs and Diagnostics		0	0	0		29.00
30.00	Medical Supplies		0	0	0		30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0		31.00
32.00	Radiation Therapy		0	0	0		32.00
33.00	Chemotherapy		0	0	0		33.00
34.00	Other		0	0	0		34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0		35.00
36.00	Volunteer Program Costs		0	0	0		36.00
37.00	Fundraising		0	0	0		37.00
38.00	Other Program Costs		0	0	0		38.00
39.00	Total (sum of lines 1 thru 38)	0	67,856	48,256	885,500		39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 150048 Hospice CCN: 151524

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

Worksheet K-2

Date/Time Prepared: 5/26/2016 9:17 am

Hospice I

		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	55,803	0	0	0	0	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	10,235	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	55,803	0	0	0	10,235	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 150048 Hospice CCN: 151524

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

Worksheet K-2

Date/Time Prepared: 5/26/2016 9:17 am

Hospice I

		Total Therapists	Aides	All-Other	Total (1)		
		6.00	7.00	8.00	9.00		
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance		0	0	0		3.00
4.00	Transportation - Staff		0	0	0		4.00
5.00	Volunteer Service Coordination		0	0	0		5.00
6.00	Administrative and General		0	0	55,803		6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	10,235		7.00
8.00	Inpatient - Respite Care		0	0	0		8.00
	VISITING SERVICES						
9.00	Physician Services		0	0	0		9.00
10.00	Nursing Care		0	0	0		10.00
11.00	Nursing Care-Continuous Home Care		0	0	0		11.00
12.00	Physical Therapy	0	0	0	0		12.00
13.00	Occupational Therapy	0	0	0	0		13.00
14.00	Speech/ Language Pathology	0	0	0	0		14.00
15.00	Medical Social Services		0	0	0		15.00
16.00	Spiritual Counseling		0	0	0		16.00
17.00	Dietary Counseling		0	0	0		17.00
18.00	Counseling - Other		0	0	0		18.00
19.00	Home Health Aide and Homemaker		0	0	0		19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0		20.00
21.00	Other		0	0	0		21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation		0	0	0		27.00
28.00	Imaging Services		0	0	0		28.00
29.00	Labs and Diagnostics		0	0	0		29.00
30.00	Medical Supplies		0	0	0		30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0		31.00
32.00	Radiation Therapy		0	0	0		32.00
33.00	Chemotherapy		0	0	0		33.00
34.00	Other		0	0	0		34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0		35.00
36.00	Volunteer Program Costs		0	0	0		36.00
37.00	Fundraising		0	0	0		37.00
38.00	Other Program Costs		0	0	0		38.00
39.00	Total (sum of lines 1 thru 38)	0	0	0	66,038		39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150048 Hospice CCN: 151524

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

Worksheet K-4 Part I Date/Time Prepared: 5/26/2016 9:17 am

Hospice I

		NET EXPENSES FOR COST ALLOCATION	CAPITAL RELATED COST		PLANT OPERATION & MAINT.	TRANSPORTATION	
			BUILDINGS & FIXTURES	MOVABLE EQUIPMENT			
		0	1.00	2.00	3.00	4.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	736,011	0	0	0	0	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	207,569	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	525,257	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	67,856	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	48,256	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	105,401	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	5	0	0	0	0	26.00
27.00	Patient Transportation	430	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,690,785	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST | Provider CCN: 150048 Hospice CCN: 151524 | Period: From 01/01/2015 To 12/31/2015 | Worksheet K-4 Part I Date/Time Prepared: 5/26/2016 9:17 am

Hospice I

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (cols. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5A ± col. 6)		
		5.00	5A	6.00	7.00		
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance						3.00
4.00	Transportation - Staff						4.00
5.00	Volunteer Service Coordination	0					5.00
6.00	Administrative and General	0	736,011	736,011			6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	207,569	160,010	367,579		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	525,257	404,908	930,165		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	0	0	0		15.00
16.00	Spiritual Counseling	0	0	0	0		16.00
17.00	Dietary Counseling	0	0	0	0		17.00
18.00	Counseling - Other	0	0	0	0		18.00
19.00	Home Health Aide and Homemaker	0	67,856	52,308	120,164		19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0		20.00
21.00	Other	0	48,256	37,199	85,455		21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	105,401	81,251	186,652		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	5	4	9		26.00
27.00	Patient Transportation	0	430	331	761		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	1,690,785		1,690,785		39.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150048 Hospice CCN: 151524 | Period: From 01/01/2015 To 12/31/2015 | Worksheet K-4 Part II Date/Time Prepared: 5/26/2016 9:17 am

Hospice I

		CAPITAL RELATED COST					
		BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT ($ VALUE)	PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	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: 150048 Hospice CCN: 151524 | Period: From 01/01/2015 To 12/31/2015 | Worksheet K-4 Part II Date/Time Prepared: 5/26/2016 9:17 am

Hospice I

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)		
		6A	6.00		
	GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0			1.00
2.00	Capital Related Costs-Movable Equip.	0			2.00
3.00	Plant Operation and Maintenance	0			3.00
4.00	Transportation - Staff	0			4.00
5.00	Volunteer Service Coordination				5.00
6.00	Administrative and General	-736,011	954,774		6.00
	INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	207,569		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	525,257		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	0		15.00
16.00	Spiritual Counseling	0	0		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	67,856		19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0		20.00
21.00	Other	0	48,256		21.00
	OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	105,401		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	5		26.00
27.00	Patient Transportation	0	430		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)		736,011		39.00
40.00	Unit Cost Multiplier		0.770875		40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150048 Hospice CCN: 151524

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

Worksheet K-5 Part I Date/Time Prepared: 5/26/2016 9:17 am

Hospice I

	Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
			NEW BLDG & FIXT	NEW CAP BLDG & FIXT - OFFSITE	NEW MVBLE EQUIP		
		0	1.00	1.01	2.00	4.00	
1.00	Administrative and General		8,316	0	0	89,545	1.00
2.00	Inpatient - General Care	367,579	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	930,165	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	120,164	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	85,455	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	186,652	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	9	0	0	0	0	21.00
22.00	Patient Transportation	761	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)	1,690,785	8,316	0	0	89,545	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150048 Hospice CCN: 151524

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

Worksheet K-5 Part I Date/Time Prepared: 5/26/2016 9:17 am

Hospice I

	Cost Center Description	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
1.00	Administrative and General	1,565	28,446	89,095	23,803	48,688	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)	1,565	28,446	89,095	23,803	48,688	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150048
Hospice CCN: 151524

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

Worksheet K-5
Part I
Date/Time Prepared:
5/26/2016 9:17 am

Hospice I

	Cost Center Description	Subtotal	OTHER A&G	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5A.05	5.06	7.00	8.00	9.00	
1.00	Administrative and General	289,458	0	0	0	19,521	1.00
2.00	Inpatient - General Care	367,579	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	930,165	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	120,164	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	85,455	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	186,652	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	9	0	0	0	0	21.00
22.00	Patient Transportation	761	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)	1,980,243	0	0	0	19,521	34.00
35.00	Unit Cost Multiplier (see instructions)	0.000000					35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150048
Hospice CCN: 151524

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

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

	Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
1.00	Administrative and General	0	15,762	0	0	116,094	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	15,762	0	0	116,094	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150048 Hospice CCN: 151524

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

Worksheet K-5 Part I Date/Time Prepared: 5/26/2016 9:17 am

Hospice I

	Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INSERVICE EDUCATION	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM. COSTS	
		16.00	17.00	17.01	21.00	22.00	
1.00	Administrative and General	33,203	0	27,405	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)	33,203	0	27,405	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150048
Hospice CCN: 151524

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

Worksheet K-5
Part I
Date/Time Prepared:
5/26/2016 9:17 am

Hospice I

	Cost Center Description	PARAMED ED PRGM	Subtotal (cols. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (cols. 24 ± 25)	Allocated Hospice A&G (See Part II)	
		23.00	24.00	25.00	26.00	27.00	
1.00	Administrative and General	0	501,443				1.00
2.00	Inpatient - General Care	0	367,579	0	367,579	109,014	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	930,165	0	930,165	275,862	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	120,164	0	120,164	35,638	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	85,455	0	85,455	25,344	16.00
17.00	Drugs, Biological and Infusion Therapy	0	186,652	0	186,652	55,356	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	9	0	9	3	21.00
22.00	Patient Transportation	0	761	0	761	226	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	2,192,228	0	2,192,228		34.00
35.00	Unit Cost Multiplier (see instructions)					0.296574	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150048 Hospice CCN: 151524 | Period: From 01/01/2015 To 12/31/2015 | Worksheet K-5 Part I Date/Time Prepared: 5/26/2016 9:17 am

Hospice I

	Cost Center Description	Total Hospice Costs (cols. 26 ± 27)		
		28.00		
1.00	Administrative and General			1.00
2.00	Inpatient - General Care	476,593		2.00
3.00	Inpatient - Respite Care	0		3.00
4.00	Physician Services	0		4.00
5.00	Nursing Care	1,206,027		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	0		10.00
11.00	Spiritual Counseling	0		11.00
12.00	Dietary Counseling	0		12.00
13.00	Counseling - Other	0		13.00
14.00	Home Health Aide and Homemaker	155,802		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0		15.00
16.00	Other	110,799		16.00
17.00	Drugs, Biological and Infusion Therapy	242,008		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	12		21.00
22.00	Patient Transportation	987		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)	2,192,228		34.00
35.00	Unit Cost Multiplier (see instructions)			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150048
Hospice CCN: 151524

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

Worksheet K-5
Part II
Date/Time Prepared:
5/26/2016 9:17 am

Hospice I

	Cost Center Description	CAPITAL RELATED COSTS					
		NEW BLDG & FIXT (SQUARE FEET)	NEW CAP BLDG & FIXT - OFFSITE (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	
		1.00	1.01	2.00	4.00	5.01	
1.00	Administrative and General	445	0	0	975,466	13	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)	445	0	0	975,466	13	34.00
35.00	Total cost to be allocated	8,316	0	0	89,545	1,565	35.00
36.00	Unit Cost Multiplier (see instructions)	18.687640	0.000000	0.000000	0.091797	120.384615	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150048
Hospice CCN: 151524

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

Worksheet K-5
Part II
Date/Time Prepared:
5/26/2016 9:17 am

Hospice I

	Cost Center Description	DATA PROCESSING (TERMINALS)	PURCHASING RECEIVING AND STORES (SUPPLY EXPENSE)	ADMITTING (TOTAL REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (TOTAL REVENUE)	Reconciliation	
		5.02	5.03	5.04	5.05	5A.06	
1.00	Administrative and General	3	234,086	4,345,946	4,345,946	-289,458	1.00
2.00	Inpatient - General Care	0	0	0	0	-367,579	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	-930,165	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	-120,164	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	-85,455	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	-186,652	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	-9	21.00
22.00	Patient Transportation	0	0	0	0	-761	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	3	234,086	4,345,946	4,345,946		34.00
35.00	Total cost to be allocated	28,446	89,095	23,803	48,688		35.00
36.00	Unit Cost Multiplier (see instructions)	9,482.000000	0.380608	0.005477	0.011203		36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150048
Hospice CCN: 151524

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

Worksheet K-5
Part II
Date/Time Prepared:
5/26/2016 9:17 am

Hospice I

	Cost Center Description	OTHER A&G (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		5.06	7.00	8.00	9.00	10.00	
1.00	Administrative and General	0	0	0	122	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	122	0	34.00
35.00	Total cost to be allocated	0	0	0	19,521	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	160.008197	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150048
Hospice CCN: 151524

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

Worksheet K-5
Part II
Date/Time Prepared:
5/26/2016 9:17 am

Hospice I

	Cost Center Description	CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (MED SUPPLIES)	PHARMACY (DRUGS)	MEDICAL RECORDS & LIBRARY (TOTAL REVENUE)	
		11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	33,965	0	0	105,401	4,345,946	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)	33,965	0	0	105,401	4,345,946	34.00
35.00	Total cost to be allocated	15,762	0	0	116,094	33,203	35.00
36.00	Unit Cost Multiplier (see instructions)	0.464066	0.000000	0.000000	1.101451	0.007640	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150048
Hospice CCN: 151524

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

Worksheet K-5
Part II
Date/Time Prepared:
5/26/2016 9:17 am

Hospice I

	Cost Center Description	SOCIAL SERVICE (TIME SPENT)	INSERVICE EDUCATION (IN HOUSE ED)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)	PARAMED ED PRGM (TIME SPENT)	
		17.00	17.01	21.00	22.00	23.00	
1.00	Administrative and General	0	1,284	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	1,284	0	0	0	34.00
35.00	Total cost to be allocated	0	27,405	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	21.343458	0.000000	0.000000	0.000000	36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS

Provider CCN: 150048 Hospice CCN: 151524

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

Worksheet K-5 Part III Date/Time Prepared: 5/26/2016 9:17 am

Hospice I

	Cost Center Description	Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)	
		0	1.00	2.00	3.00	
	ANCILLARY SERVICE COST CENTERS					
1.00	PHYSICAL THERAPY	66.00	0.615173	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00				2.00
3.00	SPEECH PATHOLOGY	68.00				3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.308692	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0.422165	0	0	5.00
6.00	LABORATORY	60.00	0.180062	0	0	6.00
6.01	BLOOD LABORATORY	60.01				6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	1.394303	0	0	7.00
8.00	PATIENT CARE CENTER - OCC	93.00	0.623904	0	0	8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00				9.00
10.00	ANCILLARY - OTHER	76.00	0.000000	0	0	10.00
10.01	NEURODIAGNOSTIC	76.01				10.01
10.97	CARDIAC REHABILITATION	76.97	0.409394	0	0	10.97
11.00	Totals (sum of lines 1-10)				0	11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 150048 Hospice CCN: 151524

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

Worksheet K-6

Date/Time Prepared: 5/26/2016 9:17 am

Hospice I

		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				2,192,228	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				11,316	2.00
3.00	Average cost per diem (line 1 divided by line 2)				193.73	3.00
4.00	Updduplicated Medicare Days (Worksheet S-9, column 1, line 5)	10,381				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	2,011,111				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		359			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		69,549			7.00
8.00	Updduplicated SNF Days (Worksheet S-9, column 3, line 5)	0				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	0				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		0			10.00
11.00	Aggregate NF cost (line 3 times line 10)		0			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			576		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			111,588		13.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 150048	Period: From 01/01/2015 To 12/31/2015	Worksheet L Parts I-III Date/Time Prepared: 5/26/2016 9:17 am
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	3,476,271	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	150,065	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)	97.30	3.00
4.00	Number of interns & residents (see instructions)	0.00	4.00
5.00	Indirect medical education percentage (see instructions)	0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)	0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	0.00	8.00
9.00	Sum of lines 7 and 8	0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)	0.00	10.00
11.00	Disproportionate share adjustment (see instructions)	0	11.00
12.00	Total prospective capital payments (see instructions)	3,626,336	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