

PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 1/27/2016 Time: 11:17 am
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.
 Contractor use only 5. 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. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN
 10. NPR Date:
 11. Contractor's Vendor Code: 4
 12. 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 TERRE HAUTE REGIONAL HOSPITAL (150046) for the cost reporting period beginning 09/01/2014 and ending 08/31/2015 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.

Encryption Information

ECR: Date: 1/27/2016 Time: 11:17 am
 kw.s8qakXwEcsn4jt7qGZ7QqYBPig0
 S5a.Z0FqeXyaZ3tFpUqZxzSs7pvXa6
 Cwki12im9V0twn8o

PI: Date: 1/27/2016 Time: 11:17 am
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 cdqs0aa0sm0Vft5v

(Signed) _____
 Officer or Administrator of Provider(s)
 Title _____
 Date 1/27/16

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	16,101	108,129	13,572	916,178
2.00	Subprovider - IPF	0	37,458	-445		0
3.00	Subprovider - IRF	0	13,216	-37		0
5.00	Swing bed - SNF	0	0	0		0
6.00	Swing bed - NF	0	0	0		0
7.00	SKILLED NURSING FACILITY	0	0	0		0
8.00	NURSING FACILITY	0	0	0		0
9.00	HOME HEALTH AGENCY I	0	0	0		0
10.00	RURAL HEALTH CLINIC I	0	0	0		0
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0		0
12.00	CMHC I	0	0	0		0
200.00	Total	0	66,775	107,647	13,572	916,178

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: 150046		Period: From 09/01/2014 To 08/31/2015		Worksheet S-2 Part I Date/Time Prepared: 1/27/2016 11:15 am		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00 Street: 3901 HOSPITAL LANE		PO Box:									
2.00 City: TERRE HAUTE		State: IN		Zip Code: 47802		County: VIGO					
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
				1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
Hospital and Hospital-Based Component Identification:											
3.00 Hospital		TERRE HAUTE REGIONAL HOSPITAL		150046	45460	1	07/01/1966	N	P	0	3.00
4.00 Subprovider - IPF		TERRE HAUTE PSYCHIATRIC UNIT		15S046	45460	4	09/01/1991	N	P	0	4.00
5.00 Subprovider - IRF		TERRE HAUTE REHAB UNIT		15T046	45460	5	09/01/2006	N	P	0	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											14.00
15.00 Hospital-Based Health Clinic - RHC											15.00
16.00 Hospital-Based Health Clinic - FOHC											16.00
17.00 Hospital-Based (CMHC) I											17.00
17.10 Hospital-Based (CORF) I											17.10
18.00 Renal Dialysis											18.00
19.00 Other											19.00
							From:	To:			
							1.00	2.00			
20.00 Cost Reporting Period (mm/dd/yyyy)							09/01/2014		08/31/2015		20.00
21.00 Type of Control (see instructions)									4		21.00
Inpatient PPS Information											
22.00 Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.							Y	N			22.00
22.01 Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)							Y	Y			22.01
22.02 Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.							N	N			22.02
22.03 Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.							N	N			22.03
23.00 Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.							3		N		23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	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.				1,475	387	52	56	1,432	33		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.				65	56	0	0	14			25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150046	Period: From 09/01/2014 To 08/31/2015	Worksheet S-2 Part I Date/Time Prepared: 1/27/2016 11:15 am			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N			40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	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)	N				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150046	Period: From 09/01/2014 To 08/31/2015	Worksheet S-2 Part I Date/Time Prepared: 1/27/2016 11:15 am																																																																																																																																																																											
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))																																																																																																																																																																											
		1.00	2.00	3.00																																																																																																																																																																											
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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																																																																																																																																																																									
<table border="1"> <thead> <tr> <th colspan="2"></th> <th>1.00</th> <th>2.00</th> <th>3.00</th> <th>4.00</th> <th>5.00</th> </tr> </thead> <tbody> <tr> <td colspan="7">Inpatient Psychiatric Facility PPS</td> </tr> <tr> <td>70.00</td> <td>Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.</td> <td></td> <td></td> <td></td> <td>Y</td> <td></td> </tr> <tr> <td>71.00</td> <td>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)</td> <td></td> <td></td> <td></td> <td>N</td> <td>N 0</td> </tr> <tr> <td colspan="7">Inpatient Rehabilitation Facility PPS</td> </tr> <tr> <td>75.00</td> <td>Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.</td> <td></td> <td></td> <td></td> <td>Y</td> <td></td> </tr> <tr> <td>76.00</td> <td>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)</td> <td></td> <td></td> <td></td> <td>N</td> <td>N 0</td> </tr> <tr> <td colspan="7"> <table border="1"> <thead> <tr> <th colspan="2"></th> <th>1.00</th> <th>2.00</th> <th>3.00</th> <th>4.00</th> <th>5.00</th> </tr> </thead> <tbody> <tr> <td colspan="7">Long Term Care Hospital PPS</td> </tr> <tr> <td>80.00</td> <td>Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.</td> <td></td> <td></td> <td></td> <td></td> <td>N</td> </tr> <tr> <td>81.00</td> <td>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.</td> <td></td> <td></td> <td></td> <td></td> <td>N</td> </tr> <tr> <td colspan="7">TEFRA Providers</td> </tr> <tr> <td>85.00</td> <td>Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.</td> <td></td> <td></td> <td></td> <td></td> <td>N</td> </tr> <tr> <td>86.00</td> <td>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.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>87.00</td> <td>Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.</td> <td></td> <td></td> <td></td> <td></td> <td>N</td> </tr> <tr> <td colspan="7"> <table border="1"> <thead> <tr> <th colspan="2"></th> <th>V</th> <th>XIX</th> </tr> </thead> <tbody> <tr> <td colspan="2"></td> <td>1.00</td> <td>2.00</td> </tr> </tbody> </table> </td> </tr> <tr> <td colspan="7">Title V and XIX Services</td> </tr> <tr> <td>90.00</td> <td>Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.</td> <td></td> <td></td> <td></td> <td>N</td> <td>Y</td> </tr> <tr> <td>91.00</td> <td>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.</td> <td></td> <td></td> <td></td> <td>N</td> <td>N</td> </tr> <tr> <td>92.00</td> <td>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.</td> <td></td> <td></td> <td></td> <td></td> <td>N</td> </tr> <tr> <td>93.00</td> <td>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.</td> <td></td> <td></td> <td></td> <td>N</td> <td>N</td> </tr> <tr> <td>94.00</td> <td>Does title V or XIX reduce capital cost? 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		V 1.00	XIX 2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	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	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	0.00	97.00	
Rural Providers						
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N			105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	N			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 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.	N			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.	2			118.00	
		Premiums 1.00	Losses 2.00	Insurance 3.00		
118.01	List amounts of malpractice premiums and paid losses:	240,279	0	601,751	118.01	
					1.00	
					2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02	
119.00	DO NOT USE THIS LINE				119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N	120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00	
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00	
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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	

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		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	44H070	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: HOSPITAL CORP. OF AMERICA	Contractor's Name: CAHABA		Contractor's Number: 10301			
142.00	Street: ONE PARK PLAZA	PO Box:					
143.00	City: NASHVILLE	State: TN	Zip Code: 37203				
				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	
161.10	CORF		N	N	N	161.10	
				1.00			
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N		165.00			
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y		167.00			
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	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)	0.25		169.00			
		Beginning		Ending			
		1.00		2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	07/01/2014		09/30/2014		170.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150046	Period: From 09/01/2014 To 08/31/2015	Worksheet S-2 Part I Date/Time Prepared: 1/27/2016 11:15 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: 150046	Period: From 09/01/2014 To 08/31/2015	Worksheet S-2 Part II Date/Time Prepared: 1/27/2016 11:15 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.	N			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N			N
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		12/29/2015	Y
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
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
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

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			Y	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			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			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			Y	35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	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.			Y	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.			Y	12/31/2015
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DARRELL		CUNNINGHAM	41.00
42.00	Enter the employer/company name of the cost report preparer.	HCA			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	615-344-6147		DARRELL.CUNNINGHAM@HCAHEALTHCARE.COM	43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		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)	12/29/2015	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT MANAGER	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150046

Period:
From 09/01/2014
To 08/31/2015

Worksheet S-3
Part I
Date/Time Prepared:
1/27/2016 11:15 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	142	51,830	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)		142	51,830	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	18	6,570	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	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)		160	58,400	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	19	6,905		0	16.00
17.00 SUBPROVIDER - IRF	41.00	12	4,380		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE	46.00	0	0			21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					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	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		191				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: 150046

Period:
From 09/01/2014
To 08/31/2015

Worksheet S-3
Part I
Date/Time Prepared:
1/27/2016 11:15 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	11,053	1,970	18,265			1.00
2.00 HMO and other (see instructions)	1,376	1,432				2.00
3.00 HMO IPF Subprovider	86	0				3.00
4.00 HMO IRF Subprovider	25	14				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)	11,053	1,970	18,265			7.00
8.00 INTENSIVE CARE UNIT	1,755	0	2,980			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		0	692			13.00
14.00 Total (see instructions)	12,808	1,970	21,937	0.00	574.55	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,748	0	5,870	0.00	33.10	16.00
17.00 SUBPROVIDER - IRF	1,357	121	1,868	0.00	12.00	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE			0	0.00	0.00	21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)	0	0	112			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	619.65	27.00
28.00 Observation Bed Days		586	2,239			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	33	52			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: 150046

Period:
From 09/01/2014
To 08/31/2015

Worksheet S-3
Part I
Date/Time Prepared:
1/27/2016 11:15 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,640	472	5,095	1.00
2.00 HMO and other (see instructions)			268	574		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				1		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	2,640	472	5,095	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	248	0	1,138	16.00
17.00 SUBPROVIDER - IRF	0.00	0	94	10	130	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY	0.00					20.00
21.00 OTHER LONG TERM CARE	0.00				0	21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC	0.00					25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 150046	Period: From 09/01/2014 To 08/31/2015	Worksheet S-3 Part II Date/Time Prepared: 1/27/2016 11:15 am			
	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	35,660,341	0	35,660,341	1,288,862.00	27.67	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		3,754,082	0	3,754,082	130,329.00	28.80	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		1,651,003	0	1,651,003	29,420.00	56.12	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		460,756	0	460,756	2,421.00	190.32	13.00
14.00	Home office salaries & wage-related costs		6,448,291	0	6,448,291	158,452.00	40.70	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)		9,386,129	0	9,386,129			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		1,104,369	0	1,104,369			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	286,513	0	286,513	9,538.00	30.04	26.00
27.00	Administrative & General	5.00	3,298,280	-153,284	3,144,996	86,979.00	36.16	27.00
28.00	Administrative & General under contract (see inst.)		115,425	0	115,425	484.00	238.48	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	752,545	0	752,545	28,188.00	26.70	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	860,261	0	860,261	67,532.00	12.74	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	680,116	-246,053	434,063	34,962.00	12.42	34.00
35.00	Dietary under contract (see instructions)		375,528	0	375,528	7,968.00	47.13	35.00
36.00	Cafeteria	11.00	0	246,053	246,053	19,789.00	12.43	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	463,243	153,284	616,527	14,313.00	43.07	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150046

Period:
From 09/01/2014
To 08/31/2015

Worksheet S-3
Part II
Date/Time Prepared:
1/27/2016 11:15 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjusted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00 59,282	0	59,282	2,867.00	20.68	41.00
42.00	Social Service	17.00 0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00 1,293,848	0	1,293,848	46,831.00	27.63	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150046

Period:
From 09/01/2014
To 08/31/2015

Worksheet S-3
Part III
Date/Time Prepared:
1/27/2016 11:15 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adj uste d Sal ari es (col . 2 ± col . 3)	Pai d Hours Rel ated to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	36,151,294	0	36,151,294	1,297,314.00	27.87	1.00
2.00	Excluded area salaries (see instructions)	3,754,082	0	3,754,082	130,329.00	28.80	2.00
3.00	Subtotal salaries (line 1 minus line 2)	32,397,212	0	32,397,212	1,166,985.00	27.76	3.00
4.00	Subtotal other wages & related costs (see inst.)	8,560,050	0	8,560,050	190,293.00	44.98	4.00
5.00	Subtotal wage-related costs (see inst.)	9,386,129	0	9,386,129	0.00	28.97	5.00
6.00	Total (sum of lines 3 thru 5)	50,343,391	0	50,343,391	1,357,278.00	37.09	6.00
7.00	Total overhead cost (see instructions)	8,185,041	0	8,185,041	319,451.00	25.62	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150046	Period: From 09/01/2014 To 08/31/2015	Worksheet S-3 Part IV Date/Time Prepared: 1/27/2016 11:15 am
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		1,196,899	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		83,951	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		4,990,620	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		9,901	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		33,164	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)		371,891	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		87,709	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		2,500,259	17.00
18.00	Medicare Taxes - Employers Portion Only		549,746	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		415,485	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		250,873	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		10,490,498	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: 150046	Period: From 09/01/2014 To 08/31/2015	Worksheet S-3 Part V Date/Time Prepared: 1/27/2016 11:15 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	1,651,455	10,490,498	1.00
2.00	Hospital	1,651,003	9,386,129	2.00
3.00	Subprovider - IPF	452	478,664	3.00
4.00	Subprovider - IRF	0	225,671	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	400,034	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150046	Period: From 09/01/2014 To 08/31/2015	Worksheet S-10 Date/Time Prepared: 1/27/2016 11:15 am
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				1.00		
Uncompensated and indigent care cost computation						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.166791	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid			15,397,915	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			109,132,991	6.00	
7.00	Medicaid cost (line 1 times line 6)			18,202,401	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)			2,804,486	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)			2,804,486	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			1,804,432	214,125	2,018,557
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)			300,963	35,714	336,677
22.00	Partial payment by patients approved for charity care			942	5,953	6,895
23.00	Cost of charity care (line 21 minus line 22)			300,021	29,761	329,782
				1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N		24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit					0
26.00	Total bad debt expense for the entire hospital complex (see instructions)			6,758,956		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			506,181		27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			6,252,775		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			1,042,907		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			1,372,689		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			4,177,175		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150046

Period:
From 09/01/2014
To 08/31/2015

Worksheet A
Date/Time Prepared:
1/27/2016 11:15 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		2,885,886	2,885,886	218,932	3,104,818	1.00
2.00	00200		2,727,254	2,727,254	738,519	3,465,773	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	286,513	6,832,021	7,118,534	108,505	7,227,039	4.00
5.00	00500	3,298,280	10,624,912	13,923,192	-400,587	13,522,605	5.00
7.00	00700	752,545	2,848,508	3,601,053	-14,478	3,586,575	7.00
8.00	00800	0	527,622	527,622	0	527,622	8.00
9.00	00900	860,261	472,446	1,332,707	-16,112	1,316,595	9.00
10.00	01000	680,116	1,726,594	2,406,710	-935,877	1,470,833	10.00
11.00	01100	0	0	0	931,336	931,336	11.00
13.00	01300	463,243	66,760	530,003	150,928	680,931	13.00
16.00	01600	59,282	1,113,917	1,173,199	-3,392	1,169,807	16.00
18.00	01850	1,293,848	176,479	1,470,327	-4,780	1,465,547	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	5,648,112	2,272,807	7,920,919	49,871	7,970,790	30.00
31.00	03100	1,821,675	545,170	2,366,845	-50,922	2,315,923	31.00
33.00	03300	0	0	0	0	0	33.00
40.00	04000	1,627,124	777,442	2,404,566	-1,552	2,403,014	40.00
41.00	04100	767,123	114,783	881,906	-480	881,426	41.00
43.00	04300	264,582	140,128	404,710	-410	404,300	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	3,134,457	2,649,931	5,784,388	-22,540	5,761,848	50.00
51.00	05100	538,456	105,965	644,421	0	644,421	51.00
52.00	05200	787,307	398,249	1,185,556	-9,431	1,176,125	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	921,397	2,025,895	2,947,292	-237,485	2,709,807	54.00
54.01	05401	146,462	46,100	192,562	0	192,562	54.01
54.02	05402	180,488	138,455	318,943	-1,540	317,403	54.02
55.00	05500	582,109	585,260	1,167,369	-16,707	1,150,662	55.00
56.00	05600	237,961	596,861	834,822	-454	834,368	56.00
57.00	05700	372,264	249,239	621,503	0	621,503	57.00
58.00	05800	218,307	102,133	320,440	0	320,440	58.00
59.00	05900	514,938	298,927	813,865	2,800	816,665	59.00
60.00	06000	1,154,587	1,648,638	2,803,225	-104,153	2,699,072	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	54,184	600,770	654,954	0	654,954	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	918,710	509,858	1,428,568	-261,963	1,166,605	65.00
66.00	06600	1,094,581	251,308	1,345,889	-1,527	1,344,362	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	465,640	335,151	800,791	-1,928	798,863	69.00
70.00	07000	58,694	33,404	92,098	-5,281	86,817	70.00
71.00	07100	290,251	5,895,527	6,185,778	21,362	6,207,140	71.00
72.00	07200	0	6,775,117	6,775,117	-15,607	6,759,510	72.00
73.00	07300	1,529,626	8,102,298	9,631,924	-1,519	9,630,405	73.00
74.00	07400	0	693,339	693,339	0	693,339	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03020	0	106,156	106,156	0	106,156	76.00
76.01	03330	657,747	669,880	1,327,627	-25,448	1,302,179	76.01
76.02	03950	125,942	28,226	154,168	-1,527	152,641	76.02
76.03	03951	81,236	709,978	791,214	-6,822	784,392	76.03
76.04	03952	424,710	140,760	565,470	-1,545	563,925	76.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
91.00	09100	1,987,748	2,081,748	4,069,496	-75,511	3,993,985	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	0	0	0	0	0	94.00
95.00	09500	0	0	0	0	0	95.00
96.00	09600	0	0	0	0	0	96.00
97.00	09700	0	0	0	0	0	97.00
98.00	09850	0	0	0	0	0	98.00
99.00	09900	0	0	0	0	0	99.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150046

Period:
From 09/01/2014
To 08/31/2015

Worksheet A
Date/Time Prepared:
1/27/2016 11:15 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	
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	34,300,506	69,631,902	103,932,408	2,675	103,935,083	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	29,502	21,976	51,478	0	51,478	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OCCUPATIONAL MEDICINE	1,167,287	325,859	1,493,146	-2,675	1,490,471	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01
194.02	07952	SITTEES	163,046	15,073	178,119	0	178,119	194.02
200.00		TOTAL (SUM OF LINES 118-199)	35,660,341	69,994,810	105,655,151	0	105,655,151	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150046

Period:
From 09/01/2014
To 08/31/2015

Worksheet A
Date/Time Prepared:
1/27/2016 11:15 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-393,398	2,711,420	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	54,815	3,520,588	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	242,671	7,469,710	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,587,485	15,110,090	5.00
7.00	00700	OPERATION OF PLANT	135,573	3,722,148	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	527,622	8.00
9.00	00900	HOUSEKEEPING	3,501	1,320,096	9.00
10.00	01000	DIETARY	0	1,470,833	10.00
11.00	01100	CAFETERIA	-311,653	619,683	11.00
13.00	01300	NURSING ADMINISTRATION	-1,751	679,180	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	35,466	1,205,273	16.00
18.00	01850	INSERVICE EDUCATION	-10,119	1,455,428	18.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-638,873	7,331,917	30.00
31.00	03100	INTENSIVE CARE UNIT	-8,865	2,307,058	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
40.00	04000	SUBPROVIDER - I PF	-323,911	2,079,103	40.00
41.00	04100	SUBPROVIDER - I RF	0	881,426	41.00
43.00	04300	NURSERY	-1,386	402,914	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,556,782	4,205,066	50.00
51.00	05100	RECOVERY ROOM	-628	643,793	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-32,345	1,143,780	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,073,831	1,635,976	54.00
54.01	05401	ULTRASOUND	0	192,562	54.01
54.02	05402	MAMMOGRAPHY	0	317,403	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	-849	1,149,813	55.00
56.00	05600	RADIOISOTOPE	0	834,368	56.00
57.00	05700	CT SCAN	0	621,503	57.00
58.00	05800	MRI	0	320,440	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	816,665	59.00
60.00	06000	LABORATORY	-58,886	2,640,186	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	654,954	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,710	1,168,315	65.00
66.00	06600	PHYSICAL THERAPY	-32,516	1,311,846	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	-12,947	785,916	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	86,817	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-514	6,206,626	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,759,510	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-469	9,629,936	73.00
74.00	07400	RENAL DIALYSIS	0	693,339	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03020	LITHOTRIpsy	0	106,156	76.00
76.01	03330	ENDOSCOPY	-139,863	1,162,316	76.01
76.02	03950	PRISON CLINIC	0	152,641	76.02
76.03	03951	WOUNDCARE	-17,263	767,129	76.03
76.04	03952	OPIc	-50,409	513,516	76.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	-1,200,546	2,793,439	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150046

Period:
From 09/01/2014
To 08/31/2015

Worksheet A
Date/Time Prepared:
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Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
101.00	10100	HOME HEALTH AGENCY	6.00	7.00	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-3,806,583	100,128,500	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	51,478	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	OCCUPATIONAL MEDICINE	-393,290	1,097,181	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.01
194.02	07952	SITTEES	0	178,119	194.02
200.00		TOTAL (SUM OF LINES 118-199)	-4,199,873	101,455,278	200.00

RECLASSIFICATIONS

Provider CCN: 150046

Period:
From 09/01/2014
To 08/31/2015

Worksheet A-6

Date/Time Prepared:
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		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - LEASES						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	175,640	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	731,058	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
31.00		0.00	0	0	31.00	
0			0	906,698		
B - PROPERTY INSURANCE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	50,753	1.00	
0			0	50,753		
C - EXECUTIVE COMPENSATION						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	111,897	1.00	
2.00	NURSING ADMINISTRATION	13.00	153,284	12,576	2.00	
0			153,284	124,473		
D - CAFETERIA						
1.00	CAFETERIA	11.00	246,053	685,283	1.00	
0			246,053	685,283		
E - MEDICAL SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	127,287	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
0			0	127,287		
F - DRUGS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	225	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
0			0	225		
G - IMPLANTABLE DEVICES						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	17,388	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	

Provider CCN: 150046

Period:
From 09/01/2014
To 08/31/2015

Worksheet A-6

Date/Time Prepared:
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		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
5.00		0.00	0	0	5.00	
			0	17,388		
H - ER BEDHOLD						
1.00	ADULTS & PEDIATRICS	30.00	49,598	17,384	1.00	
2.00	INTENSIVE CARE UNIT	31.00	1,761	617	2.00	
			51,359	18,001		
I - LOST CHARGES						
1.00	CARDIAC CATHETERIZATION	59.00	0	2,800	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
			0	2,800		
J - OBSERVATION ROOM						
1.00	ADULTS & PEDIATRICS	30.00	10,839	3,009	1.00	
	TOTALS		10,839	3,009		
K - EQUIPMENT PROPERTY TAX						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	7,461	1.00	
	TOTALS		0	7,461		
500.00	Grand Total: Increases		461,535	1,943,378	500.00	

RECLASSIFICATIONS

Provider CCN: 150046

Period:
From 09/01/2014
To 08/31/2015

Worksheet A-6
Date/Time Prepared:
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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - LEASES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,392	10		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	72,077	10		2.00
3.00	OPERATION OF PLANT	7.00	0	14,478	0		3.00
4.00	HOUSEKEEPING	9.00	0	16,112	0		4.00
5.00	DIETARY	10.00	0	4,541	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	14,932	0		6.00
7.00	MEDICAL RECORDS & LIBRARY	16.00	0	3,392	0		7.00
8.00	INSERVICE EDUCATION	18.00	0	4,780	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	30,930	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	39,452	0		10.00
11.00	SUBPROVIDER - IPF	40.00	0	1,527	0		11.00
12.00	SUBPROVIDER - IRF	41.00	0	455	0		12.00
13.00	NURSERY	43.00	0	406	0		13.00
14.00	OPERATING ROOM	50.00	0	6,368	0		14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	8,005	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	230,271	0		16.00
17.00	MAMMOGRAPHY	54.02	0	1,527	0		17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	0	5,242	0		18.00
19.00	LABORATORY	60.00	0	102,716	0		19.00
20.00	RESPIRATORY THERAPY	65.00	0	206,711	0		20.00
21.00	PHYSICAL THERAPY	66.00	0	1,527	0		21.00
22.00	ELECTROENCEPHALOGRAPHY	70.00	0	5,281	0		22.00
23.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	100,181	0		23.00
24.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,528	0		24.00
25.00	ENDOSCOPY	76.01	0	24,124	0		25.00
26.00	PRISON CLINIC	76.02	0	1,527	0		26.00
27.00	WOUNDCARE	76.03	0	455	0		27.00
28.00	OPI C	76.04	0	1,528	0		28.00
29.00	OCCUPATIONAL MEDICINE	194.00	0	2,675	0		29.00
30.00	EMERGENCY	91.00	0	104	0		30.00
31.00	RADIOISOTOPE	56.00	0	454	0		31.00
	O			906,698			
B - PROPERTY INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	50,753	12		1.00
	O			50,753			
C - EXECUTIVE COMPENSATION							
1.00	ADMINISTRATIVE & GENERAL	5.00	153,284	124,473	0		1.00
2.00		0.00	0	0	0		2.00
	O		153,284	124,473			
D - CAFETERIA							
1.00	DIETARY	10.00	246,053	685,283	0		1.00
	O		246,053	685,283			
E - MEDICAL SUPPLIES							
1.00	OPERATING ROOM	50.00	0	14,668	0		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	0	3	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	7,214	0		3.00
4.00	LABORATORY	60.00	0	1,437	0		4.00
5.00	RESPIRATORY THERAPY	65.00	0	55,252	0		5.00
6.00	ELECTROCARDIOLOGY	69.00	0	1,920	0		6.00
7.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	32,995	0		7.00
8.00	DRUGS CHARGED TO PATIENTS	73.00	0	216	0		8.00
9.00	ENDOSCOPY	76.01	0	1,324	0		9.00
10.00	WOUNDCARE	76.03	0	6,367	0		10.00
11.00	EMERGENCY	91.00	0	5,891	0		11.00
	O			127,287			
F - DRUGS							
1.00	ADULTS & PEDIATRICS	30.00	0	29	0		1.00
2.00	SUBPROVIDER - IPF	40.00	0	25	0		2.00
3.00	SUBPROVIDER - IRF	41.00	0	13	0		3.00
4.00	NURSERY	43.00	0	4	0		4.00
5.00	MAMMOGRAPHY	54.02	0	13	0		5.00
6.00	ELECTROCARDIOLOGY	69.00	0	8	0		6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	66	0		7.00
8.00	OPI C	76.04	0	17	0		8.00
9.00	EMERGENCY	91.00	0	50	0		9.00
	O			225			
G - IMPLANTABLE DEVICES							
1.00	OPERATING ROOM	50.00	0	990	0		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,423	0		2.00
3.00	RADIOLOGY-THERAPEUTIC	55.00	0	11,465	0		3.00

RECLASSIFICATIONS

Provider CCN: 150046

Period:
From 09/01/2014
To 08/31/2015

Worksheet A-6

Date/Time Prepared:
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Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
4.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	3,404	0	4.00
5.00	EMERGENCY	91.00	0	106	0	5.00
	O		0	17,388		
H - ER BEDHOLD						
1.00	EMERGENCY	91.00	51,359	18,001	0	1.00
2.00	O	0.00	0	0	0	2.00
	O		51,359	18,001		
I - LOST CHARGES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,274	0	1.00
2.00	SUBPROVIDER - IRF	41.00	0	12	0	2.00
3.00	OPERATING ROOM	50.00	0	514	0	3.00
	O		0	2,800		
J - OBSERVATION ROOM						
1.00	INTENSIVE CARE UNIT	31.00	10,839	3,009	0	1.00
	TOTALS		10,839	3,009		
K - EQUIPMENT PROPERTY TAX						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	7,461	13	1.00
	TOTALS		0	7,461		
500.00	Grand Total: Decreases		461,535	1,943,378		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150046

Period:
From 09/01/2014
To 08/31/2015

Worksheet A-7
Part I
Date/Time Prepared:
1/27/2016 11:15 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	1,262,718	0	0	0	1.00
2.00	Land Improvements	3,002,401	155,970	0	155,970	2.00
3.00	Buildings and Fixtures	38,638,215	0	0	0	3.00
4.00	Building Improvements	5,743,280	1,686,621	0	1,686,621	4.00
5.00	Fixed Equipment	24,521,106	2,210,353	0	2,210,353	5.00
6.00	Movable Equipment	50,813,451	3,191,798	0	3,191,798	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	123,981,171	7,244,742	0	7,244,742	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	123,981,171	7,244,742	0	7,244,742	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,262,718	0			1.00
2.00	Land Improvements	3,158,371	0			2.00
3.00	Buildings and Fixtures	38,638,215	0			3.00
4.00	Building Improvements	7,429,901	0			4.00
5.00	Fixed Equipment	26,731,459	0			5.00
6.00	Movable Equipment	54,005,249	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	131,225,913	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	131,225,913	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150046

Period:
From 09/01/2014
To 08/31/2015

Worksheet A-7
Part II
Date/Time Prepared:
1/27/2016 11:15 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	2,885,886	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2,727,254	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	5,613,140	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	2,885,886				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	2,727,254				2.00
3.00	Total (sum of lines 1-2)	0	5,613,140				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150046

Period:
From 09/01/2014
To 08/31/2015

Worksheet A-7
Part III
Date/Time Prepared:
1/27/2016 11:15 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	77,220,664	0	77,220,664	0.588456	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	54,005,249	0	54,005,249	0.411544	0	2.00
3.00	Total (sum of lines 1-2)	131,225,913	0	131,225,913	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	2,492,488	175,640	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2,782,069	731,058	2.00
3.00	Total (sum of lines 1-2)	0	0	0	5,274,557	906,698	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	50,753	-7,461	0	2,711,420	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	7,461	0	3,520,588	2.00
3.00	Total (sum of lines 1-2)	0	50,753	0	0	6,232,008	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150046

Period:
From 09/01/2014
To 08/31/2015

Worksheet A-8

Date/Time Prepared:
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted					
			Cost Center	Line #	Wkst.	A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00 Investment income - other (chapter 2)			0		0.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			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	-3,399,509					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	4,895,784					0	12.00
13.00 Laundry and linen service			0		0.00		0	13.00
14.00 Cafeteria-employees and guests			0		0.00		0	14.00
15.00 Rental of quarters to employee and others			0		0.00		0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00		0	16.00
17.00 Sale of drugs to other than patients			0		0.00		0	17.00
18.00 Sale of medical records and abstracts			0		0.00		0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00		0	19.00
20.00 Vending machines			0		0.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	UTILIZATION REVIEW-SNF	114.00			25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00		0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00		0	28.00
29.00 Physicians' assistant			0		0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00			30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00		0	32.00
33.00 X-RAY COPY	B	-360	54.00	RADIOLOGY-DIAGNOSTIC			0	33.00
33.01 CAFETERIA	B	-302,071	11.00	CAFETERIA			0	33.01

ADJUSTMENTS TO EXPENSES

Provider CCN: 150046

Period:
From 09/01/2014
To 08/31/2015

Worksheet A-8

Date/Time Prepared:
1/27/2016 11:15 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.02 VENDING	B	-9,582	CAFETERIA		11.00	0 33.02
33.03 ED OTHER	B	-1,329	INSERVICE EDUCATION		18.00	0 33.03
33.04 MEDICAL RECORDS	B	-324	MEDICAL RECORDS & LIBRARY		16.00	0 33.04
33.05 DONATIONS & GIFTS	B	-70	ADMINISTRATIVE & GENERAL		5.00	0 33.05
33.06 REHAB	B	-2,626	ELECTROCARDIOLOGY		69.00	0 33.06
33.07 PATHOLOGY SLIDES	B	-58,886	LABORATORY		60.00	0 33.07
33.08 INTEREST INCOME	B	-30,739	ADMINISTRATIVE & GENERAL		5.00	0 33.08
33.09 HOSPICE	B	-68,308	ADULTS & PEDIATRICS		30.00	0 33.09
33.10 UNCLAIMED PROPERTY	B	-11,438	ADMINISTRATIVE & GENERAL		5.00	0 33.10
33.11 PATIENT ACCOUNT INTEREST	A	-274	ADMINISTRATIVE & GENERAL		5.00	0 33.11
33.12 ADVERTISING	A	-51,757	ADMINISTRATIVE & GENERAL		5.00	0 33.12
33.13 ADVERTISING	A	-1,000	SUBPROVIDER - IPF		40.00	0 33.13
33.14 ADVERTISING	A	-118	OPI C		76.04	0 33.14
33.15 ADVERTISING	A	-144,168	EMERGENCY		91.00	0 33.15
33.16 PATIENT PHONES	A	-7,741	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.16
33.17 PATIENT PHONES	A	-34,266	ADMINISTRATIVE & GENERAL		5.00	0 33.17
33.18 PATIENT TV	A	-14,571	OPERATION OF PLANT		7.00	0 33.18
33.19 CONSULTING 900-317	A	-91,161	ADMINISTRATIVE & GENERAL		5.00	0 33.19
33.20 ADMIN. TRAVEL 900-750	A	-3,440	ADMINISTRATIVE & GENERAL		5.00	0 33.20
33.21 ADMIN. MEALS 900-764	A	-4,378	ADMINISTRATIVE & GENERAL		5.00	0 33.21
33.22 ADMIN. PARTIES & BANQUETS 900-760	A	-1,051	ADMINISTRATIVE & GENERAL		5.00	0 33.22
33.23 MI SC. XXX-870	A	-5	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.23
33.24 MI SC. XXX-870	A	-4,862	ADMINISTRATIVE & GENERAL		5.00	0 33.24
33.25		0			0.00	0 33.25
33.26		0			0.00	0 33.26
33.27		0			0.00	0 33.27
33.28		0			0.00	0 33.28
33.29 MI SC. XXX-870	A	-57	SUBPROVIDER - IPF		40.00	0 33.29
33.30 MI SC. XXX-870	A	-11	RADIOLOGY-THERAPEUTIC		55.00	0 33.30
33.31 CRNA FEES	A	-1,265,882	OPERATING ROOM		50.00	0 33.31
33.32 NURSE PRACTITIONER	A	-345,290	OCCUPATIONAL MEDICINE		194.00	0 33.32
33.33 NURSE PRACTITIONER	A	-8,459	INSERVICE EDUCATION		18.00	0 33.33
33.34		0			0.00	0 33.34
33.35 MI SC. XXX-890	A	-864	ENDOSCOPY		76.01	0 33.35
33.36 NONPATIENT GIFTS	A	-1,447	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.36
33.37 NONPATIENT GIFTS	A	-27,070	ADMINISTRATIVE & GENERAL		5.00	0 33.37
33.38 NONPATIENT GIFTS	A	-318	INSERVICE EDUCATION		18.00	0 33.38
33.39 NONPATIENT GIFTS	A	-178	ADULTS & PEDIATRICS		30.00	0 33.39
33.40 NONPATIENT GIFTS	A	-146	RADIOLOGY-THERAPEUTIC		55.00	0 33.40
33.41 ALCOHOL	A	-12	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.41
33.42 ALCOHOL	A	-4,321	ADMINISTRATIVE & GENERAL		5.00	0 33.42
33.43 ALCOHOL	A	-13	INSERVICE EDUCATION		18.00	0 33.43
33.44 ALCOHOL	A	-116	ADULTS & PEDIATRICS		30.00	0 33.44
33.45 ALCOHOL	A	-46	SUBPROVIDER - IPF		40.00	0 33.45
33.46 COUNTRY CLUB DUES	A	-3,240	ADMINISTRATIVE & GENERAL		5.00	0 33.46
33.47 PHYSICIAN RECRUITMENT	A	-514	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0 33.47
33.48 NONALLOWABLES 916805	A	-79	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.48
33.49 NONALLOWABLES 900805	A	-30,549	ADMINISTRATIVE & GENERAL		5.00	0 33.49
33.50 CONTRIBUTIONS	A	-51,555	ADMINISTRATIVE & GENERAL		5.00	0 33.50
33.51 PENALTIES	A	-536	ADMINISTRATIVE & GENERAL		5.00	0 33.51
33.52 PENALTIES	A	-295	OPERATION OF PLANT		7.00	0 33.52
33.53 LEGAL FEES	A	-29,261	ADMINISTRATIVE & GENERAL		5.00	0 33.53
33.54 CLINICAL RESEARCH	A	-692	RADIOLOGY-THERAPEUTIC		55.00	0 33.54
33.55 CLINICAL RESEARCH	A	-469	DRUGS CHARGED TO PATIENTS		73.00	0 33.55
33.56 CLINICAL RESEARCH	A	-217	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.56
33.57 DEPRECIATION BUILDING	A	-474,685	CAP REL COSTS-BLDG & FIXT		1.00	9 33.57
33.58 DEPRECIATION MME	A	20,191	CAP REL COSTS-MVBLE EQUIP		2.00	9 33.58
33.59		0			0.00	0 33.59
33.60		0			0.00	0 33.60
33.61 LOBBYING DUES	A	-11,256	ADMINISTRATIVE & GENERAL		5.00	0 33.61
33.62 MOB ACCOUNTING	A	-1,141	ADMINISTRATIVE & GENERAL		5.00	0 33.62
33.63 MOB ACCOUNTING	A	-329	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.63
33.64 USEFUL LIFE ADJUSTMENT	A	-44,340	CAP REL COSTS-BLDG & FIXT		1.00	9 33.64
33.65 PHYSICIAN RECORDS ADJUSTMENT	A	-290	OPERATION OF PLANT		7.00	0 33.65
33.66 MEDLINE POSTAGE	A	-1,592	ADMINISTRATIVE & GENERAL		5.00	0 33.66
33.67 SOFTWARE AMORTIZATION	A	34,624	CAP REL COSTS-MVBLE EQUIP		2.00	9 33.67
33.68 HAF ASSESSMENT FEES	A	-2,553,168	ADMINISTRATIVE & GENERAL		5.00	0 33.68

Provider CCN: 150046

Period:
 From 09/01/2014
 To 08/31/2015

Worksheet A-8

Date/Time Prepared:
 1/27/2016 11:15 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
33.69 OCCUPATIONAL MED. HBP	A	-48,000	OCCUPATIONAL MEDICINE	194.00	0	33.69
33.70		0		0.00	0	33.70
33.71		0		0.00	0	33.71
33.72		0		0.00	0	33.72
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
33.92		0		0.00	0	33.92
33.93		0		0.00	0	33.93
33.94		0		0.00	0	33.94
33.95		0		0.00	0	33.95
33.96		0		0.00	0	33.96
33.97		0		0.00	0	33.97
33.98		0		0.00	0	33.98
33.99		0		0.00	0	33.99
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-4,199,873				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: 150046

Period: From 09/01/2014 To 08/31/2015

Worksheet A-8-1

Date/Time Prepared: 1/27/2016 11:15 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	5.00	ADMINISTRATIVE & GENERAL	HPG	86,395	185,167	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	IT&S	1,600,960	1,644,496	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE COST	1,761,665	7,132,282	3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE DIRECT COMPENSAT	279,494	0	4.00
4.01	5.00	ADMINISTRATIVE & GENERAL	SSC	2,554,641	2,554,641	4.01
4.02	5.00	ADMINISTRATIVE & GENERAL	SUPPLY CHAIN	1,169,307	1,169,307	4.02
4.03	5.00	ADMINISTRATIVE & GENERAL	PARALLON WORKFORCE SOLUTIONS	-157	-185	4.03
4.04	13.00	NURSING ADMINISTRATION	PARALLON WORKFORCE SOLUTIONS	9,915	11,666	4.04
4.05	30.00	ADULTS & PEDIATRICS	PARALLON WORKFORCE SOLUTIONS	467,461	550,011	4.05
4.06	31.00	INTENSIVE CARE UNIT	PARALLON WORKFORCE SOLUTIONS	50,198	59,063	4.06
4.07	40.00	SUBPROVIDER - IPF	PARALLON WORKFORCE SOLUTIONS	384	452	4.07
4.08	43.00	NURSERY	PARALLON WORKFORCE SOLUTIONS	7,846	9,232	4.08
4.09	50.00	OPERATING ROOM	PARALLON WORKFORCE SOLUTIONS	38,571	45,382	4.09
4.10	51.00	RECOVERY ROOM	PARALLON WORKFORCE SOLUTIONS	3,557	4,185	4.10
4.11	52.00	DELIVERY ROOM & LABOR ROOM	PARALLON WORKFORCE SOLUTIONS	183,163	215,508	4.11
4.12	66.00	PHYSICAL THERAPY	PARALLON WORKFORCE SOLUTIONS	7,061	8,308	4.12
4.13	91.00	EMERGENCY	PARALLON WORKFORCE SOLUTIONS	255,666	300,814	4.13
4.14	5.00	ADMINISTRATIVE & GENERAL	PARALLON PAYROLL	35,157	35,157	4.14
4.15	5.00	ADMINISTRATIVE & GENERAL	CAPITAL DIVISION IT&S	1,437,949	1,476,610	4.15
4.16	16.00	MEDICAL RECORDS & LIBRARY	HIM	1,119,094	1,083,304	4.16
4.17	5.00	ADMINISTRATIVE & GENERAL	REVENUE INTEGRITY	139,794	139,794	4.17
4.18	5.00	ADMINISTRATIVE & GENERAL	CREDENTIALING	68,801	68,801	4.18
4.19	40.00	SUBPROVIDER - IPF	BEHAVIORAL HEALTH	138,456	165,863	4.19
4.20	5.00	ADMINISTRATIVE & GENERAL	IT&S PARALLON	321,181	321,181	4.20
4.21	5.00	ADMINISTRATIVE & GENERAL	PREBILL DENIAL	21,957	22,936	4.21
4.22	5.00	ADMINISTRATIVE & GENERAL	CALL CENTER	0	57,401	4.22
4.23	5.00	ADMINISTRATIVE & GENERAL	PHYSICIAN RECRUITING	0	67,804	4.23
4.24	5.00	ADMINISTRATIVE & GENERAL	MALPRACTICE	370,391	450,572	4.24
4.25	5.00	ADMINISTRATIVE & GENERAL	GENERAL LIABILITY INSURANCE	0	3,957	4.25
4.26	5.00	ADMINISTRATIVE & GENERAL	PHYSICIAN SALES	0	163,916	4.26
4.27	5.00	ADMINISTRATIVE & GENERAL	MARKETING ALLOCATIONS	0	134,047	4.27
4.28	5.00	ADMINISTRATIVE & GENERAL	RICHMOND FSC	176,554	168,009	4.28
4.29	4.00	EMPLOYEE BENEFITS DEPARTMENT	RESTORATION PLAN EXP.	0	760	4.29
4.30	4.00	EMPLOYEE BENEFITS DEPARTMENT	SELF INS. POOLING ADJ.	0	-253,261	4.30
4.31	5.00	ADMINISTRATIVE & GENERAL	INTERCOMPANY INTEREST	0	-10,516,640	4.31
4.32	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE INTEREST	554,097	0	4.32
4.33	1.00	CAP REL COSTS-BLDG & FIXT	POB SPACE	86,806	0	4.33
4.34	5.00	ADMINISTRATIVE & GENERAL	POB SPACE	44,146	0	4.34
4.35	7.00	OPERATION OF PLANT	POB SPACE	90,993	0	4.35
4.36	9.00	HOUSEKEEPING	POB SPACE	3,231	0	4.36
4.37	1.00	CAP REL COSTS-BLDG & FIXT	PAVILLION SPACE	38,821	0	4.37
4.38	5.00	ADMINISTRATIVE & GENERAL	PAVILLION SPACE	1,589	0	4.38
4.39	7.00	OPERATION OF PLANT	PAVILLION SPACE	59,736	0	4.39
4.40	9.00	HOUSEKEEPING	PAVILLION SPACE	270	0	4.40
4.41	5.00	ADMINISTRATIVE & GENERAL	PARALLON MARK-UP	0	808,826	4.41
4.42	0.00			0	0	4.42
4.43	0.00			0	0	4.43
4.44	0.00			0	0	4.44
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			13,185,150	8,289,366	5.00

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

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

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

Provider CCN: 150046

Period:
From 09/01/2014
To 08/31/2015

Worksheet A-8-1

Date/Time Prepared:
1/27/2016 11:15 am

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00

reimbursement under title XVIII.

6.00	B	100.00	PARALLON	100.00	6.00
7.00	B	53.70	HPG	51.66	7.00
8.00	B	100.00	HCI	100.00	8.00
9.00	B	100.00	CAPITAL DIVISION	100.00	9.00
10.00	B	100.00	WORKFORCE MGT.	100.00	10.00
10.01	B	100.00	HCA	100.00	10.01
10.02	B	100.00	POB	100.00	10.02
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: 150046

Period:
From 09/01/2014
To 08/31/2015

Worksheet A-8-1

Date/Time Prepared:
1/27/2016 11:15 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	-98,772	0		1.00
2.00	-43,536	0		2.00
3.00	-5,370,617	0		3.00
4.00	279,494	0		4.00
4.01	0	0		4.01
4.02	0	0		4.02
4.03	28	0		4.03
4.04	-1,751	0		4.04
4.05	-82,550	0		4.05
4.06	-8,865	0		4.06
4.07	-68	0		4.07
4.08	-1,386	0		4.08
4.09	-6,811	0		4.09
4.10	-628	0		4.10
4.11	-32,345	0		4.11
4.12	-1,247	0		4.12
4.13	-45,148	0		4.13
4.14	0	0		4.14
4.15	-38,661	0		4.15
4.16	35,790	0		4.16
4.17	0	0		4.17
4.18	0	0		4.18
4.19	-27,407	0		4.19
4.20	0	0		4.20
4.21	-979	0		4.21
4.22	-57,401	0		4.22
4.23	-67,804	0		4.23
4.24	-80,181	0		4.24
4.25	-3,957	0		4.25
4.26	-163,916	0		4.26
4.27	-134,047	0		4.27
4.28	8,545	0		4.28
4.29	-760	0		4.29
4.30	253,261	0		4.30
4.31	10,516,640	0		4.31
4.32	554,097	0		4.32
4.33	86,806	9		4.33
4.34	44,146	0		4.34
4.35	90,993	0		4.35
4.36	3,231	0		4.36
4.37	38,821	9		4.37
4.38	1,589	0		4.38
4.39	59,736	0		4.39
4.40	270	0		4.40
4.41	-808,826	0		4.41
4.42	0	0		4.42
4.43	0	0		4.43
4.44	0	0		4.44
5.00	4,895,784			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	MANAGEMENT		6.00
7.00	PURCHASING		7.00

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

Provider CCN: 150046

Period:
From 09/01/2014
To 08/31/2015

Worksheet A-8-1

Date/Time Prepared:
1/27/2016 11:15 am

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		
8.00	INSURANCE		8.00
9.00	MANAGEMENT		9.00
10.00	STAFFING		10.00
10.01	HOSPITAL MGT.		10.01
10.02	PROFESSIONAL BU		10.02
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: 150046

Period:
From 09/01/2014
To 08/31/2015

Worksheet A-8-2

Date/Time Prepared:
1/27/2016 11:15 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	30.00	AGGREGATE-ADULTS & PEDIATRICS	520,188	430,975	89,213	171,400	477	1.00
2.00	40.00	AGGREGATE-SUBPROVIDER - IPF	318,078	266,618	51,460	142,500	332	2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	300,083	277,658	22,425	204,100	163	3.00
4.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	1,073,471	1,073,471	0	231,100	0	4.00
5.00	76.01	AGGREGATE-ENDOSCOPY	159,600	77,100	82,500	171,400	250	5.00
6.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	28,450	-4,550	33,000	171,400	220	6.00
7.00	65.00	AGGREGATE-RESPIRATORY THERAPY	-1,710	-1,710	0	171,400	0	7.00
8.00	76.03	AGGREGATE-WOUNDCARE	34,650	3,000	31,650	171,400	211	8.00
9.00	66.00	AGGREGATE-PHYSICAL THERAPY	65,137	4,987	60,150	171,400	411	9.00
10.00	91.00	AGGREGATE-EMERGENCY	1,027,711	977,711	50,000	171,400	200	10.00
11.00	76.04	AGGREGATE-OPTIC	89,680	0	89,680	171,400	478	11.00
12.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	2,138	0	2,138	171,400	11	12.00
13.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	6,840	6,840	0	194,500	0	13.00
200.00			3,624,316	3,112,100	512,216		2,753	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	39,307	1,965	0	0	0	1.00
2.00	40.00	AGGREGATE-SUBPROVIDER - IPF	22,745	1,137	0	0	0	2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	15,994	800	0	0	0	3.00
4.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	4.00
5.00	76.01	AGGREGATE-ENDOSCOPY	20,601	1,030	0	0	0	5.00
6.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	18,129	906	0	0	0	6.00
7.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	0	0	0	0	7.00
8.00	76.03	AGGREGATE-WOUNDCARE	17,387	869	0	0	0	8.00
9.00	66.00	AGGREGATE-PHYSICAL THERAPY	33,868	1,693	0	0	0	9.00
10.00	91.00	AGGREGATE-EMERGENCY	16,481	824	0	0	0	10.00
11.00	76.04	AGGREGATE-OPTIC	39,389	1,969	0	0	0	11.00
12.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	906	45	0	0	0	12.00
13.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	13.00
200.00			224,807	11,238	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	39,307	49,906	480,881		1.00
2.00	40.00	AGGREGATE-SUBPROVIDER - IPF	0	22,745	28,715	295,333		2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	0	15,994	6,431	284,089		3.00
4.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	1,073,471		4.00
5.00	76.01	AGGREGATE-ENDOSCOPY	0	20,601	61,899	138,999		5.00
6.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	18,129	14,871	10,321		6.00
7.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	0	0	-1,710		7.00
8.00	76.03	AGGREGATE-WOUNDCARE	0	17,387	14,263	17,263		8.00
9.00	66.00	AGGREGATE-PHYSICAL THERAPY	0	33,868	26,282	31,269		9.00
10.00	91.00	AGGREGATE-EMERGENCY	0	16,481	33,519	1,011,230		10.00
11.00	76.04	AGGREGATE-OPTIC	0	39,389	50,291	50,291		11.00
12.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	906	1,232	1,232		12.00
13.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	6,840		13.00
200.00			0	224,807	287,409	3,399,509		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150046

Period:
From 09/01/2014
To 08/31/2015

Worksheet B
Part I
Date/Time Prepared:
1/27/2016 11:15 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT	2,711,420	2,711,420				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	3,520,588		3,520,588			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	7,469,710	28,788	37,379	7,535,877		4.00
5.00 00500 ADMINISTRATIVE & GENERAL	15,110,090	158,819	206,215	669,994	16,145,118	5.00
7.00 00700 OPERATION OF PLANT	3,722,148	634,171	823,429	160,318	5,340,066	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	527,622	27,184	35,296	0	590,102	8.00
9.00 00900 HOUSEKEEPING	1,320,096	9,780	12,699	183,266	1,525,841	9.00
10.00 01000 DIETARY	1,470,833	44,403	57,654	92,471	1,665,361	10.00
11.00 01100 CAFETERIA	619,683	28,320	36,771	52,418	737,192	11.00
13.00 01300 NURSING ADMINISTRATION	679,180	7,600	9,868	131,342	827,990	13.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,205,273	39,651	51,484	12,629	1,309,037	16.00
18.00 01850 INSERVICE EDUCATION	1,455,428	31,997	41,546	275,635	1,804,606	18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	7,331,917	479,512	622,612	1,216,133	9,650,174	30.00
31.00 03100 INTENSIVE CARE UNIT	2,307,058	81,597	105,948	386,147	2,880,750	31.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00 04000 SUBPROVIDER - I/PF	2,079,103	73,667	95,652	346,634	2,595,056	40.00
41.00 04100 SUBPROVIDER - I/RF	881,426	87,578	113,713	163,424	1,246,141	41.00
43.00 04300 NURSERY	402,914	8,015	10,406	56,365	477,700	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	4,205,066	193,633	251,419	667,749	5,317,867	50.00
51.00 05100 RECOVERY ROOM	643,793	12,091	15,699	114,710	786,293	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,143,780	55,135	71,589	167,724	1,438,228	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,635,976	100,321	130,260	196,290	2,062,847	54.00
54.01 05401 ULTRASOUND	192,562	3,117	4,047	31,202	230,928	54.01
54.02 05402 MAMMOGRAPHY	317,403	11,477	14,902	38,450	382,232	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	1,149,813	47,420	61,571	124,010	1,382,814	55.00
56.00 05600 RADIOISOTOPE	834,368	5,696	7,396	50,694	898,154	56.00
57.00 05700 CT SCAN	621,503	12,298	15,969	79,305	729,075	57.00
58.00 05800 MRI	320,440	7,984	10,367	46,507	385,298	58.00
59.00 05900 CARDIAC CATHETERIZATION	816,665	17,603	22,856	109,700	966,824	59.00
60.00 06000 LABORATORY	2,640,186	41,087	53,348	245,967	2,980,588	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	654,954	2,457	3,190	11,543	672,144	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	1,168,315	12,582	16,337	195,717	1,392,951	65.00
66.00 06600 PHYSICAL THERAPY	1,311,846	82,549	107,184	233,184	1,734,763	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	785,916	16,828	21,850	99,198	923,792	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	86,817	8,368	10,865	12,504	118,554	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	6,206,626	65,184	84,637	61,834	6,418,281	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	6,759,510	0	0	0	6,759,510	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	9,629,936	20,612	26,764	325,864	10,003,176	73.00
74.00 07400 RENAL DIALYSIS	693,339	3,623	4,705	0	701,667	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03020 LI THOTRI PSY	106,156	0	0	0	106,156	76.00
76.01 03330 ENDOSCOPY	1,162,316	14,778	19,188	140,123	1,336,405	76.01
76.02 03950 PRI SON CLINIC	152,641	57,576	74,759	26,830	311,806	76.02
76.03 03951 WOUND CARE	767,129	13,266	17,224	17,306	814,925	76.03
76.04 03952 OPI C	513,516	29,364	38,127	90,478	671,485	76.04
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	2,793,439	78,926	102,480	412,519	3,387,364	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150046

Period:
From 09/01/2014
To 08/31/2015

Worksheet B
Part I
Date/Time Prepared:
1/27/2016 11:15 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	100,128,500	2,655,057	3,447,405	7,246,184	99,709,261	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	51,478	4,660	6,050	6,285	68,473	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 OCCUPATIONAL MEDICINE	1,097,181	28,788	37,379	248,673	1,412,021	194.00
194.01 07951 OTHER NONREIMBURSABLE COST CENTERS	0	22,915	29,754	0	52,669	194.01
194.02 07952 SITTERS	178,119	0	0	34,735	212,854	194.02
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)	101,455,278	2,711,420	3,520,588	7,535,877	101,455,278	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150046

Period:
From 09/01/2014
To 08/31/2015

Worksheet B
Part I
Date/Time Prepared:
1/27/2016 11:15 am

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	16,145,118				5.00
7.00	00700	OPERATION OF PLANT	1,010,618	6,350,684			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	111,678	91,359	793,139		8.00
9.00	00900	HOUSEKEEPING	288,768	32,870	0	1,847,479	9.00
10.00	01000	DIETARY	315,173	149,229	0	44,278	2,174,041
11.00	01100	CAFETERIA	139,515	95,177	0	28,240	0
13.00	01300	NURSING ADMINISTRATION	156,699	25,542	0	7,579	0
16.00	01600	MEDICAL RECORDS & LIBRARY	247,738	133,258	0	39,540	0
18.00	01850	INSERVICE EDUCATION	341,525	107,536	0	31,907	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,826,315	1,611,536	299,805	478,167	822,399
31.00	03100	INTENSIVE CARE UNIT	545,188	274,231	65,968	81,368	53,200
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I PF	491,120	247,579	43,469	73,460	322,761
41.00	04100	SUBPROVIDER - I RF	235,835	294,329	12,856	87,332	102,762
43.00	04300	NURSERY	90,406	26,935	0	7,992	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,006,417	650,760	58,064	193,090	0
51.00	05100	RECOVERY ROOM	148,808	40,635	0	12,057	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	272,188	185,298	36,830	54,980	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	390,398	337,158	41,309	100,040	0
54.01	05401	ULTRASOUND	43,704	10,475	0	3,108	0
54.02	05402	MAMMOGRAPHY	72,338	38,571	0	11,445	0
55.00	05500	RADIOLOGY-THERAPEUTIC	261,700	159,368	0	47,287	0
56.00	05600	RADIOISOTOPE	169,977	19,144	0	5,680	0
57.00	05700	CT SCAN	137,979	41,332	0	12,264	0
58.00	05800	MRI	72,918	26,832	0	7,962	0
59.00	05900	CARDIAC CATHETERIZATION	182,973	59,160	0	17,554	0
60.00	06000	LABORATORY	564,082	138,083	0	40,971	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	127,205	8,256	0	2,450	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	263,619	42,287	0	12,547	0
66.00	06600	PHYSICAL THERAPY	328,307	277,430	11,328	82,318	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	174,829	56,554	10,222	16,780	0
70.00	07000	ELECTROENCEPHALOGRAPHY	22,437	28,122	0	8,344	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,214,673	219,070	95,948	65,001	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,279,251	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,893,119	69,274	0	20,555	0
74.00	07400	RENAL DIALYSIS	132,792	12,178	0	3,613	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03020	LITHOTRIPSY	20,090	0	0	0	0
76.01	03330	ENDOSCOPY	252,917	49,666	0	14,736	0
76.02	03950	PRI SON CLINIC	59,010	193,502	0	57,415	0
76.03	03951	WOUND CARE	154,226	44,583	8,325	13,228	0
76.04	03952	OPI C	127,080	98,686	11,328	29,282	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
91.00	09100	EMERGENCY	641,065	265,253	97,687	78,704	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0
99.00	09900	CMHC	0	0	0	0	0
99.10	09910	CORF	0	0	0	0	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150046

Period:
From 09/01/2014
To 08/31/2015

Worksheet B
Part I
Date/Time Prepared:
1/27/2016 11:15 am

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	15,814,680	6,161,258	793,139	1,791,274	1,301,122	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	12,959	15,661	0	4,647	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OCCUPATIONAL MEDICINE	267,228	96,751	0	28,707	0	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	9,968	77,014	0	22,851	872,919	194.01
194.02	07952	SITTERS	40,283	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	16,145,118	6,350,684	793,139	1,847,479	2,174,041	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150046

Period:
From 09/01/2014
To 08/31/2015

Worksheet B
Part I
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Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE	Subtotal	
				EDUCATION		
	11.00	13.00	16.00	18.00	24.00	
GENERAL SERVICE COST CENTERS						
1.00 00100						1.00
2.00 00200						2.00
4.00 00400						4.00
5.00 00500						5.00
7.00 00700						7.00
8.00 00800						8.00
9.00 00900						9.00
10.00 01000						10.00
11.00 01100	1,000,124					11.00
13.00 01300	13,739	1,031,549				13.00
16.00 01600	2,752	0	1,732,325			16.00
18.00 01850	44,954	78,062	0	2,408,590		18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	214,341	375,485	57,984	506,529	15,842,735	30.00
31.00 03100	55,382	94,901	20,260	231,729	4,302,977	31.00
33.00 03300	0	0	0	0	0	33.00
40.00 04000	66,082	111,475	55,028	352,447	4,358,477	40.00
41.00 04100	23,967	40,424	5,970	16,075	2,065,691	41.00
43.00 04300	7,913	13,604	2,804	21,838	649,192	43.00
44.00 04400	0	0	0	0	0	44.00
45.00 04500	0	0	0	0	0	45.00
46.00 04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	104,094	0	223,783	67,335	7,621,410	50.00
51.00 05100	13,369	0	32,638	21,838	1,055,638	51.00
52.00 05200	24,979	46,522	10,713	73,704	2,143,442	52.00
53.00 05300	0	0	0	0	0	53.00
54.00 05400	41,090	0	37,660	50,653	3,061,155	54.00
54.01 05401	5,336	0	10,658	4,550	308,759	54.01
54.02 05402	6,635	0	7,039	19,412	537,672	54.02
55.00 05500	16,088	27,680	40,502	22,748	1,958,187	55.00
56.00 05600	6,182	0	37,943	607	1,137,687	56.00
57.00 05700	13,263	0	105,811	6,976	1,046,700	57.00
58.00 05800	6,746	0	28,991	0	528,747	58.00
59.00 05900	11,285	19,034	72,920	5,460	1,335,210	59.00
60.00 06000	50,781	0	163,035	98,576	4,036,116	60.00
60.01 06001	0	0	0	0	0	60.01
61.00 06100	0	0	0	0	0	61.00
62.00 06200	2,312	0	18,143	0	830,510	62.00
63.00 06300	0	0	0	0	0	63.00
64.00 06400	0	0	0	0	0	64.00
65.00 06500	30,018	50,631	45,642	108,282	1,945,977	65.00
66.00 06600	26,532	0	19,039	72,795	2,552,512	66.00
67.00 06700	0	0	0	0	0	67.00
68.00 06800	0	0	0	0	0	68.00
69.00 06900	17,274	29,136	40,326	53,383	1,322,296	69.00
70.00 07000	2,023	3,411	4,898	4,246	192,035	70.00
71.00 07100	15,436	0	118,020	0	8,146,429	71.00
72.00 07200	0	0	51,009	0	8,089,770	72.00
73.00 07300	40,253	0	289,155	1,213	12,316,745	73.00
74.00 07400	0	0	12,406	0	862,656	74.00
75.00 07500	0	0	0	0	0	75.00
76.00 03020	0	0	1,980	0	128,226	76.00
76.01 03330	19,877	0	65,247	29,421	1,768,269	76.01
76.02 03950	4,183	7,056	1,046	0	634,018	76.02
76.03 03951	2,491	0	10,475	0	1,048,253	76.03
76.04 03952	13,873	23,399	20,699	0	995,832	76.04
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	0	0	0	0	0	88.00
89.00 08900	0	0	0	0	0	89.00
90.00 09000	0	0	0	0	0	90.00
91.00 09100	61,816	110,659	120,501	605,106	5,368,155	91.00
92.00 09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	0	0	0	0	0	94.00
95.00 09500	0	0	0	0	0	95.00
96.00 09600	0	0	0	0	0	96.00
97.00 09700	0	0	0	0	0	97.00
98.00 09850	0	0	0	0	0	98.00
99.00 09900	0	0	0	0	0	99.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150046

Period:
From 09/01/2014
To 08/31/2015

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Part I
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE INSERVICE EDUCATION	Subtotal	
			11.00	13.00	16.00	18.00	24.00	
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	965,066	1,031,479	1,732,325	2,374,923	98,191,478	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	101,740	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OCCUPATIONAL MEDICINE	24,676	0	0	33,667	1,863,050	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	1,035,421	194.01
194.02	07952	SITTERS	10,382	70	0	0	263,589	194.02
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,000,124	1,031,549	1,732,325	2,408,590	101,455,278	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150046

Period:
From 09/01/2014
To 08/31/2015

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
18.00	01850	INSERVICE EDUCATION		18.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	15,842,735	30.00
31.00	03100	INTENSIVE CARE UNIT	4,302,977	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
40.00	04000	SUBPROVIDER - IPF	4,358,477	40.00
41.00	04100	SUBPROVIDER - IRF	2,065,691	41.00
43.00	04300	NURSERY	649,192	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
45.00	04500	NURSING FACILITY	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	7,621,410	50.00
51.00	05100	RECOVERY ROOM	1,055,638	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,143,442	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,061,155	54.00
54.01	05401	ULTRASOUND	308,759	54.01
54.02	05402	MAMMOGRAPHY	537,672	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	1,958,187	55.00
56.00	05600	RADIOISOTOPE	1,137,687	56.00
57.00	05700	CT SCAN	1,046,700	57.00
58.00	05800	MRI	528,747	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,335,210	59.00
60.00	06000	LABORATORY	4,036,116	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	830,510	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,945,977	65.00
66.00	06600	PHYSICAL THERAPY	2,552,512	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,322,296	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	192,035	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,146,429	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,089,770	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,316,745	73.00
74.00	07400	RENAL DIALYSIS	862,656	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
76.00	03020	LITHOTRIpsy	128,226	76.00
76.01	03330	ENDOSCOPY	1,768,269	76.01
76.02	03950	PRISON CLINIC	634,018	76.02
76.03	03951	WOUND CARE	1,048,253	76.03
76.04	03952	OPIc	995,832	76.04
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00
91.00	09100	EMERGENCY	5,368,155	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	94.00
95.00	09500	AMBULANCE SERVICES	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	98.00
99.00	09900	CMHC	0	99.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150046

Period:
From 09/01/2014
To 08/31/2015

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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	98,191,478	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	101,740	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	OCCUPATIONAL MEDICINE	0	1,863,050	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	1,035,421	194.01
194.02	07952	SITTERS	0	263,589	194.02
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	101,455,278	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150046

Period:
From 09/01/2014
To 08/31/2015

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	28,788	37,379	66,167	66,167 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	2,005,859	158,819	206,215	2,370,893	5,884 5.00
7.00 00700	OPERATION OF PLANT	0	634,171	823,429	1,457,600	1,408 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	27,184	35,296	62,480	0 8.00
9.00 00900	HOUSEKEEPING	0	9,780	12,699	22,479	1,610 9.00
10.00 01000	DIETARY	0	44,403	57,654	102,057	812 10.00
11.00 01100	CAFETERIA	0	28,320	36,771	65,091	460 11.00
13.00 01300	NURSING ADMINISTRATION	89	7,600	9,868	17,557	1,154 13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	18,737	39,651	51,484	109,872	111 16.00
18.00 01850	INSERVICE EDUCATION	0	31,997	41,546	73,543	2,421 18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	4,205	479,512	622,612	1,106,329	10,664 30.00
31.00 03100	INTENSIVE CARE UNIT	451	81,597	105,948	187,996	3,391 31.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
40.00 04000	SUBPROVIDER - I/PF	3	73,667	95,652	169,322	3,044 40.00
41.00 04100	SUBPROVIDER - I/RF	0	87,578	113,713	201,291	1,435 41.00
43.00 04300	NURSERY	71	8,015	10,406	18,492	495 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	347	193,633	251,419	445,399	5,865 50.00
51.00 05100	RECOVERY ROOM	32	12,091	15,699	27,822	1,007 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,647	55,135	71,589	128,371	1,473 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	100,321	130,260	230,581	1,724 54.00
54.01 05401	ULTRASOUND	0	3,117	4,047	7,164	274 54.01
54.02 05402	MAMMOGRAPHY	0	11,477	14,902	26,379	338 54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	47,420	61,571	108,991	1,089 55.00
56.00 05600	RADIOISOTOPE	0	5,696	7,396	13,092	445 56.00
57.00 05700	CT SCAN	0	12,298	15,969	28,267	697 57.00
58.00 05800	MRI	0	7,984	10,367	18,351	408 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	17,603	22,856	40,459	963 59.00
60.00 06000	LABORATORY	0	41,087	53,348	94,435	2,160 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	2,457	3,190	5,647	101 62.00
63.00 06300	BLOOD STORAGE, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	0	12,582	16,337	28,919	1,719 65.00
66.00 06600	PHYSICAL THERAPY	64	82,549	107,184	189,797	2,048 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00 06900	ELECTROCARDIOLOGY	0	16,828	21,850	38,678	871 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	8,368	10,865	19,233	110 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	65,184	84,637	149,821	543 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	20,612	26,764	47,376	2,862 73.00
74.00 07400	RENAL DIALYSIS	0	3,623	4,705	8,328	0 74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
76.00 03020	LITHOTRIPSY	0	0	0	0	0 76.00
76.01 03330	ENDOSCOPY	0	14,778	19,188	33,966	1,231 76.01
76.02 03950	PRISON CLINIC	0	57,576	74,759	132,335	236 76.02
76.03 03951	WOUNDCARE	0	13,266	17,224	30,490	152 76.03
76.04 03952	OPI/C	0	29,364	38,127	67,491	795 76.04
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	0	0	0	0	0 90.00
91.00 09100	EMERGENCY	2,299	78,926	102,480	183,705	3,623 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	0 94.00
95.00 09500	AMBULANCE SERVICES	0	0	0	0	0 95.00
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0 96.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0 97.00
98.00 09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0 98.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150046

Period:
From 09/01/2014
To 08/31/2015

Worksheet B
Part II
Date/Time Prepared:
1/27/2016 11:15 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0			2A	4.00	
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	2,033,804	2,655,057	3,447,405	8,136,266	63,623	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,660	6,050	10,710	55	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 OCCUPATIONAL MEDICINE	0	28,788	37,379	66,167	2,184	194.00
194.01 07951 OTHER NONREIMBURSABLE COST CENTERS	0	22,915	29,754	52,669	0	194.01
194.02 07952 SITTERS	0	0	0	0	305	194.02
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers				0		201.00
202.00 TOTAL (sum lines 118-201)	2,033,804	2,711,420	3,520,588	8,265,812	66,167	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150046	Period: From 09/01/2014 To 08/31/2015	Worksheet B Part II Date/Time Prepared: 1/27/2016 11:15 am		
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
		5.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,376,777			5.00
7.00	00700	OPERATION OF PLANT	148,774	1,607,782		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	16,440	23,129	102,049	8.00
9.00	00900	HOUSEKEEPING	42,510	8,321	0	9.00
10.00	01000	DIETARY	46,397	37,780	0	10.00
11.00	01100	CAFETERIA	20,538	24,096	0	11.00
13.00	01300	NURSING ADMINISTRATION	23,068	6,466	0	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	36,470	33,737	0	16.00
18.00	01850	INSERVICE EDUCATION	50,276	27,224	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	268,854	407,987	38,573	30.00
31.00	03100	INTENSIVE CARE UNIT	80,258	69,426	8,488	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
40.00	04000	SUBPROVIDER - I/PF	72,298	62,679	5,593	40.00
41.00	04100	SUBPROVIDER - I/RF	34,717	74,514	1,654	41.00
43.00	04300	NURSERY	13,309	6,819	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	148,156	164,751	7,471	50.00
51.00	05100	RECOVERY ROOM	21,906	10,288	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	40,069	46,911	4,739	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	57,471	85,357	5,315	54.00
54.01	05401	ULTRASOUND	6,434	2,652	0	54.01
54.02	05402	MAMMOGRAPHY	10,649	9,765	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	38,525	40,347	0	55.00
56.00	05600	RADIOISOTOPE	25,023	4,847	0	56.00
57.00	05700	CT SCAN	20,312	10,464	0	57.00
58.00	05800	MRI	10,734	6,793	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	26,936	14,977	0	59.00
60.00	06000	LABORATORY	83,039	34,958	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	18,726	2,090	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	38,808	10,706	0	65.00
66.00	06600	PHYSICAL THERAPY	48,330	70,236	1,458	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	25,737	14,318	1,315	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,303	7,120	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	178,813	55,461	12,345	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	188,320	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	278,724	17,538	0	73.00
74.00	07400	RENAL DIALYSIS	19,548	3,083	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03020	LITHOTRIPSY	2,958	0	0	76.00
76.01	03330	ENDOSCOPY	37,232	12,574	0	76.01
76.02	03950	PRI SON CLINIC	8,687	48,988	0	76.02
76.03	03951	WOUNDCARE	22,704	11,287	1,071	76.03
76.04	03952	OPI C	18,708	24,984	1,458	76.04
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	90.00
91.00	09100	EMERGENCY	94,372	67,153	12,569	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
99.00	09900	CMHC	0	0	0	99.00
99.10	09910	CORF	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150046

Period:
From 09/01/2014
To 08/31/2015

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,328,133	1,559,826	102,049	72,641	113,018	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,908	3,965	0	188	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OCCUPATIONAL MEDICINE	39,339	24,494	0	1,164	0	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	1,467	19,497	0	927	75,824	194.01
194.02	07952	SITTERS	5,930	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,376,777	1,607,782	102,049	74,920	188,842	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150046		Period: From 09/01/2014 To 08/31/2015		Worksheet B Part II Date/Time Prepared: 1/27/2016 11:15 am	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE EDUCATION	Subtotal	
		11.00	13.00	16.00	18.00	24.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	111,330					11.00
13.00	01300	1,529	50,081				13.00
16.00	01600	306	0	182,099			16.00
18.00	01850	5,004	3,790	0	163,552		18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	23,861	18,229	6,088	34,395	2,005,807	30.00
31.00	03100	6,165	4,607	2,127	15,735	386,114	31.00
33.00	03300	0	0	0	0	0	33.00
40.00	04000	7,356	5,412	5,778	23,932	386,429	40.00
41.00	04100	2,668	1,963	627	1,092	332,429	41.00
43.00	04300	881	660	294	1,483	42,757	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	11,587	0	23,496	4,572	819,127	50.00
51.00	05100	1,488	0	3,427	1,483	67,910	51.00
52.00	05200	2,781	2,259	1,125	5,005	234,963	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	4,574	0	3,954	3,440	396,473	54.00
54.01	05401	594	0	1,119	309	18,672	54.01
54.02	05402	739	0	739	1,318	50,391	54.02
55.00	05500	1,791	1,344	4,252	1,545	199,802	55.00
56.00	05600	688	0	3,984	41	48,350	56.00
57.00	05700	1,476	0	11,110	474	73,297	57.00
58.00	05800	751	0	3,044	0	40,404	58.00
59.00	05900	1,256	924	7,656	371	94,254	59.00
60.00	06000	5,653	0	17,118	6,694	245,718	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	257	0	1,905	0	28,825	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	3,341	2,458	4,792	7,353	98,605	65.00
66.00	06600	2,953	0	1,999	4,943	325,102	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	1,923	1,415	4,234	3,625	92,796	69.00
70.00	07000	225	166	514	288	31,297	70.00
71.00	07100	1,718	0	12,392	0	413,729	71.00
72.00	07200	0	0	5,356	0	193,676	72.00
73.00	07300	4,481	0	30,572	82	382,469	73.00
74.00	07400	0	0	1,303	0	32,409	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03020	0	0	208	0	3,166	76.00
76.01	03330	2,213	0	6,851	1,998	96,663	76.01
76.02	03950	466	343	110	0	193,493	76.02
76.03	03951	277	0	1,100	0	67,617	76.03
76.04	03952	1,544	1,136	2,173	0	119,476	76.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
91.00	09100	6,881	5,372	12,652	41,088	430,607	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	0	0	0	0	0	94.00
95.00	09500	0	0	0	0	0	95.00
96.00	09600	0	0	0	0	0	96.00
97.00	09700	0	0	0	0	0	97.00
98.00	09850	0	0	0	0	0	98.00
99.00	09900	0	0	0	0	0	99.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150046

Period:
From 09/01/2014
To 08/31/2015

Worksheet B
Part II
Date/Time Prepared:
1/27/2016 11:15 am

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE	Subtotal	
						INSERVICE EDUCATION		
			11.00	13.00	16.00	18.00	24.00	
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	107,427	50,078	182,099	161,266	7,952,827	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	16,826	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OCCUPATIONAL MEDICINE	2,747	0	0	2,286	138,381	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	150,384	194.01
194.02	07952	SITTERS	1,156	3	0	0	7,394	194.02
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	111,330	50,081	182,099	163,552	8,265,812	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150046	Period: From 09/01/2014 To 08/31/2015	Worksheet B Part II Date/Time Prepared: 1/27/2016 11:15 am
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
18.00	01850	INSERVICE EDUCATION		18.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	2,005,807	30.00
31.00	03100	INTENSIVE CARE UNIT	386,114	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
40.00	04000	SUBPROVIDER - IPF	386,429	40.00
41.00	04100	SUBPROVIDER - IRF	332,429	41.00
43.00	04300	NURSERY	42,757	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
45.00	04500	NURSING FACILITY	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	819,127	50.00
51.00	05100	RECOVERY ROOM	67,910	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	234,963	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	396,473	54.00
54.01	05401	ULTRASOUND	18,672	54.01
54.02	05402	MAMMOGRAPHY	50,391	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	199,802	55.00
56.00	05600	RADIOISOTOPE	48,350	56.00
57.00	05700	CT SCAN	73,297	57.00
58.00	05800	MRI	40,404	58.00
59.00	05900	CARDIAC CATHETERIZATION	94,254	59.00
60.00	06000	LABORATORY	245,718	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	28,825	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	98,605	65.00
66.00	06600	PHYSICAL THERAPY	325,102	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	92,796	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	31,297	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	413,729	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	193,676	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	382,469	73.00
74.00	07400	RENAL DIALYSIS	32,409	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
76.00	03020	LITHOTRIPSY	3,166	76.00
76.01	03330	ENDOSCOPY	96,663	76.01
76.02	03950	PRI SON CLINIC	193,493	76.02
76.03	03951	WOUND CARE	67,617	76.03
76.04	03952	OPI C	119,476	76.04
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00
91.00	09100	EMERGENCY	430,607	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	94.00
95.00	09500	AMBULANCE SERVICES	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	98.00
99.00	09900	CMHC	0	99.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150046

Period:
From 09/01/2014
To 08/31/2015

Worksheet B
Part II
Date/Time Prepared:
1/27/2016 11:15 am

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	7,952,827	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	16,826	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	OCCUPATIONAL MEDICINE	0	138,381	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	150,384	194.01
194.02	07952	SITTERS	0	7,394	194.02
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	8,265,812	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150046

Period:
From 09/01/2014
To 08/31/2015

Worksheet B-1

Date/Time Prepared:
1/27/2016 11:15 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	353,194				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		353,194			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	3,750	3,750	35,373,828		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	20,688	20,688	3,144,996	-16,145,118	5.00
7.00 00700	OPERATION OF PLANT	82,608	82,608	752,545	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	3,541	3,541	0	0	8.00
9.00 00900	HOUSEKEEPING	1,274	1,274	860,261	0	9.00
10.00 01000	DIETARY	5,784	5,784	434,063	0	10.00
11.00 01100	CAFETERIA	3,689	3,689	246,053	0	11.00
13.00 01300	NURSING ADMINISTRATION	990	990	616,527	0	13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	5,165	5,165	59,282	0	16.00
18.00 01850	INSERVICE EDUCATION	4,168	4,168	1,293,848	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	62,462	62,462	5,708,549	0	30.00
31.00 03100	INTENSIVE CARE UNIT	10,629	10,629	1,812,597	0	31.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
40.00 04000	SUBPROVIDER - I PF	9,596	9,596	1,627,124	0	40.00
41.00 04100	SUBPROVIDER - I RF	11,408	11,408	767,123	0	41.00
43.00 04300	NURSERY	1,044	1,044	264,582	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	25,223	25,223	3,134,457	0	50.00
51.00 05100	RECOVERY ROOM	1,575	1,575	538,456	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	7,182	7,182	787,307	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	13,068	13,068	921,397	0	54.00
54.01 05401	ULTRASOUND	406	406	146,462	0	54.01
54.02 05402	MAMMOGRAPHY	1,495	1,495	180,488	0	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	6,177	6,177	582,109	0	55.00
56.00 05600	RADIOISOTOPE	742	742	237,961	0	56.00
57.00 05700	CT SCAN	1,602	1,602	372,264	0	57.00
58.00 05800	MRI	1,040	1,040	218,307	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	2,293	2,293	514,938	0	59.00
60.00 06000	LABORATORY	5,352	5,352	1,154,587	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	320	320	54,184	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	1,639	1,639	918,710	0	65.00
66.00 06600	PHYSICAL THERAPY	10,753	10,753	1,094,581	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	2,192	2,192	465,640	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,090	1,090	58,694	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,491	8,491	290,251	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	2,685	2,685	1,529,626	0	73.00
74.00 07400	RENAL DIALYSIS	472	472	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00 03020	LITHOTRIpsy	0	0	0	0	76.00
76.01 03330	ENDOSCOPY	1,925	1,925	657,747	0	76.01
76.02 03950	PRI SON CLINIC	7,500	7,500	125,942	0	76.02
76.03 03951	WOUNDCARE	1,728	1,728	81,236	0	76.03
76.04 03952	OPI C	3,825	3,825	424,710	0	76.04
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	90.00
91.00 09100	EMERGENCY	10,281	10,281	1,936,389	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00 09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150046

Period:
From 09/01/2014
To 08/31/2015

Worksheet B-1

Date/Time Prepared:
1/27/2016 11:15 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	345,852	345,852	34,013,993	-16,145,118	83,564,143	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	607	607	29,502	0	68,473	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OCCUPATIONAL MEDICINE	3,750	3,750	1,167,287	0	1,412,021	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	2,985	2,985	0	0	52,669	194.01
194.02	07952	SITTERS	0	0	163,046	0	212,854	194.02
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)	2,711,420	3,520,588	7,535,877		16,145,118	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	7.676857	9.967859	0.213035		0.189252	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			66,167		2,376,777	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001871		0.027860	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150046

Period:
From 09/01/2014
To 08/31/2015

Worksheet B-1

Date/Time Prepared:
1/27/2016 11:15 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT	246,148				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	3,541	15,053			8.00	
9.00	00900	HOUSEKEEPING	1,274	0	241,333		9.00	
10.00	01000	DIETARY	5,784	0	5,784	163,093	10.00	
11.00	01100	CAFETERIA	3,689	0	3,689	0	11.00	
13.00	01300	NURSING ADMINISTRATION	990	0	990	0	13.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	5,165	0	5,165	0	16.00	
18.00	01850	INSERVICE EDUCATION	4,168	0	4,168	0	18.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	62,462	5,690	62,462	61,695	223,288	30.00
31.00	03100	INTENSIVE CARE UNIT	10,629	1,252	10,629	3,991	57,694	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - I/PF	9,596	825	9,596	24,213	68,841	40.00
41.00	04100	SUBPROVIDER - I/RF	11,408	244	11,408	7,709	24,967	41.00
43.00	04300	NURSERY	1,044	0	1,044	0	8,243	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	25,223	1,102	25,223	0	108,439	50.00
51.00	05100	RECOVERY ROOM	1,575	0	1,575	0	13,927	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,182	699	7,182	0	26,022	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,068	784	13,068	0	42,805	54.00
54.01	05401	ULTRASOUND	406	0	406	0	5,559	54.01
54.02	05402	MAMMOGRAPHY	1,495	0	1,495	0	6,912	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	6,177	0	6,177	0	16,760	55.00
56.00	05600	RADIOISOTOPE	742	0	742	0	6,440	56.00
57.00	05700	CT SCAN	1,602	0	1,602	0	13,817	57.00
58.00	05800	MRI	1,040	0	1,040	0	7,028	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,293	0	2,293	0	11,756	59.00
60.00	06000	LABORATORY	5,352	0	5,352	0	52,901	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	320	0	320	0	2,408	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,639	0	1,639	0	31,271	65.00
66.00	06600	PHYSICAL THERAPY	10,753	215	10,753	0	27,640	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,192	194	2,192	0	17,995	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,090	0	1,090	0	2,107	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,491	1,821	8,491	0	16,080	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,685	0	2,685	0	41,933	73.00
74.00	07400	RENAL DIALYSIS	472	0	472	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	LITHOTRIPSY	0	0	0	0	0	76.00
76.01	03330	ENDOSCOPY	1,925	0	1,925	0	20,707	76.01
76.02	03950	PRI SON CLINIC	7,500	0	7,500	0	4,358	76.02
76.03	03951	WOUNDCARE	1,728	158	1,728	0	2,595	76.03
76.04	03952	OPI C	3,825	215	3,825	0	14,452	76.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	10,281	1,854	10,281	0	64,397	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150046

Period:
From 09/01/2014
To 08/31/2015

Worksheet B-1

Date/Time Prepared:
1/27/2016 11:15 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	
		7.00	8.00	9.00	10.00	11.00	
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	238,806	15,053	233,991	97,608	1,005,353	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	607	0	607	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 OCCUPATIONAL MEDICINE	3,750	0	3,750	0	25,706	194.00
194.01	07951 OTHER NONREIMBURSABLE COST CENTERS	2,985	0	2,985	65,485	0	194.01
194.02	07952 SITTERS	0	0	0	0	10,815	194.02
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	6,350,684	793,139	1,847,479	2,174,041	1,000,124	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	25.800267	52.689763	7.655310	13.330069	0.959928	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,607,782	102,049	74,920	188,842	111,330	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	6.531770	6.779313	0.310442	1.157879	0.106856	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150046

Period:
From 09/01/2014
To 08/31/2015

Worksheet B-1

Date/Time Prepared:
1/27/2016 11:15 am

Cost Center Description	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE INSERVICE EDUCATION (TIME SPENT)	
	13.00	16.00	18.00	
GENERAL SERVICE COST CENTERS				
1.00 00100 CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00 00500 ADMINISTRATIVE & GENERAL				5.00
7.00 00700 OPERATION OF PLANT				7.00
8.00 00800 LAUNDRY & LINEN SERVICE				8.00
9.00 00900 HOUSEKEEPING				9.00
10.00 01000 DIETARY				10.00
11.00 01100 CAFETERIA				11.00
13.00 01300 NURSING ADMINISTRATION	637,106			13.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	588,708,546		16.00
18.00 01850 INSERVICE EDUCATION	48,213	0	7,941	18.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000 ADULTS & PEDIATRICS	231,906	19,702,273	1,670	30.00
31.00 03100 INTENSIVE CARE UNIT	58,613	6,884,260	764	31.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	33.00
40.00 04000 SUBPROVIDER - I/PF	68,849	18,697,819	1,162	40.00
41.00 04100 SUBPROVIDER - I/RF	24,967	2,028,532	53	41.00
43.00 04300 NURSERY	8,402	952,905	72	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	76,039,239	222	50.00
51.00 05100 RECOVERY ROOM	0	11,090,101	72	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	28,733	3,640,056	243	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	12,796,427	167	54.00
54.01 05401 ULTRASOUND	0	3,621,507	15	54.01
54.02 05402 MAMMOGRAPHY	0	2,391,880	64	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	17,096	13,762,095	75	55.00
56.00 05600 RADIOISOTOPE	0	12,892,480	2	56.00
57.00 05700 CT SCAN	0	35,953,402	23	57.00
58.00 05800 MRI	0	9,850,776	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	11,756	24,777,550	18	59.00
60.00 06000 LABORATORY	0	55,397,537	325	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	6,164,853	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	31,271	15,508,673	357	65.00
66.00 06600 PHYSICAL THERAPY	0	6,469,194	240	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	17,995	13,702,466	176	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	2,107	1,664,278	14	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	40,102,057	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	17,332,317	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	98,334,683	4	73.00
74.00 07400 RENAL DIALYSIS	0	4,215,562	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00 03020 LI THOTRI PSY	0	672,639	0	76.00
76.01 03330 ENDOSCOPY	0	22,170,219	97	76.01
76.02 03950 PRISON CLINIC	4,358	355,413	0	76.02
76.03 03951 WOUNDCARE	0	3,559,255	0	76.03
76.04 03952 OPI C	14,452	7,033,253	0	76.04
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	90.00
91.00 09100 EMERGENCY	68,345	40,944,845	1,995	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150046

Period:
From 09/01/2014
To 08/31/2015

Worksheet B-1
Date/Time Prepared:
1/27/2016 11:15 am

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRSING HRS)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	OTHER GENERAL SERVICE INSERVICE EDUCATION (TIME SPENT)	
		13.00	16.00	18.00	
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
99.00	09900 CMHC	0	0	0	99.00
99.10	09910 CORF	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500 KIDNEY ACQUISITION	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	111.00
113.00	11300 INTEREST EXPENSE				113.00
114.00	11400 UTILIZATION REVIEW-SNF				114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	637,063	588,708,546	7,830	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	193.00
194.00	07950 OCCUPATIONAL MEDICINE	0	0	111	194.00
194.01	07951 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	194.01
194.02	07952 SITTERS	43	0	0	194.02
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)	1,031,549	1,732,325	2,408,590	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1.619117	0.002943	303.310666	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	50,081	182,099	163,552	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.078607	0.000309	20.595895	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150046

Period:
From 09/01/2014
To 08/31/2015

Worksheet C
Part I
Date/Time Prepared:
1/27/2016 11:15 am

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	15,842,735		15,842,735	49,906	15,892,641	30.00
31.00	03100 INTENSIVE CARE UNIT	4,302,977		4,302,977	0	4,302,977	31.00
33.00	03300 BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
40.00	04000 SUBPROVIDER - I PF	4,358,477		4,358,477	28,715	4,387,192	40.00
41.00	04100 SUBPROVIDER - I RF	2,065,691		2,065,691	0	2,065,691	41.00
43.00	04300 NURSERY	649,192		649,192	0	649,192	43.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500 NURSING FACILITY	0		0	0	0	45.00
46.00	04600 OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	7,621,410		7,621,410	6,431	7,627,841	50.00
51.00	05100 RECOVERY ROOM	1,055,638		1,055,638	0	1,055,638	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,143,442		2,143,442	0	2,143,442	52.00
53.00	05300 ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,061,155		3,061,155	0	3,061,155	54.00
54.01	05401 ULTRASOUND	308,759		308,759	0	308,759	54.01
54.02	05402 MAMMOGRAPHY	537,672		537,672	0	537,672	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	1,958,187		1,958,187	0	1,958,187	55.00
56.00	05600 RADIOISOTOPE	1,137,687		1,137,687	0	1,137,687	56.00
57.00	05700 CT SCAN	1,046,700		1,046,700	0	1,046,700	57.00
58.00	05800 MRI	528,747		528,747	0	528,747	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,335,210		1,335,210	0	1,335,210	59.00
60.00	06000 LABORATORY	4,036,116		4,036,116	0	4,036,116	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	830,510		830,510	0	830,510	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	1,945,977	0	1,945,977	0	1,945,977	65.00
66.00	06600 PHYSICAL THERAPY	2,552,512	0	2,552,512	26,282	2,578,794	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	1,322,296		1,322,296	14,871	1,337,167	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	192,035		192,035	0	192,035	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	8,146,429		8,146,429	0	8,146,429	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	8,089,770		8,089,770	0	8,089,770	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	12,316,745		12,316,745	0	12,316,745	73.00
74.00	07400 RENAL DIALYSIS	862,656		862,656	0	862,656	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03020 LI THOTRI PSY	128,226		128,226	0	128,226	76.00
76.01	03330 ENDOSCOPY	1,768,269		1,768,269	61,899	1,830,168	76.01
76.02	03950 PRI SON CLINIC	634,018		634,018	0	634,018	76.02
76.03	03951 WOUNDCARE	1,048,253		1,048,253	14,263	1,062,516	76.03
76.04	03952 OPI C	995,832		995,832	50,291	1,046,123	76.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	0		0	0	0	90.00
91.00	09100 EMERGENCY	5,368,155		5,368,155	33,519	5,401,674	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,735,449		1,735,449	0	1,735,449	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0		0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
99.00	09900 CMHC	0		0	0	0	99.00
99.10	09910 CORF	0		0	0	0	99.10
100.00	10000 I & R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0		0	0	0	105.00
106.00	10600 HEART ACQUISITION	0		0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0		0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0		0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0		0	0	0	113.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150046

Period:
From 09/01/2014
To 08/31/2015

Worksheet C
Part I
Date/Time Prepared:
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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	
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00 11600 HOSPICE	0		0		0	116.00
200.00 Subtotal (see instructions)	99,926,927	0	99,926,927	286,177	100,213,104	200.00
201.00 Less Observation Beds	1,735,449		1,735,449		1,735,449	201.00
202.00 Total (see instructions)	98,191,478	0	98,191,478	286,177	98,477,655	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150046

Period:
From 09/01/2014
To 08/31/2015

Worksheet C
Part I
Date/Time Prepared:
1/27/2016 11:15 am

		Title XVIIII			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	17,189,225		17,189,225		30.00
31.00	03100	INTENSIVE CARE UNIT	6,884,260		6,884,260		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
40.00	04000	SUBPROVIDER - IPF	18,697,819		18,697,819		40.00
41.00	04100	SUBPROVIDER - IRF	2,028,532		2,028,532		41.00
43.00	04300	NURSERY	952,905		952,905		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	31,766,468	44,272,771	76,039,239	0.100230	50.00
51.00	05100	RECOVERY ROOM	3,612,733	7,477,368	11,090,101	0.095187	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,251,518	388,538	3,640,056	0.588849	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,480,507	9,315,920	12,796,427	0.239220	54.00
54.01	05401	ULTRASOUND	883,449	2,738,058	3,621,507	0.085257	54.01
54.02	05402	MAMMOGRAPHY	9,312	2,382,568	2,391,880	0.224791	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	621,892	13,140,203	13,762,095	0.142288	55.00
56.00	05600	RADIOISOTOPE	1,064,322	11,828,158	12,892,480	0.088244	56.00
57.00	05700	CT SCAN	10,054,768	25,898,634	35,953,402	0.029113	57.00
58.00	05800	MRI	2,239,355	7,611,421	9,850,776	0.053676	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,455,103	12,322,447	24,777,550	0.053888	59.00
60.00	06000	LABORATORY	24,995,202	30,402,335	55,397,537	0.072857	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,843,356	1,321,497	6,164,853	0.134717	62.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	14,591,957	916,716	15,508,673	0.125477	65.00
66.00	06600	PHYSICAL THERAPY	4,364,438	2,104,756	6,469,194	0.394564	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	7,051,131	6,651,335	13,702,466	0.096501	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	586,977	1,077,301	1,664,278	0.115386	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	21,376,325	18,725,732	40,102,057	0.203142	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,517,941	7,814,376	17,332,317	0.466745	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	56,500,433	41,834,250	98,334,683	0.125253	73.00
74.00	07400	RENAL DIALYSIS	4,129,104	86,458	4,215,562	0.204636	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
76.00	03020	LITHOTRIPSY	32,595	640,044	672,639	0.190631	76.00
76.01	03330	ENDOSCOPY	1,443,635	20,726,584	22,170,219	0.079759	76.01
76.02	03950	PRISON CLINIC	2,542	352,871	355,413	1.783891	76.02
76.03	03951	WOUND CARE	118,925	3,440,330	3,559,255	0.294515	76.03
76.04	03952	OPIC	60,022	6,973,231	7,033,253	0.141589	76.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0	0.000000	90.00
91.00	09100	EMERGENCY	10,376,306	30,568,539	40,944,845	0.131107	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	350,248	2,162,800	2,513,048	0.690575	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	98.00
99.00	09900	CMHC	0	0	0		99.00
99.10	09910	CORF	0	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE	0	0	0		113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0		114.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150046

Period:
From 09/01/2014
To 08/31/2015

Worksheet C
Part I
Date/Time Prepared:
1/27/2016 11:15 am

Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
115.00	11500	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	275,533,305	313,175,241	588,708,546			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	275,533,305	313,175,241	588,708,546			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150046	Period: From 09/01/2014 To 08/31/2015	Worksheet C Part I Date/Time Prepared: 1/27/2016 11:15 am
Cost Center Description		PPS Inpatient Ratio 11.00	Title XVII I	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
40.00	04000 SUBPROVIDER - I/PF			40.00
41.00	04100 SUBPROVIDER - I/RF			41.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
46.00	04600 OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.100315		50.00
51.00	05100 RECOVERY ROOM	0.095187		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.588849		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.239220		54.00
54.01	05401 ULTRASOUND	0.085257		54.01
54.02	05402 MAMMOGRAPHY	0.224791		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.142288		55.00
56.00	05600 RADIOISOTOPE	0.088244		56.00
57.00	05700 CT SCAN	0.029113		57.00
58.00	05800 MRI	0.053676		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.053888		59.00
60.00	06000 LABORATORY	0.072857		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.134717		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.125477		65.00
66.00	06600 PHYSICAL THERAPY	0.398627		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.097586		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.115386		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.203142		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.466745		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.125253		73.00
74.00	07400 RENAL DIALYSIS	0.204636		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03020 LI THOTRI PSY	0.190631		76.00
76.01	03330 ENDOSCOPY	0.082551		76.01
76.02	03950 PRI SON CLINIC	1.783891		76.02
76.03	03951 WOUNDCARE	0.298522		76.03
76.04	03952 OPI C	0.148740		76.04
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.131926		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.690575		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DI ALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	09900 CMHC			99.00
99.10	09910 CORF			99.10
100.00	10000 I & R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
107.00	10700 LIVER ACQUISITION			107.00
108.00	10800 LUNG ACQUISITION			108.00
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600 HOSPICE			116.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150046	Period: From 09/01/2014 To 08/31/2015	Worksheet C Part I Date/Time Prepared: 1/27/2016 11:15 am
		Title XVIII	Hospital	PPS
Cost Center Description		PPS Inpatient Ratio		
		11.00		
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: 150046

Period:
From 09/01/2014
To 08/31/2015

Worksheet C
Part I
Date/Time Prepared:
1/27/2016 11:15 am

		Title XIX		Hospital		Cost	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	15,842,735		15,842,735	49,906	15,892,641	30.00
31.00	03100 INTENSIVE CARE UNIT	4,302,977		4,302,977	0	4,302,977	31.00
33.00	03300 BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
40.00	04000 SUBPROVIDER - I PF	4,358,477		4,358,477	28,715	4,387,192	40.00
41.00	04100 SUBPROVIDER - I RF	2,065,691		2,065,691	0	2,065,691	41.00
43.00	04300 NURSERY	649,192		649,192	0	649,192	43.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500 NURSING FACILITY	0		0	0	0	45.00
46.00	04600 OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	7,621,410		7,621,410	6,431	7,627,841	50.00
51.00	05100 RECOVERY ROOM	1,055,638		1,055,638	0	1,055,638	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,143,442		2,143,442	0	2,143,442	52.00
53.00	05300 ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,061,155		3,061,155	0	3,061,155	54.00
54.01	05401 ULTRASOUND	308,759		308,759	0	308,759	54.01
54.02	05402 MAMMOGRAPHY	537,672		537,672	0	537,672	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	1,958,187		1,958,187	0	1,958,187	55.00
56.00	05600 RADIOISOTOPE	1,137,687		1,137,687	0	1,137,687	56.00
57.00	05700 CT SCAN	1,046,700		1,046,700	0	1,046,700	57.00
58.00	05800 MRI	528,747		528,747	0	528,747	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,335,210		1,335,210	0	1,335,210	59.00
60.00	06000 LABORATORY	4,036,116		4,036,116	0	4,036,116	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	830,510		830,510	0	830,510	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	1,945,977	0	1,945,977	0	1,945,977	65.00
66.00	06600 PHYSICAL THERAPY	2,552,512	0	2,552,512	26,282	2,578,794	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	1,322,296		1,322,296	14,871	1,337,167	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	192,035		192,035	0	192,035	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	8,146,429		8,146,429	0	8,146,429	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	8,089,770		8,089,770	0	8,089,770	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	12,316,745		12,316,745	0	12,316,745	73.00
74.00	07400 RENAL DIALYSIS	862,656		862,656	0	862,656	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03020 LI THOTRI PSY	128,226		128,226	0	128,226	76.00
76.01	03330 ENDOSCOPY	1,768,269		1,768,269	61,899	1,830,168	76.01
76.02	03950 PRI SON CLINIC	634,018		634,018	0	634,018	76.02
76.03	03951 WOUNDCARE	1,048,253		1,048,253	14,263	1,062,516	76.03
76.04	03952 OPI C	995,832		995,832	50,291	1,046,123	76.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	0		0	0	0	90.00
91.00	09100 EMERGENCY	5,368,155		5,368,155	33,519	5,401,674	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,735,449		1,735,449	0	1,735,449	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0		0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
99.00	09900 CMHC	0		0	0	0	99.00
99.10	09910 CORF	0		0	0	0	99.10
100.00	10000 I & R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0		0	0	0	105.00
106.00	10600 HEART ACQUISITION	0		0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0		0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0		0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0		0	0	0	113.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150046

Period:
From 09/01/2014
To 08/31/2015

Worksheet C
Part I
Date/Time Prepared:
1/27/2016 11:15 am

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	
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0			0 115.00
116.00	11600	HOSPICE	0		0			0 116.00
200.00		Subtotal (see instructions)	99,926,927	0	99,926,927	286,177	100,213,104	200.00
201.00		Less Observation Beds	1,735,449		1,735,449		1,735,449	201.00
202.00		Total (see instructions)	98,191,478	0	98,191,478	286,177	98,477,655	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150046		Period: From 09/01/2014 To 08/31/2015		Worksheet C Part I Date/Time Prepared: 1/27/2016 11:15 am	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	17,189,225		17,189,225			30.00
31.00	03100	INTENSIVE CARE UNIT	6,884,260		6,884,260			31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
40.00	04000	SUBPROVIDER - I/PF	18,697,819		18,697,819			40.00
41.00	04100	SUBPROVIDER - I/RF	2,028,532		2,028,532			41.00
43.00	04300	NURSERY	952,905		952,905			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
46.00	04600	OTHER LONG TERM CARE	0		0			46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	31,766,468	44,272,771	76,039,239	0.100230	0.000000	50.00
51.00	05100	RECOVERY ROOM	3,612,733	7,477,368	11,090,101	0.095187	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,251,518	388,538	3,640,056	0.588849	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,480,507	9,315,920	12,796,427	0.239220	0.000000	54.00
54.01	05401	ULTRASOUND	883,449	2,738,058	3,621,507	0.085257	0.000000	54.01
54.02	05402	MAMMOGRAPHY	9,312	2,382,568	2,391,880	0.224791	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	621,892	13,140,203	13,762,095	0.142288	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,064,322	11,828,158	12,892,480	0.088244	0.000000	56.00
57.00	05700	CT SCAN	10,054,768	25,898,634	35,953,402	0.029113	0.000000	57.00
58.00	05800	MRI	2,239,355	7,611,421	9,850,776	0.053676	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,455,103	12,322,447	24,777,550	0.053888	0.000000	59.00
60.00	06000	LABORATORY	24,995,202	30,402,335	55,397,537	0.072857	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,843,356	1,321,497	6,164,853	0.134717	0.000000	62.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	14,591,957	916,716	15,508,673	0.125477	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	4,364,438	2,104,756	6,469,194	0.394564	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	7,051,131	6,651,335	13,702,466	0.096501	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	586,977	1,077,301	1,664,278	0.115386	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	21,376,325	18,725,732	40,102,057	0.203142	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,517,941	7,814,376	17,332,317	0.466745	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	56,500,433	41,834,250	98,334,683	0.125253	0.000000	73.00
74.00	07400	RENAL DIALYSIS	4,129,104	86,458	4,215,562	0.204636	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
76.00	03020	LITHOTRIPSY	32,595	640,044	672,639	0.190631	0.000000	76.00
76.01	03330	ENDOSCOPY	1,443,635	20,726,584	22,170,219	0.079759	0.000000	76.01
76.02	03950	PRISON CLINIC	2,542	352,871	355,413	1.783891	0.000000	76.02
76.03	03951	WOUND CARE	118,925	3,440,330	3,559,255	0.294515	0.000000	76.03
76.04	03952	OPIC	60,022	6,973,231	7,033,253	0.141589	0.000000	76.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
91.00	09100	EMERGENCY	10,376,306	30,568,539	40,944,845	0.131107	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	350,248	2,162,800	2,513,048	0.690575	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
99.00	09900	CMHC	0	0	0	0.000000	0.000000	99.00
99.10	09910	CORF	0	0	0	0.000000	0.000000	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0.000000	0.000000	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0.000000	0.000000	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00
106.00	10600	HEART ACQUISITION	0	0	0			106.00
107.00	10700	LIVER ACQUISITION	0	0	0			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE	0	0	0			113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0			114.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150046

Period:
From 09/01/2014
To 08/31/2015

Worksheet C
Part I
Date/Time Prepared:
1/27/2016 11:15 am

Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
115.00	11500	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	275,533,305	313,175,241	588,708,546			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	275,533,305	313,175,241	588,708,546			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150046	Period: From 09/01/2014 To 08/31/2015	Worksheet C Part I Date/Time Prepared: 1/27/2016 11:15 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
40.00	04000 SUBPROVIDER - I/PF			40.00
41.00	04100 SUBPROVIDER - I/RF			41.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
46.00	04600 OTHER LONG TERM CARE			46.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401 ULTRASOUND	0.000000		54.01
54.02	05402 MAMMOGRAPHY	0.000000		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03020 LI THOTRI PSY	0.000000		76.00
76.01	03330 ENDOSCOPY	0.000000		76.01
76.02	03950 PRI SON CLINIC	0.000000		76.02
76.03	03951 WOUNDCARE	0.000000		76.03
76.04	03952 OPI C	0.000000		76.04
	OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
	OTHER REIMBURSABLE COST CENTERS			
94.00	09400 HOME PROGRAM DI ALYSI S	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	09900 CMHC			99.00
99.10	09910 CORF			99.10
100.00	10000 I & R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
105.00	10500 KI DNEY ACQUI SI TI ON			105.00
106.00	10600 HEART ACQUI SI TI ON			106.00
107.00	10700 LI VER ACQUI SI TI ON			107.00
108.00	10800 LUNG ACQUI SI TI ON			108.00
109.00	10900 PANCREAS ACQUI SI TI ON			109.00
110.00	11000 I NTESTI NAL ACQUI SI TI ON			110.00
111.00	11100 I SLET ACQUI SI TI ON			111.00
113.00	11300 I NTEREST EXPENSE			113.00
114.00	11400 UTI LI ZATI ON REVI EW-SNF			114.00
115.00	11500 AMBULATORY SURGI CAL CENTER (D.P.)			115.00
116.00	11600 HOSPI CE			116.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150046	Period: From 09/01/2014 To 08/31/2015	Worksheet C Part I Date/Time Prepared: 1/27/2016 11:15 am
		Title XIX	Hospital	Cost
Cost Center Description		PPS Inpatient Ratio		
		11.00		
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: 150046	Period: From 09/01/2014 To 08/31/2015	Worksheet D Part I Date/Time Prepared: 1/27/2016 11:15 am
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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	2,005,807	0	2,005,807	20,504	97.83	30.00
31.00	INTENSIVE CARE UNIT	386,114		386,114	2,980	129.57	31.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
40.00	SUBPROVIDER - IPF	386,429	0	386,429	5,870	65.83	40.00
41.00	SUBPROVIDER - IRF	332,429	0	332,429	1,868	177.96	41.00
43.00	NURSERY	42,757		42,757	692	61.79	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (Lines 30-199)	3,153,536		3,153,536	31,914		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	11,053	1,081,315				30.00
31.00	INTENSIVE CARE UNIT	1,755	227,395				31.00
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
40.00	SUBPROVIDER - IPF	1,748	115,071				40.00
41.00	SUBPROVIDER - IRF	1,357	241,492				41.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
45.00	NURSING FACILITY	0	0				45.00
200.00	Total (Lines 30-199)	15,913	1,665,273				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150046	Period: From 09/01/2014 To 08/31/2015	Worksheet D Part II Date/Time Prepared: 1/27/2016 11:15 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	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	819,127	76,039,239	0.010772	16,592,447	178,734	50.00
51.00	05100 RECOVERY ROOM	67,910	11,090,101	0.006123	1,867,269	11,433	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	234,963	3,640,056	0.064549	15,477	999	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	396,473	12,796,427	0.030983	2,020,373	62,597	54.00
54.01	05401 ULTRASOUND	18,672	3,621,507	0.005156	415,293	2,141	54.01
54.02	05402 MAMMOGRAPHY	50,391	2,391,880	0.021068	4,604	97	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	199,802	13,762,095	0.014518	302,687	4,394	55.00
56.00	05600 RADIOISOTOPE	48,350	12,892,480	0.003750	669,275	2,510	56.00
57.00	05700 CT SCAN	73,297	35,953,402	0.002039	5,798,476	11,823	57.00
58.00	05800 MRI	40,404	9,850,776	0.004102	1,296,911	5,320	58.00
59.00	05900 CARDIAC CATHETERIZATION	94,254	24,777,550	0.003804	6,574,215	25,008	59.00
60.00	06000 LABORATORY	245,718	55,397,537	0.004436	13,470,237	59,754	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	28,825	6,164,853	0.004676	3,006,790	14,060	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	98,605	15,508,673	0.006358	9,156,327	58,216	65.00
66.00	06600 PHYSICAL THERAPY	325,102	6,469,194	0.050254	1,211,401	60,878	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	92,796	13,702,466	0.006772	4,256,590	28,826	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	31,297	1,664,278	0.018805	337,215	6,341	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	413,729	40,102,057	0.010317	11,722,892	120,945	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	193,676	17,332,317	0.011174	5,762,603	64,391	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	382,469	98,334,683	0.003889	30,344,348	118,009	73.00
74.00	07400 RENAL DIALYSIS	32,409	4,215,562	0.007688	2,827,238	21,736	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03020 LI THOTRI PSY	3,166	672,639	0.004707	23,705	112	76.00
76.01	03330 ENDOSCOPY	96,663	22,170,219	0.004360	946,672	4,127	76.01
76.02	03950 PRISON CLINIC	193,493	355,413	0.544417	0	0	76.02
76.03	03951 WOUND CARE	67,617	3,559,255	0.018998	107,945	2,051	76.03
76.04	03952 OPI C	119,476	7,033,253	0.016987	23,584	401	76.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
91.00	09100 EMERGENCY	430,607	40,944,845	0.010517	5,148,148	54,143	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	219,031	2,513,048	0.087158	183,895	16,028	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	5,018,322	542,955,805		124,086,617	935,074	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150046	Period: From 09/01/2014 To 08/31/2015	Worksheet D Part III Date/Time Prepared: 1/27/2016 11:15 am
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Cost Center Description			Title XVIII				Hospital	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
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	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	20,504	0.00	11,053	0		30.00
31.00	03100	INTENSIVE CARE UNIT	2,980	0.00	1,755	0		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0		33.00
40.00	04000	SUBPROVIDER - IPF	5,870	0.00	1,748	0		40.00
41.00	04100	SUBPROVIDER - IRF	1,868	0.00	1,357	0		41.00
43.00	04300	NURSERY	692	0.00	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0		44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0		45.00
200.00		Total (lines 30-199)	31,914		15,913	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150046	Period: From 09/01/2014 To 08/31/2015	Worksheet D Part IV Date/Time Prepared: 1/27/2016 11:15 am
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Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	54.01
54.02	05402	MAMMOGRAPHY	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03020	LITHOTRIPSY	0	0	0	0	76.00
76.01	03330	ENDOSCOPY	0	0	0	0	76.01
76.02	03950	PRI SON CLINIC	0	0	0	0	76.02
76.03	03951	WOUNDCARE	0	0	0	0	76.03
76.04	03952	OPI C	0	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150046	Period: From 09/01/2014 To 08/31/2015	Worksheet D Part IV Date/Time Prepared: 1/27/2016 11:15 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	76,039,239	0.000000	0.000000	16,592,447	50.00
51.00	05100 RECOVERY ROOM	0	11,090,101	0.000000	0.000000	1,867,269	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	3,640,056	0.000000	0.000000	15,477	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	12,796,427	0.000000	0.000000	2,020,373	54.00
54.01	05401 ULTRASOUND	0	3,621,507	0.000000	0.000000	415,293	54.01
54.02	05402 MAMMOGRAPHY	0	2,391,880	0.000000	0.000000	4,604	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	13,762,095	0.000000	0.000000	302,687	55.00
56.00	05600 RADIO SOTOP	0	12,892,480	0.000000	0.000000	669,275	56.00
57.00	05700 CT SCAN	0	35,953,402	0.000000	0.000000	5,798,476	57.00
58.00	05800 MRI	0	9,850,776	0.000000	0.000000	1,296,911	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	24,777,550	0.000000	0.000000	6,574,215	59.00
60.00	06000 LABORATORY	0	55,397,537	0.000000	0.000000	13,470,237	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	6,164,853	0.000000	0.000000	3,006,790	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	15,508,673	0.000000	0.000000	9,156,327	65.00
66.00	06600 PHYSICAL THERAPY	0	6,469,194	0.000000	0.000000	1,211,401	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	13,702,466	0.000000	0.000000	4,256,590	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,664,278	0.000000	0.000000	337,215	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	40,102,057	0.000000	0.000000	11,722,892	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	17,332,317	0.000000	0.000000	5,762,603	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	98,334,683	0.000000	0.000000	30,344,348	73.00
74.00	07400 RENAL DIALYSIS	0	4,215,562	0.000000	0.000000	2,827,238	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03020 LI THOTRI PSY	0	672,639	0.000000	0.000000	23,705	76.00
76.01	03330 ENDOSCOPY	0	22,170,219	0.000000	0.000000	946,672	76.01
76.02	03950 PRISON CLINIC	0	355,413	0.000000	0.000000	0	76.02
76.03	03951 WOUNDCARE	0	3,559,255	0.000000	0.000000	107,945	76.03
76.04	03952 OPI C	0	7,033,253	0.000000	0.000000	23,584	76.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
91.00	09100 EMERGENCY	0	40,944,845	0.000000	0.000000	5,148,148	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,513,048	0.000000	0.000000	183,895	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	0	542,955,805			124,086,617	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150046	Period: From 09/01/2014 To 08/31/2015	Worksheet D Part IV Date/Time Prepared: 1/27/2016 11:15 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	0	12,892,070	0	50.00
51.00	05100 RECOVERY ROOM	0	1,974,536	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	717	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	2,235,169	0	54.00
54.01	05401 ULTRASOUND	0	561,527	0	54.01
54.02	05402 MAMMOGRAPHY	0	125,110	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	5,982,519	0	55.00
56.00	05600 RADIOISOTOPE	0	5,645,100	0	56.00
57.00	05700 CT SCAN	0	7,526,606	0	57.00
58.00	05800 MRI	0	2,177,037	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	5,625,154	0	59.00
60.00	06000 LABORATORY	0	6,351,487	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	484,202	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	202,592	0	65.00
66.00	06600 PHYSICAL THERAPY	0	276	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	2,130,904	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	237,837	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,493,649	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	2,696,458	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	13,562,701	0	73.00
74.00	07400 RENAL DIALYSIS	0	56,797	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03020 LI THOTRI PSY	0	174,325	0	76.00
76.01	03330 ENDOSCOPY	0	8,407,694	0	76.01
76.02	03950 PRISON CLINIC	0	0	0	76.02
76.03	03951 WOUNDCARE	0	1,782,936	0	76.03
76.04	03952 OPI C	0	2,285,462	0	76.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	0	5,495,914	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	378,616	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
200.00	Total (lines 50-199)	0	95,487,395	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150046	Period: From 09/01/2014 To 08/31/2015	Worksheet D Part V Date/Time Prepared: 1/27/2016 11:15 am				
		Title XVIII	Hospital	PPS				
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs				
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.100230	12,892,070	0	0	1,292,172	50.00
51.00	05100	RECOVERY ROOM	0.095187	1,974,536	0	0	187,950	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.588849	717	0	0	422	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.239220	2,235,169	0	0	534,697	54.00
54.01	05401	ULTRASOUND	0.085257	561,527	0	0	47,874	54.01
54.02	05402	MAMMOGRAPHY	0.224791	125,110	0	0	28,124	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.142288	5,982,519	0	0	851,241	55.00
56.00	05600	RADIOISOTOPE	0.088244	5,645,100	0	0	498,146	56.00
57.00	05700	CT SCAN	0.029113	7,526,606	0	0	219,122	57.00
58.00	05800	MRI	0.053676	2,177,037	0	0	116,855	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.053888	5,625,154	0	0	303,128	59.00
60.00	06000	LABORATORY	0.072857	6,351,487	0	5,233	462,750	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.134717	484,202	0	0	65,230	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.125477	202,592	0	0	25,421	65.00
66.00	06600	PHYSICAL THERAPY	0.394564	276	0	0	109	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.096501	2,130,904	0	0	205,634	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.115386	237,837	0	0	27,443	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.203142	6,493,649	0	0	1,319,133	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.466745	2,696,458	0	0	1,258,558	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.125253	13,562,701	0	123,613	1,698,769	73.00
74.00	07400	RENAL DIALYSIS	0.204636	56,797	0	0	11,623	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03020	LITHOTRIPSY	0.190631	174,325	0	0	33,232	76.00
76.01	03330	ENDOSCOPY	0.079759	8,407,694	0	0	670,589	76.01
76.02	03950	PRISON CLINIC	1.783891	0	0	0	0	76.02
76.03	03951	WOUND CARE	0.294515	1,782,936	0	0	525,101	76.03
76.04	03952	OPIC	0.141589	2,285,462	0	0	323,596	76.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.131107	5,495,914	0	0	720,553	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.690575	378,616	0	0	261,463	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00		Subtotal (see instructions)		95,487,395	0	128,846	11,688,935	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		95,487,395	0	128,846	11,688,935	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150046	Period: From 09/01/2014 To 08/31/2015	Worksheet D Part V Date/Time Prepared: 1/27/2016 11:15 am
		Title XVIII	Hospital	PPS
Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401 ULTRASOUND	0	0	54.01
54.02	05402 MAMMOGRAPHY	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	381	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	15,483	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03020 LI THOTRI PSY	0	0	76.00
76.01	03330 ENDOSCOPY	0	0	76.01
76.02	03950 PRISON CLINIC	0	0	76.02
76.03	03951 WOUNDCARE	0	0	76.03
76.04	03952 OPIC	0	0	76.04
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00	Subtotal (see instructions)	0	15,864	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	15,864	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150046 Component CCN: 15S046		Period: From 09/01/2014 To 08/31/2015		Worksheet D Part II Date/Time Prepared: 1/27/2016 11:15 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	819,127	76,039,239	0.010772	423	50.00
51.00	05100	RECOVERY ROOM	67,910	11,090,101	0.006123	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	234,963	3,640,056	0.064549	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	396,473	12,796,427	0.030983	21,177	54.00
54.01	05401	ULTRASOUND	18,672	3,621,507	0.005156	2,199	54.01
54.02	05402	MAMMOGRAPHY	50,391	2,391,880	0.021068	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	199,802	13,762,095	0.014518	0	55.00
56.00	05600	RADIOISOTOPE	48,350	12,892,480	0.003750	0	56.00
57.00	05700	CT SCAN	73,297	35,953,402	0.002039	45,812	57.00
58.00	05800	MRI	40,404	9,850,776	0.004102	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	94,254	24,777,550	0.003804	0	59.00
60.00	06000	LABORATORY	245,718	55,397,537	0.004436	528,141	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	28,825	6,164,853	0.004676	4,975	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	98,605	15,508,673	0.006358	115,640	65.00
66.00	06600	PHYSICAL THERAPY	325,102	6,469,194	0.050254	14,238	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	92,796	13,702,466	0.006772	34,005	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	31,297	1,664,278	0.018805	2,664	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	413,729	40,102,057	0.010317	5,235	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	193,676	17,332,317	0.011174	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	382,469	98,334,683	0.003889	656,103	73.00
74.00	07400	RENAL DIALYSIS	32,409	4,215,562	0.007688	21,136	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	75.00
76.00	03020	LITHOTRIPSY	3,166	672,639	0.004707	0	76.00
76.01	03330	ENDOSCOPY	96,663	22,170,219	0.004360	4,209	76.01
76.02	03950	PRI SON CLINIC	193,493	355,413	0.544417	0	76.02
76.03	03951	WOUNDCARE	67,617	3,559,255	0.018998	430	76.03
76.04	03952	OPI C	119,476	7,033,253	0.016987	0	76.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	90.00
91.00	09100	EMERGENCY	430,607	40,944,845	0.010517	389,029	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,513,048	0.000000	1,482	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	98.00
200.00		Total (lines 50-199)	4,799,291	542,955,805		1,846,898	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150046 Component CCN: 15S046	Period: From 09/01/2014 To 08/31/2015	Worksheet D Part IV Date/Time Prepared: 1/27/2016 11:15 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	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	54.01
54.02	05402	MAMMOGRAPHY	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03020	LI THOTRI PSY	0	0	0	0	76.00
76.01	03330	ENDOSCOPY	0	0	0	0	76.01
76.02	03950	PRI SON CLIN IC	0	0	0	0	76.02
76.03	03951	WOUNDCARE	0	0	0	0	76.03
76.04	03952	OPI C	0	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DI ALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150046	Period: From 09/01/2014 To 08/31/2015	Worksheet D Part IV Date/Time Prepared: 1/27/2016 11:15 am	
		Component CCN: 15S046	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	0	76,039,239	0.000000	0.000000	423 50.00
51.00 05100 RECOVERY ROOM	0	11,090,101	0.000000	0.000000	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	3,640,056	0.000000	0.000000	0 52.00
53.00 05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	12,796,427	0.000000	0.000000	21,177 54.00
54.01 05401 ULTRASOUND	0	3,621,507	0.000000	0.000000	2,199 54.01
54.02 05402 MAMMOGRAPHY	0	2,391,880	0.000000	0.000000	0 54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	13,762,095	0.000000	0.000000	0 55.00
56.00 05600 RADIOISOTOPE	0	12,892,480	0.000000	0.000000	0 56.00
57.00 05700 CT SCAN	0	35,953,402	0.000000	0.000000	45,812 57.00
58.00 05800 MRI	0	9,850,776	0.000000	0.000000	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0	24,777,550	0.000000	0.000000	0 59.00
60.00 06000 LABORATORY	0	55,397,537	0.000000	0.000000	528,141 60.00
60.01 06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0 60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0 61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	6,164,853	0.000000	0.000000	4,975 62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0 63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0 64.00
65.00 06500 RESPIRATORY THERAPY	0	15,508,673	0.000000	0.000000	115,640 65.00
66.00 06600 PHYSICAL THERAPY	0	6,469,194	0.000000	0.000000	14,238 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0 67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0 68.00
69.00 06900 ELECTROCARDIOLOGY	0	13,702,466	0.000000	0.000000	34,005 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	1,664,278	0.000000	0.000000	2,664 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	40,102,057	0.000000	0.000000	5,235 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	17,332,317	0.000000	0.000000	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	98,334,683	0.000000	0.000000	656,103 73.00
74.00 07400 RENAL DIALYSIS	0	4,215,562	0.000000	0.000000	21,136 74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0 75.00
76.00 03020 LI THOTRI PSY	0	672,639	0.000000	0.000000	0 76.00
76.01 03330 ENDOSCOPY	0	22,170,219	0.000000	0.000000	4,209 76.01
76.02 03950 PRISON CLINIC	0	355,413	0.000000	0.000000	0 76.02
76.03 03951 WOUNDCARE	0	3,559,255	0.000000	0.000000	430 76.03
76.04 03952 OPI C	0	7,033,253	0.000000	0.000000	0 76.04
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0 88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0 89.00
90.00 09000 CLINIC	0	0	0.000000	0.000000	0 90.00
91.00 09100 EMERGENCY	0	40,944,845	0.000000	0.000000	389,029 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,513,048	0.000000	0.000000	1,482 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0 94.00
95.00 09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0 95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0 96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0 97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0 98.00
200.00 Total (lines 50-199)	0	542,955,805			1,846,898 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150046 Component CCN: 15S046	Period: From 09/01/2014 To 08/31/2015	Worksheet D Part IV Date/Time Prepared: 1/27/2016 11:15 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	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401 ULTRASOUND	0	0	0	54.01
54.02	05402 MAMMOGRAPHY	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	1,385	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	4,599	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03020 LI THOTRI PSY	0	0	0	76.00
76.01	03330 ENDOSCOPY	0	0	0	76.01
76.02	03950 PRISON CLINIC	0	0	0	76.02
76.03	03951 WOUNDCARE	0	0	0	76.03
76.04	03952 OPI C	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	0	2,356	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
200.00	Total (lines 50-199)	0	8,340	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150046	Period: From 09/01/2014 To 08/31/2015	Worksheet D Part V Date/Time Prepared: 1/27/2016 11:15 am		
		Component CCN: 15S046	Title XVIII	Subprovider - IPF	PPS	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.100230	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.095187	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.588849	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.239220	0	0	0	54.00
54.01	05401 ULTRASOUND	0.085257	0	0	0	54.01
54.02	05402 MAMMOGRAPHY	0.224791	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.142288	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.088244	0	0	0	56.00
57.00	05700 CT SCAN	0.029113	0	0	0	57.00
58.00	05800 MRI	0.053676	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.053888	0	0	0	59.00
60.00	06000 LABORATORY	0.072857	1,385	0	0	101 60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.134717	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.125477	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.394564	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.096501	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.115386	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.203142	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.466745	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.125253	4,599	0	6,057	576 73.00
74.00	07400 RENAL DIALYSIS	0.204636	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
76.00	03020 LI THOTRI PSY	0.190631	0	0	0	76.00
76.01	03330 ENDOSCOPY	0.079759	0	0	0	76.01
76.02	03950 PRISON CLINIC	1.783891	0	0	0	76.02
76.03	03951 WOUND CARE	0.294515	0	0	0	76.03
76.04	03952 OPI C	0.141589	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	90.00
91.00	09100 EMERGENCY	0.131107	2,356	0	0	309 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.690575	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	98.00
200.00	Subtotal (see instructions)		8,340	0	6,057	986 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		8,340	0	6,057	986 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150046	Period: From 09/01/2014 To 08/31/2015	Worksheet D Part V Date/Time Prepared: 1/27/2016 11:15 am
	Component CCN: 15S046	Title XVII I	Subprovider - IPF

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 05401 ULTRASOUND	0	0	54.01
54.02 05402 MAMMOGRAPHY	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	759	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00 03020 LI THOTRI PSY	0	0	76.00
76.01 03330 ENDOSCOPY	0	0	76.01
76.02 03950 PRISON CLINIC	0	0	76.02
76.03 03951 WOUND CARE	0	0	76.03
76.04 03952 OPI C	0	0	76.04
OUTPATIENT SERVICE COST CENTERS			
88.00 08800 RURAL HEALTH CLINIC	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 09000 CLINIC	0	0	90.00
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
94.00 09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00 Subtotal (see instructions)	0	759	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	759	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150046 Component CCN: 15T046		Period: From 09/01/2014 To 08/31/2015		Worksheet D Part II Date/Time Prepared: 1/27/2016 11:15 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	819,127	76,039,239	0.010772	28,224	304	50.00
51.00	05100	RECOVERY ROOM	67,910	11,090,101	0.006123	5,718	35	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	234,963	3,640,056	0.064549	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	396,473	12,796,427	0.030983	60,050	1,861	54.00
54.01	05401	ULTRASOUND	18,672	3,621,507	0.005156	7,882	41	54.01
54.02	05402	MAMMOGRAPHY	50,391	2,391,880	0.021068	1,543	33	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	199,802	13,762,095	0.014518	0	0	55.00
56.00	05600	RADIOISOTOPE	48,350	12,892,480	0.003750	9,028	34	56.00
57.00	05700	CT SCAN	73,297	35,953,402	0.002039	42,652	87	57.00
58.00	05800	MRI	40,404	9,850,776	0.004102	30,616	126	58.00
59.00	05900	CARDIAC CATHETERIZATION	94,254	24,777,550	0.003804	0	0	59.00
60.00	06000	LABORATORY	245,718	55,397,537	0.004436	360,147	1,598	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	28,825	6,164,853	0.004676	54,401	254	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	98,605	15,508,673	0.006358	22,427	143	65.00
66.00	06600	PHYSICAL THERAPY	325,102	6,469,194	0.050254	1,884,699	94,714	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	92,796	13,702,466	0.006772	10,380	70	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	31,297	1,664,278	0.018805	7,750	146	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	413,729	40,102,057	0.010317	214,984	2,218	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	193,676	17,332,317	0.011174	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	382,469	98,334,683	0.003889	1,099,706	4,277	73.00
74.00	07400	RENAL DIALYSIS	32,409	4,215,562	0.007688	165,627	1,273	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03020	LITHOTRIPSY	3,166	672,639	0.004707	0	0	76.00
76.01	03330	ENDOSCOPY	96,663	22,170,219	0.004360	0	0	76.01
76.02	03950	PRI SON CLINIC	193,493	355,413	0.544417	0	0	76.02
76.03	03951	WOUNDCARE	67,617	3,559,255	0.018998	0	0	76.03
76.04	03952	OPI C	119,476	7,033,253	0.016987	0	0	76.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
91.00	09100	EMERGENCY	430,607	40,944,845	0.010517	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,513,048	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50-199)	4,799,291	542,955,805		4,005,834	107,214	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150046 Component CCN: 15T046	Period: From 09/01/2014 To 08/31/2015	Worksheet D Part IV Date/Time Prepared: 1/27/2016 11:15 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	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	54.01
54.02	05402	MAMMOGRAPHY	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03020	LI THOTRI PSY	0	0	0	0	76.00
76.01	03330	ENDOSCOPY	0	0	0	0	76.01
76.02	03950	PRI SON CLIN IC	0	0	0	0	76.02
76.03	03951	WOUNDCARE	0	0	0	0	76.03
76.04	03952	OPI C	0	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DI ALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150046	Period: From 09/01/2014 To 08/31/2015	Worksheet D Part IV Date/Time Prepared: 1/27/2016 11:15 am				
		Component CCN: 15T046	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	0	76,039,239	0.000000	0.000000	28,224	50.00
51.00	05100	RECOVERY ROOM	0	11,090,101	0.000000	0.000000	5,718	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,640,056	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	12,796,427	0.000000	0.000000	60,050	54.00
54.01	05401	ULTRASOUND	0	3,621,507	0.000000	0.000000	7,882	54.01
54.02	05402	MAMMOGRAPHY	0	2,391,880	0.000000	0.000000	1,543	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	13,762,095	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	12,892,480	0.000000	0.000000	9,028	56.00
57.00	05700	CT SCAN	0	35,953,402	0.000000	0.000000	42,652	57.00
58.00	05800	MRI	0	9,850,776	0.000000	0.000000	30,616	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	24,777,550	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	55,397,537	0.000000	0.000000	360,147	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	6,164,853	0.000000	0.000000	54,401	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	15,508,673	0.000000	0.000000	22,427	65.00
66.00	06600	PHYSICAL THERAPY	0	6,469,194	0.000000	0.000000	1,884,699	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	13,702,466	0.000000	0.000000	10,380	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,664,278	0.000000	0.000000	7,750	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	40,102,057	0.000000	0.000000	214,984	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	17,332,317	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	98,334,683	0.000000	0.000000	1,099,706	73.00
74.00	07400	RENAL DIALYSIS	0	4,215,562	0.000000	0.000000	165,627	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03020	LITHOTRIPSY	0	672,639	0.000000	0.000000	0	76.00
76.01	03330	ENDOSCOPY	0	22,170,219	0.000000	0.000000	0	76.01
76.02	03950	PRI SON CLINIC	0	355,413	0.000000	0.000000	0	76.02
76.03	03951	WOUNDCARE	0	3,559,255	0.000000	0.000000	0	76.03
76.04	03952	OPI C	0	7,033,253	0.000000	0.000000	0	76.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	40,944,845	0.000000	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,513,048	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	0	542,955,805			4,005,834	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150046 Component CCN: 15T046	Period: From 09/01/2014 To 08/31/2015	Worksheet D Part IV Date/Time Prepared: 1/27/2016 11:15 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
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	821	0	54.00
54.01	05401 ULTRASOUND	0	0	0	54.01
54.02	05402 MAMMOGRAPHY	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	543	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03020 LI THOTRI PSY	0	0	0	76.00
76.01	03330 ENDOSCOPY	0	0	0	76.01
76.02	03950 PRISON CLINIC	0	0	0	76.02
76.03	03951 WOUNDCARE	0	0	0	76.03
76.04	03952 OPI C	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
200.00	Total (lines 50-199)	0	1,364	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150046	Period: From 09/01/2014 To 08/31/2015	Worksheet D Part V Date/Time Prepared: 1/27/2016 11:15 am			
		Component CCN: 15T046	Title XVIII	Subprovider - IRF	PPS		
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.100230	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.095187	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.588849	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.239220	821	0	0	196 54.00
54.01	05401	ULTRASOUND	0.085257	0	0	0	54.01
54.02	05402	MAMMOGRAPHY	0.224791	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.142288	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.088244	0	0	0	56.00
57.00	05700	CT SCAN	0.029113	0	0	0	57.00
58.00	05800	MRI	0.053676	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.053888	0	0	0	59.00
60.00	06000	LABORATORY	0.072857	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.134717	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.125477	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.394564	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.096501	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.115386	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.203142	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.466745	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.125253	543	0	511	68 73.00
74.00	07400	RENAL DIALYSIS	0.204636	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
76.00	03020	LITHOTRIPSY	0.190631	0	0	0	76.00
76.01	03330	ENDOSCOPY	0.079759	0	0	0	76.01
76.02	03950	PRISON CLINIC	1.783891	0	0	0	76.02
76.03	03951	WOUND CARE	0.294515	0	0	0	76.03
76.04	03952	OPI C	0.141589	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	90.00
91.00	09100	EMERGENCY	0.131107	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.690575	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	98.00
200.00		Subtotal (see instructions)		1,364	0	511	264 200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		1,364	0	511	264 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150046 Component CCN: 15T046	Period: From 09/01/2014 To 08/31/2015	Worksheet D Part V Date/Time Prepared: 1/27/2016 11:15 am
	Title XVII I	Subprovider - IRF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 05401 ULTRASOUND	0	0	54.01
54.02 05402 MAMMOGRAPHY	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	64	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00 03020 LI THOTRI PSY	0	0	76.00
76.01 03330 ENDOSCOPY	0	0	76.01
76.02 03950 PRISON CLINIC	0	0	76.02
76.03 03951 WOUND CARE	0	0	76.03
76.04 03952 OPI C	0	0	76.04
OUTPATIENT SERVICE COST CENTERS			
88.00 08800 RURAL HEALTH CLINIC	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 09000 CLINIC	0	0	90.00
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
94.00 09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00 Subtotal (see instructions)	0	64	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	64	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150046	Period: From 09/01/2014 To 08/31/2015	Worksheet D Part V Date/Time Prepared: 1/27/2016 11:15 am
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.100230	0	0	10,041,523	0
51.00 05100 RECOVERY ROOM	0.095187	0	0	1,844,295	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.588849	0	0	174,481	0
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.239220	0	0	2,395,215	0
54.01 05401 ULTRASOUND	0.085257	0	0	721,553	0
54.02 05402 MAMMOGRAPHY	0.224791	0	0	200,237	0
55.00 05500 RADIOLOGY-THERAPEUTIC	0.142288	0	0	1,788,510	0
56.00 05600 RADIOISOTOPE	0.088244	0	0	1,492,142	0
57.00 05700 CT SCAN	0.029113	0	0	5,096,535	0
58.00 05800 MRI	0.053676	0	0	1,124,041	0
59.00 05900 CARDIAC CATHETERIZATION	0.053888	0	0	1,160,047	0
60.00 06000 LABORATORY	0.072857	0	0	6,961,864	0
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.134717	0	0	249,353	0
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0
64.00 06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	0.125477	0	0	410,694	0
66.00 06600 PHYSICAL THERAPY	0.394564	0	0	428,809	0
67.00 06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.096501	0	0	1,275,201	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.115386	0	0	425,441	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.203142	0	0	3,382,949	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.466745	0	0	1,577,469	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.125253	0	0	6,429,758	0
74.00 07400 RENAL DIALYSIS	0.204636	0	0	0	0
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0
76.00 03020 LI THOTRI PSY	0.190631	0	0	115,564	0
76.01 03330 ENDOSCOPY	0.079759	0	0	1,902,997	0
76.02 03950 PRISON CLINIC	1.783891	0	0	0	0
76.03 03951 WOUNDCARE	0.294515	0	0	210,850	0
76.04 03952 OPI C	0.141589	0	0	688,643	0
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0.000000				0
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0
90.00 09000 CLINIC	0.000000	0	0	0	0
91.00 09100 EMERGENCY	0.131107	0	0	9,595,896	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.690575	0	0	1,051,239	0
OTHER REIMBURSABLE COST CENTERS					
94.00 09400 HOME PROGRAM DIALYSIS	0.000000		0		94.00
95.00 09500 AMBULANCE SERVICES	0.000000	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0
200.00 Subtotal (see instructions)		0	0	60,745,306	0
201.00 Less PBP Clinic Lab. Services-Program Only Charges				0	201.00
202.00 Net Charges (line 200 +/- line 201)		0	0	60,745,306	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150046	Period: From 09/01/2014 To 08/31/2015	Worksheet D Part V Date/Time Prepared: 1/27/2016 11:15 am
		Title XIX	Hospital	Cost

Cost Center Description	Costs			Cost	
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	1,006,462	50.00
51.00	05100	RECOVERY ROOM	0	175,553	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	102,743	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	572,983	54.00
54.01	05401	ULTRASOUND	0	61,517	54.01
54.02	05402	MAMMOGRAPHY	0	45,011	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	254,484	55.00
56.00	05600	RADIOISOTOPE	0	131,673	56.00
57.00	05700	CT SCAN	0	148,375	57.00
58.00	05800	MRI	0	60,334	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	62,513	59.00
60.00	06000	LABORATORY	0	507,221	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	33,592	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	51,533	65.00
66.00	06600	PHYSICAL THERAPY	0	169,193	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	123,058	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	49,090	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	687,219	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	736,276	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	805,346	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03020	LITHOTRIpsy	0	22,030	76.00
76.01	03330	ENDOSCOPY	0	151,781	76.01
76.02	03950	PRIson CLINIC	0	0	76.02
76.03	03951	WOUNDCARE	0	62,098	76.03
76.04	03952	OPIc	0	97,504	76.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	1,258,089	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	725,959	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00		Subtotal (see instructions)	0	8,101,637	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	8,101,637	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150046	Period: From 09/01/2014 To 08/31/2015	Worksheet D-1 Date/Time Prepared: 1/27/2016 11:15 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		20,504	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		20,504	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)		18,265	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)		11,053	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		15,892,641	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		15,892,641	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		15,892,641	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)		775.10	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		8,567,180	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)		8,567,180	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150046		Period: From 09/01/2014 To 08/31/2015		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 1/27/2016 11:15 am	
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	4,302,977	2,980	1,443.95	1,755	2,534,132		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		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)					16,913,393		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					28,014,705		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,308,710		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					935,074		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,243,784		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					25,770,921		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)					2,239		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					775.10		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					1,735,449		89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150046

Period:
From 09/01/2014
To 08/31/2015

Worksheet D-1
Date/Time Prepared:
1/27/2016 11:15 am

Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,005,807	15,892,641	0.126210	1,735,449	219,031	90.00
91.00	Nursing School cost	0	15,892,641	0.000000	1,735,449	0	91.00
92.00	Allied health cost	0	15,892,641	0.000000	1,735,449	0	92.00
93.00	All other Medical Education	0	15,892,641	0.000000	1,735,449	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150046 Component CCN: 15S046	Period: From 09/01/2014 To 08/31/2015	Worksheet D-1 Date/Time Prepared: 1/27/2016 11:15 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)		5,870	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,870	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)		5,870	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)		1,748	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,387,192	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		4,387,192	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)		4,387,192	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)		747.39	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,306,438	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)		1,306,438	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150046		Period: From 09/01/2014 To 08/31/2015		Worksheet D-1	
		Component CCN: 15S046				Date/Time Prepared: 1/27/2016 11:15 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	0	0	0.00	0	0		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)					209,977		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,516,415		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)					115,071		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					11,747		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					126,818		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,389,597		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: 150046 Component CCN: 15S046		Period: From 09/01/2014 To 08/31/2015		Worksheet D-1 Date/Time Prepared: 1/27/2016 11:15 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	386,429	4,387,192	0.088081	0	0	90.00
91.00	Nursing School cost	0	4,387,192	0.000000	0	0	91.00
92.00	Allied health cost	0	4,387,192	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,387,192	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150046 Component CCN: 15T046	Period: From 09/01/2014 To 08/31/2015	Worksheet D-1 Date/Time Prepared: 1/27/2016 11:15 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)		1,868	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,868	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)		1,868	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)		1,357	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)		2,065,691	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)		2,065,691	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)		2,065,691	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,105.83	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,500,611	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)		1,500,611	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150046		Period: From 09/01/2014 To 08/31/2015		Worksheet D-1	
		Component CCN: 15T046				Date/Time Prepared: 1/27/2016 11:15 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	0	0	0.00	0	0		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)					1,027,328		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,527,939		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)					241,492		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					107,214		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					348,706		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,179,233		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: 150046 Component CCN: 15T046		Period: From 09/01/2014 To 08/31/2015		Worksheet D-1 Date/Time Prepared: 1/27/2016 11:15 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	332,429	2,065,691	0.160929	0	0	90.00
91.00	Nursing School cost	0	2,065,691	0.000000	0	0	91.00
92.00	Allied health cost	0	2,065,691	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,065,691	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150046	Period: From 09/01/2014 To 08/31/2015	Worksheet D-1 Date/Time Prepared: 1/27/2016 11:15 am
Cost Center Description		Title XIX	Hospital	Cost
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		20,504	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		20,504	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)		18,265	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)		1,970	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)		692	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		15,842,735	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		15,842,735	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		15,842,735	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)		772.67	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,522,160	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)		1,522,160	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150046		Period: From 09/01/2014 To 08/31/2015		Worksheet D-1	
Date/Time Prepared: 1/27/2016 11:15 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)		
42.00 NURSERY (title V & XIX only)	649,192	692	938.14	0		0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	4,302,977	2,980	1,443.95	0		0	43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0		0	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)						4,383,132	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						5,905,292	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)						2,239	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						772.67	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						1,730,008	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150046		Period: From 09/01/2014 To 08/31/2015		Worksheet D-1 Date/Time Prepared: 1/27/2016 11:15 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,005,807	15,842,735	0.126607	1,730,008	219,031	90.00
91.00	Nursing School cost	0	15,842,735	0.000000	1,730,008	0	91.00
92.00	Allied health cost	0	15,842,735	0.000000	1,730,008	0	92.00
93.00	All other Medical Education	0	15,842,735	0.000000	1,730,008	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150046	Period: From 09/01/2014 To 08/31/2015	Worksheet D-3 Date/Time Prepared: 1/27/2016 11:15 am	
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		9,291,789	30.00
31.00	03100	INTENSIVE CARE UNIT		4,041,627	31.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
40.00	04000	SUBPROVIDER - I/PF		0	40.00
41.00	04100	SUBPROVIDER - I/RF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.100315	16,592,447	50.00
51.00	05100	RECOVERY ROOM	0.095187	1,867,269	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.588849	15,477	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.239220	2,020,373	54.00
54.01	05401	ULTRASOUND	0.085257	415,293	54.01
54.02	05402	MAMMOGRAPHY	0.224791	4,604	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.142288	302,687	55.00
56.00	05600	RADIOISOTOPE	0.088244	669,275	56.00
57.00	05700	CT SCAN	0.029113	5,798,476	57.00
58.00	05800	MRI	0.053676	1,296,911	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.053888	6,574,215	59.00
60.00	06000	LABORATORY	0.072857	13,470,237	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.134717	3,006,790	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.125477	9,156,327	65.00
66.00	06600	PHYSICAL THERAPY	0.398627	1,211,401	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.097586	4,256,590	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.115386	337,215	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.203142	11,722,892	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.466745	5,762,603	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.125253	30,344,348	73.00
74.00	07400	RENAL DIALYSIS	0.204636	2,827,238	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03020	LITHOTRIPSY	0.190631	23,705	76.00
76.01	03330	ENDOSCOPY	0.082551	946,672	76.01
76.02	03950	PRISON CLINIC	1.783891	0	76.02
76.03	03951	WOUND CARE	0.298522	107,945	76.03
76.04	03952	OPI C	0.148740	23,584	76.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
91.00	09100	EMERGENCY	0.131926	5,148,148	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.690575	183,895	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES	0.000000	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		124,086,617	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)		124,086,617	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150046	Period: From 09/01/2014 To 08/31/2015	Worksheet D-3	
		Component CCN: 15S046		Date/Time Prepared: 1/27/2016 11:15 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
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
40.00	04000	SUBPROVIDER - IPF		5,535,271	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.100315	423	50.00
51.00	05100	RECOVERY ROOM	0.095187	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.588849	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.239220	21,177	54.00
54.01	05401	ULTRASOUND	0.085257	2,199	54.01
54.02	05402	MAMMOGRAPHY	0.224791	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.142288	0	55.00
56.00	05600	RADIOISOTOPE	0.088244	0	56.00
57.00	05700	CT SCAN	0.029113	45,812	57.00
58.00	05800	MRI	0.053676	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.053888	0	59.00
60.00	06000	LABORATORY	0.072857	528,141	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.134717	4,975	62.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.125477	115,640	65.00
66.00	06600	PHYSICAL THERAPY	0.398627	14,238	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.097586	34,005	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.115386	2,664	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.203142	5,235	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.466745	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.125253	656,103	73.00
74.00	07400	RENAL DIALYSIS	0.204636	21,136	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03020	LITHOTRIPSY	0.190631	0	76.00
76.01	03330	ENDOSCOPY	0.082551	4,209	76.01
76.02	03950	PRISON CLINIC	1.783891	0	76.02
76.03	03951	WOUNDCARE	0.298522	430	76.03
76.04	03952	OPIC	0.148740	0	76.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000	0	90.00
91.00	09100	EMERGENCY	0.131926	389,029	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.690575	1,482	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES		0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		1,846,898	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		1,846,898	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150046	Period: From 09/01/2014 To 08/31/2015	Worksheet D-3	
		Component CCN: 15T046		Date/Time Prepared: 1/27/2016 11:15 am	
		Title XVIIII	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
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		1,465,497	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.100315	28,224	50.00
51.00	05100	RECOVERY ROOM	0.095187	5,718	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.588849	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.239220	60,050	54.00
54.01	05401	ULTRASOUND	0.085257	7,882	54.01
54.02	05402	MAMMOGRAPHY	0.224791	1,543	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.142288	0	55.00
56.00	05600	RADIOISOTOPE	0.088244	9,028	56.00
57.00	05700	CT SCAN	0.029113	42,652	57.00
58.00	05800	MRI	0.053676	30,616	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.053888	0	59.00
60.00	06000	LABORATORY	0.072857	360,147	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.134717	54,401	62.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.125477	22,427	65.00
66.00	06600	PHYSICAL THERAPY	0.398627	1,884,699	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.097586	10,380	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.115386	7,750	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.203142	214,984	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.466745	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.125253	1,099,706	73.00
74.00	07400	RENAL DIALYSIS	0.204636	165,627	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03020	LITHOTRIPSY	0.190631	0	76.00
76.01	03330	ENDOSCOPY	0.082551	0	76.01
76.02	03950	PRISON CLINIC	1.783891	0	76.02
76.03	03951	WOUND CARE	0.298522	0	76.03
76.04	03952	OPIC	0.148740	0	76.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000	0	90.00
91.00	09100	EMERGENCY	0.131926	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.690575	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES		0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		4,005,834	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)		4,005,834	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150046	Period: From 09/01/2014 To 08/31/2015	Worksheet D-3 Date/Time Prepared: 1/27/2016 11:15 am	
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		2,171,791	30.00
31.00	03100	INTENSIVE CARE UNIT		791,756	31.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
40.00	04000	SUBPROVIDER - I/PF		6,611,634	40.00
41.00	04100	SUBPROVIDER - I/RF		143,969	41.00
43.00	04300	NURSERY		620,001	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.100230	3,686,702	369,518 50.00
51.00	05100	RECOVERY ROOM	0.095187	470,038	44,742 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.588849	1,725,852	1,016,266 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.239220	404,450	96,753 54.00
54.01	05401	ULTRASOUND	0.085257	147,262	12,555 54.01
54.02	05402	MAMMOGRAPHY	0.224791	508	114 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.142288	62,217	8,853 55.00
56.00	05600	RADIOISOTOPE	0.088244	69,301	6,115 56.00
57.00	05700	CT SCAN	0.029113	1,144,334	33,315 57.00
58.00	05800	MRI	0.053676	247,118	13,264 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.053888	837,644	45,139 59.00
60.00	06000	LABORATORY	0.072857	3,454,751	251,703 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.134717	492,907	66,403 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.125477	2,159,800	271,005 65.00
66.00	06600	PHYSICAL THERAPY	0.394564	363,748	143,522 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.096501	651,465	62,867 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.115386	94,339	10,885 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.203142	2,020,479	410,444 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.466745	661,455	308,731 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.125253	7,566,068	947,673 73.00
74.00	07400	RENAL DIALYSIS	0.204636	138,346	28,311 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	03020	LITHOTRIPSY	0.190631	8,890	1,695 76.00
76.01	03330	ENDOSCOPY	0.079759	109,793	8,757 76.01
76.02	03950	PRI SON CLINIC	1.783891	0	0 76.02
76.03	03951	WOUND CARE	0.294515	10,550	3,107 76.03
76.04	03952	OPI C	0.141589	14,825	2,099 76.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
91.00	09100	EMERGENCY	0.131107	1,672,647	219,296 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.690575	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES	0.000000	0	0 95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0 98.00
200.00		Total (sum of lines 50-94 and 96-98)		28,215,489	4,383,132 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		28,215,489	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150046	Period: From 09/01/2014 To 08/31/2015	Worksheet E Part A Date/Time Prepared: 1/27/2016 11:15 am	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	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)		1,855,969		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		18,902,494		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)		909,935		2.00
2.01	Outlier reconciliation amount		0		2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0		2.02
3.00	Managed Care Simulated Payments		0		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		153.56		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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150046	Period: From 09/01/2014 To 08/31/2015	Worksheet E Part A Date/Time Prepared: 1/27/2016 11:15 am	
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		0	before 1/1	on/after 1/1	2.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		1.00	1.01	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.88		30.00
31.00	Percentage of Medicaid patient days (see instructions)		15.62		31.00
32.00	Sum of lines 30 and 31		21.50		32.00
33.00	Allowable disproportionate share percentage (see instructions)		6.95		33.00
34.00	Disproportionate share adjustment (see instructions)		360,679		34.00
			Prior to October 1	On/After October 1	
		0	1.00	1.01	2.00
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		9,046,380,143	7,647,644,885	35.00
35.01	Factor 3 (see instructions)		0.000135960	0.000115775	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,229,949	885,405	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		101,092	812,632	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		913,724		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	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)		22,942,801		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
49.00	Total payment for inpatient operating costs (see instructions)		22,942,801		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,841,005		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		24,783,806		59.00
60.00	Primary payer payments		14,130		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		24,769,676		61.00
62.00	Deductibles billed to program beneficiaries		2,167,804		62.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150046	Period: From 09/01/2014 To 08/31/2015	Worksheet E Part A Date/Time Prepared: 1/27/2016 11:15 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	1.01	On/After October 1 2.00
63.00	Coinsurance billed to program beneficiaries		63,322		63.00
64.00	Allowable bad debts (see instructions)		260,825		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		169,536		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		49,850		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		22,708,086		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)		30,779		70.93
70.94	HRR adjustment amount (see instructions)		-208,718		70.94
70.95	Recovery of accelerated depreciation		0		70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		22,530,147		71.00
71.01	Sequestration adjustment (see instructions)		450,603		71.01
72.00	Interim payments		22,063,443		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)		16,101		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		300,801		75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150046	Period: From 09/01/2014 To 08/31/2015	Worksheet E Part A Date/Time Prepared: 1/27/2016 11:15 am
		Title XVIII	Hospital	PPS
		Prior to 10/1		On/After 10/1
		1.00	1.01	2.00
	HSP Bonus Payment Amount			
100.00	HSP bonus amount (see instructions)	0		0
	HVBP Adjustment for HSP Bonus Payment			
101.00	HVBP adjustment factor (see instructions)	0		0
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0		0
	HRR Adjustment for HSP Bonus Payment			
103.00	HRR adjustment factor (see instructions)	0.0000		0.0000
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0		0

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150046	Period: From 09/01/2014 To 08/31/2015	Worksheet E Part B Date/Time Prepared: 1/27/2016 11:15 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		15,864	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		11,688,935	2.00
3.00	PPS payments		12,046,630	3.00
4.00	Outlier payment (see instructions)		30,801	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		15,864	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		128,846	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)		128,846	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		128,846	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		112,982	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)		15,864	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)		12,077,431	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)		2,429,599	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)		9,663,696	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)		9,663,696	30.00
31.00	Primary payer payments		401	31.00
32.00	Subtotal (line 30 minus line 31)		9,663,295	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)		459,160	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		298,454	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		234,402	36.00
37.00	Subtotal (see instructions)		9,961,749	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)		9,961,749	40.00
40.01	Sequestration adjustment (see instructions)		199,235	40.01
41.00	Interim payments		9,654,385	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		108,129	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: 150046	Period: From 09/01/2014 To 08/31/2015	Worksheet E Part B Date/Time Prepared: 1/27/2016 11:15 am
		Component CCN: 15S046	Title XVII	Subprovider - IPF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		759	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		986	2.00
3.00	PPS payments		1,707	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		759	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		6,057	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)		6,057	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		6,057	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		5,298	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)		759	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)		1,707	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)		90	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)		2,376	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)		2,376	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		2,376	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)		2,376	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)		2,376	40.00
40.01	Sequestration adjustment (see instructions)		48	40.01
41.00	Interim payments		2,773	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-445	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: 150046	Period: From 09/01/2014 To 08/31/2015	Worksheet E Part B Date/Time Prepared: 1/27/2016 11:15 am
		Component CCN: 15T046	Title XVII I	Subprovider - IRF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		64	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		264	2.00
3.00	PPS payments		206	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		64	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		511	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)		511	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		511	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		447	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)		64	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)		206	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)		270	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)		270	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		270	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)		270	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)		270	40.00
40.01	Sequestration adjustment (see instructions)		5	40.01
41.00	Interim payments		302	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-37	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: 150046

Period:
From 09/01/2014
To 08/31/2015

Worksheet E-1
Part I
Date/Time Prepared:
1/27/2016 11:15 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		22,063,443		9,654,385	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)		22,063,443		9,654,385	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		16,101		108,129	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		22,079,544		9,762,514	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: 150046
Component CCN: 15S046

Period:
From 09/01/2014
To 08/31/2015

Worksheet E-1
Part I
Date/Time Prepared:
1/27/2016 11:15 am
PPS

Title XVIII

Subprovider -
IPF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,273,698		2,773	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,273,698		2,773	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		37,458		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		445	6.02
7.00	Total Medicare program liability (see instructions)		1,311,156		2,328	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: 150046
Component CCN: 15T046

Period:
From 09/01/2014
To 08/31/2015

Worksheet E-1
Part I
Date/Time Prepared:
1/27/2016 11:15 am
PPS

Title XVIII

Subprovider -
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,914,846		302	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,914,846		302	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		13,216		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		37	6.02
7.00	Total Medicare program liability (see instructions)		1,928,062		265	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 150046

Period:
From 09/01/2014
To 08/31/2015

Worksheet E-1
Part II
Date/Time Prepared:
1/27/2016 11:15 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	5,095	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	12,808	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	1,376	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	21,245	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	588,708,546	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	2,018,557	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)	467,121	8.00
9.00	Sequestration adjustment amount (see instructions)	9,342	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	457,779	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH			
30.00	Initial/interim HIT payment adjustment (see instructions)	444,207	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)	13,572	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150046 Component CCN: 15S046	Period: From 09/01/2014 To 08/31/2015	Worksheet E-3 Part II Date/Time Prepared: 1/27/2016 11:15 am
		Title XVII	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)			1,399,480 1.00
2.00	Net IPF PPS Outlier Payments			100,976 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 instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			16.082192 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,500,456 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,500,456 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,500,456 18.00
19.00	Deductibles			185,452 19.00
20.00	Subtotal (line 18 minus line 19)			1,315,004 20.00
21.00	Coinsurance			15,281 21.00
22.00	Subtotal (line 20 minus line 21)			1,299,723 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			58,755 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			38,191 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			7,556 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,337,914 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)			0 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)			1,337,914 31.00
31.01	Sequestration adjustment (see instructions)			26,758 31.01
32.00	Interim payments			1,273,698 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)			37,458 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			100,976 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: 150046 Component CCN: 15T046	Period: From 09/01/2014 To 08/31/2015	Worksheet E-3 Part III Date/Time Prepared: 1/27/2016 11:15 am
		Title VIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			1,706,388 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0352 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			56,311 3.00
4.00	Outlier Payments			210,879 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)			5.117808 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)			1,973,578 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			1,973,578 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			1,973,578 19.00
20.00	Deductibles			6,168 20.00
21.00	Subtotal (line 19 minus line 20)			1,967,410 21.00
22.00	Coinsurance			0 22.00
23.00	Subtotal (line 21 minus line 22)			1,967,410 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			1,967,410 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)			0 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)			1,967,410 32.00
32.01	Sequestration adjustment (see instructions)			39,348 32.01
33.00	Interim payments			1,914,846 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)			13,216 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			210,879 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: 150046	Period: From 09/01/2014 To 08/31/2015	Worksheet E-3 Part VII Date/Time Prepared: 1/27/2016 11:15 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	5,905,292			1.00
2.00	Medical and other services		8,101,637		2.00
3.00	Organ acquisition (certified transplant centers only)	0			3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	5,905,292	8,101,637		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)	5,905,292	8,101,637		7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges	0			8.00
9.00	Ancillary service charges	28,215,489	60,745,306		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)	28,215,489	60,745,306		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)	28,215,489	60,745,306		16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	22,310,197	52,643,669		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)	5,905,292	8,101,637		21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments	0	0		22.00
23.00	Outlier payments	0	0		23.00
24.00	Program capital payments	0			24.00
25.00	Capital exception payments (see instructions)	0			25.00
26.00	Routine and Ancillary service other pass through costs	0	0		26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0		27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0			28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	5,905,292	8,101,637		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)	5,905,292	8,101,637		31.00
32.00	Deductibles	0	0		32.00
33.00	Coinurance	0	0		33.00
34.00	Allowable bad debts (see instructions)	0	0		34.00
35.00	Utilization review	0			35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	5,905,292	8,101,637		36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0		37.00
38.00	Subtotal (line 36 ± line 37)	5,905,292	8,101,637		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)	5,905,292	8,101,637		40.00
41.00	Interim payments	7,479,919	5,610,832		41.00
42.00	Balance due provider/program (line 40 minus line 41)	-1,574,627	2,490,805		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: 150046 Component CCN: 15S046	Period: From 09/01/2014 To 08/31/2015	Worksheet E-3 Part VII Date/Time Prepared: 1/27/2016 11:15 am
		Title XIX	Subprovider - IPF	Cost
		Inpatient 1.00	Outpatient 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	0	24.00
25.00	Capital exception payments (see instructions)	0	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	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	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	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: 150046 Component CCN: 15T046	Period: From 09/01/2014 To 08/31/2015	Worksheet E-3 Part VII Date/Time Prepared: 1/27/2016 11:15 am
		Title XIX	Subprovider - IRF	Cost
		Inpatient 1.00	Outpatient 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	0	24.00
25.00	Capital exception payments (see instructions)	0	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	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	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	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: 150046

Period:
From 09/01/2014
To 08/31/2015

Worksheet G

Date/Time Prepared:
1/27/2016 11:15 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	12,611	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	29,136,594	0	0	0	4.00
5.00	Other receivable	924	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-11,784,803	0	0	0	6.00
7.00	Inventory	5,201,392	0	0	0	7.00
8.00	Prepaid expenses	303,286	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	21,381	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	22,891,385	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,262,718	0	0	0	12.00
13.00	Land improvements	3,158,371	0	0	0	13.00
14.00	Accumulated depreciation	-3,006,062	0	0	0	14.00
15.00	Buildings	38,638,215	0	0	0	15.00
16.00	Accumulated depreciation	-23,871,945	0	0	0	16.00
17.00	Leasehold improvements	7,429,901	0	0	0	17.00
18.00	Accumulated depreciation	-5,061,170	0	0	0	18.00
19.00	Fixed equipment	26,731,459	0	0	0	19.00
20.00	Accumulated depreciation	-17,708,028	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	49,619,863	0	0	0	23.00
24.00	Accumulated depreciation	-42,457,010	0	0	0	24.00
25.00	Minor equipment depreciable	4,385,386	0	0	0	25.00
26.00	Accumulated depreciation	-2,348,506	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	1,857,566	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	38,630,758	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	5,449,681	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	5,449,681	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	66,971,824	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	5,831,798	0	0	0	37.00
38.00	Salaries, wages, and fees payable	3,375,276	0	0	0	38.00
39.00	Payroll taxes payable	1,407,258	0	0	0	39.00
40.00	Notes and loans payable (short term)	102,006	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	641	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	10,716,979	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	334,574	0	0	0	47.00
48.00	Unsecured loans	-208,612,074	0	0	0	48.00
49.00	Other long term liabilities	76,701	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	-208,200,799	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	-197,483,820	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	264,455,644	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	264,455,644	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	66,971,824	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150046

Period:
From 09/01/2014
To 08/31/2015

Worksheet G-1

Date/Time Prepared:
1/27/2016 11:15 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		255,826,355		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		15,165,433			2.00
3.00	Total (sum of line 1 and line 2)		270,991,788		0	3.00
4.00		0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		270,991,788		0	11.00
12.00	FEDERAL TAX LIABILITY	6,536,144		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		6,536,144		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		264,455,644		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			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	FEDERAL TAX LIABILITY		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: 150046

Period:
From 09/01/2014
To 08/31/2015

Worksheet G-2
Parts I & II
Date/Time Prepared:
1/27/2016 11:15 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	17,189,225		17,189,225	1.00
2.00	SUBPROVIDER - IPF	18,697,819		18,697,819	2.00
3.00	SUBPROVIDER - IRF	2,028,532		2,028,532	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	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	37,915,576		37,915,576	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	6,884,260		6,884,260	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	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)	6,884,260		6,884,260	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	44,799,836		44,799,836	17.00
18.00	Ancillary services	219,193,748	284,391,329	503,585,077	18.00
19.00	Outpatient services	10,376,306	30,568,539	40,944,845	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	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC	0	0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	274,369,890	314,959,868	589,329,758	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		105,655,151		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		105,655,151		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150046

Period:
From 09/01/2014
To 08/31/2015

Worksheet G-3

Date/Time Prepared:
1/27/2016 11:15 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	589,329,758	1.00
2.00	Less contractual allowances and discounts on patients' accounts	469,418,076	2.00
3.00	Net patient revenues (line 1 minus line 2)	119,911,682	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	105,655,151	4.00
5.00	Net income from service to patients (line 3 minus line 4)	14,256,531	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	444,937	24.00
24.01	MISC. INCOME EXP. DEDUCTIONS	23,605	24.01
24.02	HI TECH DIVIDENDS	440,360	24.02
25.00	Total other income (sum of lines 6-24)	908,902	25.00
26.00	Total (line 5 plus line 25)	15,165,433	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)	15,165,433	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150046	Period: From 09/01/2014 To 08/31/2015	Worksheet L Parts I-III Date/Time Prepared: 1/27/2016 11:15 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,649,824	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		117,764	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)		58.35	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)		5.88	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		15.62	8.00
9.00	Sum of lines 7 and 8		21.50	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.45	10.00
11.00	Disproportionate share adjustment (see instructions)		73,417	11.00
12.00	Total prospective capital payments (see instructions)		1,841,005	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