

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 150088	Period: From 07/01/2013 To 06/30/2014	Worksheet S Parts I-III Date/Time Prepared: 6/18/2015 2:11 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 6/18/2015 Time: 2:11 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 08001 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST VINCENT ANDERSON REGIONAL HOSPITAL (150088) for the cost reporting period beginning 07/01/2013 and ending 06/30/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

Cost Center Description	Title XVIII		HIT	Title XIX	
	Title V	Part A			
	1.00	2.00	3.00	4.00	5.00
PART III - SETTLEMENT SUMMARY					
1.00 Hospital	0	-2,362	24,181	-61,947	0
2.00 Subprovider - IPF	0	0	0	0	0
3.00 Subprovider - IRF	0	291	1	0	0
4.00 SUBPROVIDER I	0	0	0	0	0
5.00 Swing bed - SNF	0	0	0	0	0
6.00 Swing bed - NF	0	0	0	0	0
7.00 SKILLED NURSING FACILITY	0	0	0	0	0
8.00 NURSING FACILITY	0	0	0	0	0
9.00 HOME HEALTH AGENCY I	0	-1	0	0	0
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0
12.00 CMHC I	0	0	0	0	0
200.00 Total	0	-2,072	24,182	-61,947	0

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150088	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part I Date/Time Prepared: 6/18/2015 2:45 pm
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1.00 Hospital and Hospital Health Care Complex Address:	2.00 Street: 2015 JACKSON STREET	PO Box:	3.00 State: IN	4.00 Zip Code: 46016-	County: MADISON	1.00
2.00 City: ANDERSON						2.00

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)												
						V	XVIII	XIX										
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00											
Hospital and Hospital-Based Component Identification:																		
3.00	Hospital	ST VINCENT ANDERSON REGIONAL HOSPITAL	150088	11300	1	07/01/1966	N	P	O	3.00								
4.00	Subprovider - IPF	BENNETT REHAB. CENTER	15T088	11300	5	06/01/1989	N	P	O	4.00								
5.00	Subprovider - IRF									5.00								
6.00	Subprovider - (Other)									6.00								
7.00	Swing Beds - SNF									7.00								
8.00	Swing Beds - NF									8.00								
9.00	Hospital-Based SNF	SAINT JOHN'S HOME HEALTH CARE	157059	11300		02/19/1979	N	P	N	9.00								
10.00	Hospital-Based NF									10.00								
10.01	ICF/MR									10.01								
11.00	Hospital-Based OLTC									11.00								
12.00	Hospital-Based HHA									12.00								
13.00	Separately Certified ASC									SAINT JOHN'S HOSPICE	151516	11300		07/02/1992				13.00
14.00	Hospital-Based Hospice																	14.00
15.00	Hospital-Based Health Clinic - RHC																	15.00
16.00	Hospital-Based Health Clinic - FQHC																	16.00
17.00	Hospital-Based (CMHC) I																	17.00
17.10	Hospital-Based (CORF) I	17.10																
18.00	Renal Dialysis	18.00																
19.00	Other	19.00																

		From:	To:	
20.00	Cost Reporting Period (mm/dd/yyyy)	07/01/2013	06/30/2014	20.00
21.00	Type of Control (see instructions)	1		21.00

Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	Y			22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N			22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3			N	23.00

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
	1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	2,798	840	0	19	2,325	0	24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150088		Period: From 07/01/2013 To 06/30/2014		Worksheet S-2 Part I Date/Time Prepared: 6/18/2015 2:45 pm	
	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	314	20	0	17	106	25.00
					Urban/Rural	Date of Geogr	
					1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.				1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.				1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.				0		35.00
					Beginning:	Ending:	
					1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.						36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.				0		37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.						38.00
					Y/N	Y/N	
					1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)				N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)				N	N	40.00
					V	XVIII	XIX
					1.00	2.00	3.00
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)				N	Y	N
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
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
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.				N	N	N
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		
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.						
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, § 2148? If yes, complete Wkst. D-5.						
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.				N		
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)				Y		
		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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet S-2
Part I
Date/Time Prepared:
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		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00	
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
				1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010								
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00	
						1.00	2.00	3.00
Inpatient Psychiatric Facility PPS								
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N		70.00	
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)					0	71.00	
Inpatient Rehabilitation Facility PPS								
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				Y		75.00	

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		1.00	2.00	3.00	
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)	N	N	0	76.00
		1.00			
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N			80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N			81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N			85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.	N			86.00
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.	N			92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
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	Column 1: 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 would not be on Wkst. B, Pt. I, col. 25 and the program would be cost reimbursed. If yes complete Wkst. D-2, Pt. II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
		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, §2208.1.	N	0		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150088	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part I Date/Time Prepared: 6/18/2015 2:45 pm	
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	114,654	0	0	
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		
119.00	DO NOT USE THIS LINE				
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.		N	N	
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		
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				
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		
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name:	Contractor's Name:	Contractor's Number:		
142.00	Street:	PO Box:			
143.00	City:	State:	Zip Code:		
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y		
145.00	If costs for renal services are claimed on Worksheet A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no.		N		
				1.00	
				2.00	
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, § 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		
		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	Y	N	N	N
156.00	Subprovider - IPF	Y	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
161.10	CORF		N	N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150088		Period: From 07/01/2013 To 06/30/2014		Worksheet S-2 Part I Date/Time Prepared: 6/18/2015 2:45 pm		
							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	166.00
							1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under Section §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
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)						0.75	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)				07/01/2012	09/30/2013	170.00	
							1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)						N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150088	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part II Date/Time Prepared: 6/18/2015 2:45 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	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	Type	Date
			1.00	2.00	3.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been 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
			0	1.00	2.00
			Y/N	Date	Y/N
			1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	10/21/2014	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			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.			N	38.00
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.			Y	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.	KATHY		ZAMBOS	41.00
42.00	Enter the employer/company name of the cost report preparer.	SAINT JOHN'S HEALTH SYSTEM			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	765-646-8128		KATHY.ZAMBOS@STVINCENT.ORG	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)	10/21/2014	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.	DIRECTOR-BUDGET & REIMBURSEMENT	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet S-3
Part I
Date/Time Prepared:
6/18/2015 2:45 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Trips	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	244	89,060	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)		244	89,060	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	17	6,205	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		261	95,265	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	13	4,745		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	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
20.01 ICF/MR	45.01	0	0	0.00	0	20.01
21.00 OTHER LONG TERM CARE	46.00	0	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	1	365			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)		275				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: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet S-3
Part I
Date/Time Prepared:
6/18/2015 2:45 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	9,877	2,176	21,494			1.00
2.00 HMO and other (see instructions)	2,775	2,910				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	391	143				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	9,877	2,176	21,494			7.00
8.00 INTENSIVE CARE UNIT	3,606	299	5,615			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		269	1,136			13.00
14.00 Total (see instructions)	13,483	2,744	28,245	0.00	1,020.58	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	1,815	314	3,192	0.00	13.59	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY	0	0	0	0.00	0.00	20.00
20.01 ICF/MR	0	0	0	0.00	0.00	20.01
21.00 OTHER LONG TERM CARE			0	0.00	0.00	21.00
22.00 HOME HEALTH AGENCY	26,465	1,212	37,599	0.00	47.77	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00 HOSPICE	0	0	0	0.00	19.45	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			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	1,101.39	27.00
28.00 Observation Bed Days		44	738			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	328	488			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: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet S-3
Part I
Date/Time Prepared:
6/18/2015 2:45 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,579	1,056	7,213	1.00
2.00 HMO and other (see instructions)			508	0		2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						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	2,579	1,056	7,213	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	137	29	252	17.00
18.00 SUBPROVIDER	0.00	0	0	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY	0.00					20.00
20.01 ICF/MR	0.00	0	0	0	0	20.01
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: 150088		Period: From 07/01/2013 To 06/30/2014		Worksheet S-3 Part II Date/Time Prepared: 6/18/2015 2:45 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	61,572,048	0	61,572,048	1,972,669.00	31.21	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		510,271	0	510,271	4,980.00	102.46	4.01
5.00	Physician-Part B		2,568,538	0	2,568,538	13,719.00	187.22	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)		11,073,787	1,226,658	12,300,445	378,835.00	32.47	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		817,818	0	817,818	11,138.00	73.43	11.00
12.00	Contract labor: Top level management and other management and administrative services		218,941	0	218,941	9,595.00	22.82	12.00
13.00	Contract labor: Physician-Part A - Administrative		233,147	0	233,147	2,326.00	100.24	13.00
14.00	Home office salaries & wage-related costs		10,186,692	0	10,186,692	217,524.00	46.83	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)		13,848,351	0	13,848,351			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		3,437,435	0	3,437,435			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	259,688	0	259,688	16,514.00	15.73	26.00
27.00	Administrative & General	5.00	11,211,323	-12,500	11,198,823	311,351.00	35.97	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	1,668,923	0	1,668,923	66,747.00	25.00	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	49,824	-18,291	31,533	1,317.00	23.94	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	18,291	18,291	763.00	23.97	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	750,561	0	750,561	17,019.00	44.10	38.00
39.00	Central Services and Supply	14.00	447,018	0	447,018	22,114.00	20.21	39.00
40.00	Pharmacy	15.00	2,749,576	0	2,749,576	75,341.00	36.50	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet S-3
Part II
Date/Time Prepared:
6/18/2015 2:45 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
41.00	Medical Records & Medical Records Library	16.00	1,235,432	0	1,235,432	52,813.00	23.39	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet S-3
Part III
Date/Time Prepared:
6/18/2015 2:45 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	58,493,239	0	58,493,239	1,953,970.00	29.94	1.00
2.00	Excluded area salaries (see instructions)	11,073,787	1,226,658	12,300,445	378,835.00	32.47	2.00
3.00	Subtotal salaries (line 1 minus line 2)	47,419,452	-1,226,658	46,192,794	1,575,135.00	29.33	3.00
4.00	Subtotal other wages & related costs (see inst.)	11,456,598	0	11,456,598	240,583.00	47.62	4.00
5.00	Subtotal wage-related costs (see inst.)	13,848,351	0	13,848,351	0.00	29.98	5.00
6.00	Total (sum of lines 3 thru 5)	72,724,401	-1,226,658	71,497,743	1,815,718.00	39.38	6.00
7.00	Total overhead cost (see instructions)	18,372,345	-12,500	18,359,845	563,979.00	32.55	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150088	Period: From 07/01/2013 To 06/30/2014	Worksheet S-3 Part IV Date/Time Prepared: 6/18/2015 2:45 pm
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		1,263,558	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		116,418	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		11,149,864	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		80,818	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		59,887	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)		304,928	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		336,787	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		2,977,108	17.00
18.00	Medicare Taxes - Employers Portion Only		892,795	18.00
19.00	Unemployment Insurance		103,623	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		17,285,786	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: 150088	Period: From 07/01/2013 To 06/30/2014	Worksheet S-3 Part V Date/Time Prepared: 6/18/2015 2:45 pm
Cost Center Description			Contract Labor	Benefit Cost
PART V - Contract Labor and Benefit Cost			1.00	2.00
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		1,036,759	0 1.00
2.00	Hospital		870,732	0 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF		0	0 8.00
9.00	Hospital-Based NF		0	0 9.00
9.01	Hospital-Based NF		0	0 9.01
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA		164,582	0 11.00
12.00	Separately Certified ASC		0	0 12.00
13.00	Hospital-Based Hospice		1,445	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	0 18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 150088 Component CCN: 157059		Period: From 07/01/2013 To 06/30/2014		Worksheet S-4 Date/Time Prepared: 6/18/2015 2:45 pm	
				Home Health Agency I		PPS	
						1.00	
0.00	County					0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	0	0	0	0	
2.00	Unduplicated Census Count (see instructions)	0.00	1,121.00	152.00	576.00	1,849.00	
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	0.00		0.00	0.00	0.00	
4.00	Director(s) and Assistant Director(s)			2.20	0.00	2.20	
5.00	Other Administrative Personnel			5.10	0.00	5.10	
6.00	Direct Nursing Service			23.90	0.00	23.90	
7.00	Nursing Supervisor			0.00	0.00	0.00	
8.00	Physical Therapy Service			7.90	0.00	7.90	
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	
10.00	Occupational Therapy Service			4.40	0.00	4.40	
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	
12.00	Speech Pathology Service			1.60	0.00	1.60	
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	
14.00	Medical Social Service			2.10	0.00	2.10	
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	
16.00	Home Health Aide			4.60	0.00	4.60	
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	
18.00	Other (specify)			0.00	0.00	0.00	
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			6			
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			11300			
20.01				26900			
20.02				29020			
20.03				29140			
20.04				34620			
20.05				99915			
				Full Episodes			
				Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes
				1.00	2.00	3.00	4.00
						Total (col s. 1-4)	
						5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	11,504	169	396	173	12,242	
22.00	Skilled Nursing Visit Charges	2,149,447	32,913	58,759	31,170	2,272,289	
23.00	Physical Therapy Visits	6,446	171	57	101	6,775	
24.00	Physical Therapy Visit Charges	1,581,777	41,219	13,755	25,369	1,662,120	
25.00	Occupational Therapy Visits	2,741	162	19	65	2,987	
26.00	Occupational Therapy Visit Charges	679,106	38,873	4,291	15,915	738,185	
27.00	Speech Pathology Visits	708	120	6	24	858	
28.00	Speech Pathology Visit Charges	168,372	28,346	488	5,636	202,842	
29.00	Medical Social Service Visits	644	33	5	17	699	
30.00	Medical Social Service Visit Charges	203,099	10,040	1,293	5,405	219,837	
31.00	Home Health Aide Visits	2,769	140	8	44	2,961	
32.00	Home Health Aide Visit Charges	345,736	18,034	1,056	5,492	370,318	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	24,812	795	491	424	26,522	
34.00	Other Charges	0	0	0	0	0	
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	5,127,537	169,425	79,642	88,987	5,465,591	
36.00	Total Number of Episodes (standard/non outlier)	1,275		130	24	1,429	
37.00	Total Number of Outlier Episodes		14		2	16	
38.00	Total Non-Routine Medical Supply Charges	150,570	545	3,280	1,751	156,146	

HOSPITAL IDENTIFICATION DATA		Provider CCN: 150088	Period: From 07/01/2013 To 06/30/2014	Worksheet S-9 Parts I & II Date/Time Prepared: 6/18/2015 2:45 pm
		Component CCN: 151516	Hospice I	

	Unduplicated Days	Hospice I				Total (sum of col.s. 1, 2 & 5)		
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility			All Other
		1.00	2.00	3.00	4.00			5.00
PART I - ENROLLMENT DAYS								
1.00	Continuous Home Care	0	0	0	0	0	0	1.00
2.00	Routine Home Care	13,994	321	3,129	38	431	14,746	2.00
3.00	Inpatient Respite Care	29	0	35	0	0	29	3.00
4.00	General Inpatient Care	427	25	440	25	25	477	4.00
5.00	Total Hospice Days	14,450	346	3,604	63	456	15,252	5.00
Part II - CENSUS DATA								
6.00	Number of Patients Receiving Hospice Care	320	19	134	7	36	375	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00				7.00
8.00	Average Length of Stay (line 5/line 6)	45.16	18.21	26.90	9.00	12.67	40.67	8.00
9.00	Unduplicated Census Count	344	17	120	7	33	394	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150088	Period: From 07/01/2013 To 06/30/2014	Worksheet S-10 Date/Time Prepared: 6/18/2015 2:45 pm
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				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.293318		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		11,229,971		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		57,809,872		6.00
7.00	Medicaid cost (line 1 times line 6)		16,956,676		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)		5,726,705		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		273,311		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		5,726,705		19.00
				1.00	
				Uninsured patients	Insured patients
				1.00	2.00
				Total (col. 1 + col. 2)	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	27,826,401	0	27,826,401	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	8,161,984	0	8,161,984	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	8,161,984	0	8,161,984	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?				24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			13,672,895	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			474,988	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			13,197,907	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			3,871,184	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			12,033,168	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			17,759,873	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 150088	Period: From 07/01/2013 To 06/30/2014	Worksheet A Date/Time Prepared: 6/18/2015 2:45 pm
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)
	1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT		1,985,922	1,985,922	645,292	2,631,214
1.01 00101 NEW CAP REL COSTS-BLDG & FIXT		0	0	0	0
3.00 00300 OTHER CAPITAL RELATED COSTS		0	0	0	0
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	259,688	-379,867	-120,179	0	-120,179
5.01 00540 NONPATIENT TELEPHONES	217,642	622,106	839,748	2,651	842,399
5.02 00550 DATA PROCESSING	162,301	129,538	291,839	0	291,839
5.03 00560 PURCHASING RECEIVING AND STORES	1,148,792	548,719	1,697,511	0	1,697,511
5.04 00570 ADMINITTING	1,036,479	355,156	1,391,635	0	1,391,635
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	1,115,158	624,622	1,739,780	0	1,739,780
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL	7,530,951	46,209,297	53,740,248	-1,390,528	52,349,720
6.00 00600 MAINTENANCE & REPAIRS	1,668,923	5,893,292	7,562,215	15,827	7,578,042
7.00 00700 OPERATION OF PLANT	0	0	0	0	0
8.00 00800 LAUNDRY & LINEN SERVICE	0	543,485	543,485	0	543,485
9.00 00900 HOUSEKEEPING	0	2,246,216	2,246,216	0	2,246,216
10.00 01000 DIETARY	49,824	2,698,697	2,748,521	-1,009,033	1,739,488
11.00 01100 CAFETERIA	0	0	0	1,009,033	1,009,033
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300 NURSING ADMINISTRATION	750,561	243,576	994,137	0	994,137
14.00 01400 CENTRAL SERVICES & SUPPLY	447,018	1,141,078	1,588,096	-1,281,646	306,450
15.00 01500 PHARMACY	2,749,576	11,098,275	13,847,851	-8,930,324	4,917,527
16.00 01600 MEDICAL RECORDS & LIBRARY	1,235,432	546,050	1,781,482	0	1,781,482
17.00 01700 SOCIAL SERVICE	0	0	0	0	0
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000 NURSING SCHOOL	0	0	0	0	0
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00 02300 PARAMED PRGM	68,074	27,998	96,072	0	96,072
23.01 02301 SCH OF RADIOLOGY	70,674	35,456	106,130	86,018	192,148
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	12,191,618	4,602,053	16,793,671	-3,611,256	13,182,415
31.00 03100 INTENSIVE CARE UNIT	2,498,831	1,578,882	4,077,713	-4,576	4,073,137
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00 04000 SUBPROVIDER - I/PF	0	0	0	0	0
41.00 04100 SUBPROVIDER - I/RF	830,409	437,269	1,267,678	0	1,267,678
42.00 04200 SUBPROVIDER	0	0	0	0	0
43.00 04300 NURSERY	0	0	0	990,255	990,255
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500 NURSING FACILITY	0	0	0	0	0
45.01 04510 ICF/MR	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	3,271,251	8,502,010	11,773,261	-3,404,245	8,369,016
50.01 05001 SURGERY CENTER	11,077	5,578,892	5,589,969	-1,169,081	4,420,888
51.00 05100 RECOVERY ROOM	0	0	0	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	425,391	425,391
53.00 05300 ANESTHESIOLOGY	0	0	0	115,525	115,525
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,015,888	3,482,054	6,497,942	-67,878	6,430,064
55.00 05500 RADIOLOGY-THERAPEUTIC	821,839	1,820,315	2,642,154	13,138	2,655,292
56.00 05600 RADIOISOTOPE	0	0	0	0	0
57.00 05700 CT SCAN	304,640	94,772	399,412	0	399,412
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	236,282	426,363	662,645	0	662,645
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0
60.00 06000 LABORATORY	35,439	7,379,950	7,415,389	-819,994	6,595,395
60.01 06001 BLOOD LABORATORY	0	0	0	0	0
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	819,994	819,994
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	918,932	523,730	1,442,662	-107,453	1,335,209
66.00 06600 PHYSICAL THERAPY	1,406,503	805,947	2,212,450	-21,660	2,190,790
67.00 06700 OCCUPATIONAL THERAPY	1,099,642	321,285	1,420,927	0	1,420,927
68.00 06800 SPEECH PATHOLOGY	121,771	158,472	280,243	-99,464	180,779
69.00 06900 ELECTROCARDIOLOGY	1,738,842	1,126,075	2,864,917	-68,538	2,796,379
70.00 07000 ELECTROENCEPHALOGRAPHY	389,232	338,844	728,076	-11,144	716,932
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	3,290,819	3,290,819
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	3,824,172	3,824,172
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	8,855,350	8,855,350
74.00 07400 RENAL DIALYSIS	0	0	0	0	0
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet A
Date/Time Prepared:
6/18/2015 2:45 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
76.00	03020 CHEMOTHERAPY	945,431	9,678,484	10,623,915	-13,256	10,610,659	76.00
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
90.01	09001 ANDERSON CENTER OP CLINIC	0	0	0	786,175	786,175	90.01
91.00	09100 EMERGENCY	3,118,698	2,236,754	5,355,452	-19,202	5,336,250	91.00
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	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
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	3,246,760	1,482,184	4,728,944	0	4,728,944	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
112.00	08600 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	11300 INTEREST EXPENSE	0	301,770	301,770	-301,770	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	1,269,633	883,935	2,153,568	0	2,153,568	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	55,983,811	126,329,656	182,313,467	-1,451,408	180,862,059	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	115,769	74,755	190,524	0	190,524	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	3,270,609	1,602,935	4,873,544	-16,380	4,857,164	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 FOUNDATION	124,485	92,808	217,293	0	217,293	194.00
194.02	07951 CHILDREN'S CLINIC	267,506	142,447	409,953	0	409,953	194.02
194.04	07952 HEALTH RESOURCE CENTER	50,292	14,223	64,515	0	64,515	194.04
194.05	07953 ADOLESCENT RESIDENTIAL	0	0	0	1,504,435	1,504,435	194.05
194.07	07954 COMMUNITY BENEFIT/MISSION	289,470	137,114	426,584	0	426,584	194.07
194.10	07955 DME	1,470,106	3,828,758	5,298,864	5,756	5,304,620	194.10
194.12	07956 MED ONE/TWO	0	-17,318	-17,318	0	-17,318	194.12
194.13	07957 UNUSED SPACE	0	0	0	0	0	194.13
194.14	07958 ADVERTISING AND MARKETING	0	933	933	0	933	194.14
194.15	07959 PHYSICIANS RECRUITING	0	0	0	0	0	194.15
194.16	07960 MOB	0	1,162	1,162	-59	1,103	194.16
194.17	07961 ASB	0	61,614	61,614	-42,036	19,578	194.17
194.18	07962 MAB	0	1,266	1,266	-308	958	194.18
200.00	TOTAL (SUM OF LINES 118-199)	61,572,048	132,270,353	193,842,401	0	193,842,401	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet A
Date/Time Prepared:
6/18/2015 2:45 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-614,496	2,016,718	1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT	0	0	1.01
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,134,143	3,013,964	4.00
5.01	00540	NONPATIENT TELEPHONES	397,064	1,239,463	5.01
5.02	00550	DATA PROCESSING	6,958,160	7,249,999	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	854,932	2,552,443	5.03
5.04	00570	ADMITTING	0	1,391,635	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,117,934	2,857,714	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-19,683,307	32,666,413	5.06
6.00	00600	MAINTENANCE & REPAIRS	-496,795	7,081,247	6.00
7.00	00700	OPERATION OF PLANT	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-915	542,570	8.00
9.00	00900	HOUSEKEEPING	-11,073	2,235,143	9.00
10.00	01000	DIETARY	-594,158	1,145,330	10.00
11.00	01100	CAFETERIA	0	1,009,033	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-425	993,712	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	306,450	14.00
15.00	01500	PHARMACY	0	4,917,527	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,062,603	2,844,085	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02300	PARAMED PRGM	-1,009	95,063	23.00
23.01	02301	SCH OF RADIOLOGY	0	192,148	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-10,348	13,172,067	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,073,137	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	-39,324	1,228,354	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	990,255	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
45.01	04510	ICF/MR	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-9,820	8,359,196	50.00
50.01	05001	SURGERY CENTER	-11,261	4,409,627	50.01
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	425,391	52.00
53.00	05300	ANESTHESIOLOGY	0	115,525	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-33,554	6,396,510	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-21,481	2,633,811	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	399,412	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	662,645	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-34,854	6,560,541	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 CELLS	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	819,994	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	-41,757	1,293,452	65.00
66.00	06600	PHYSICAL THERAPY	-10,005	2,180,785	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,420,927	67.00
68.00	06800	SPEECH PATHOLOGY	0	180,779	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,796,379	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-7,175	709,757	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,290,819	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	3,824,172	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,855,350	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	CHEMOTHERAPY	-10	10,610,649	76.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet A
Date/Time Prepared:
6/18/2015 2:45 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
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
90.01	09001 ANDERSON CENTER OP CLINIC	0	786,175	90.01
91.00	09100 EMERGENCY	-682,211	4,654,039	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)			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
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
101.00	10100 HOME HEALTH AGENCY	-2,853	4,726,091	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
112.00	08600 OTHER ORGAN ACQUISITION	0	0	112.00
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	-49	2,153,519	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	-8,782,044	172,080,015	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100 RESEARCH	-35,545	154,979	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	-384,776	4,472,388	192.00
193.00	19300 NONPAID WORKERS	0	0	193.00
194.00	07950 FOUNDATION	0	217,293	194.00
194.02	07951 CHILDREN'S CLINIC	-15,887	394,066	194.02
194.04	07952 HEALTH RESOURCE CENTER	0	64,515	194.04
194.05	07953 ADOLESCENT RESIDENTIAL	0	1,504,435	194.05
194.07	07954 COMMUNITY BENEFIT/MISSION	0	426,584	194.07
194.10	07955 DME	-588,223	4,716,397	194.10
194.12	07956 MED ONE/TWO	0	-17,318	194.12
194.13	07957 UNUSED SPACE	0	0	194.13
194.14	07958 ADVERTISING AND MARKETING	982,729	983,662	194.14
194.15	07959 PHYSICIANS RECRUITING	0	0	194.15
194.16	07960 MOB	0	1,103	194.16
194.17	07961 ASB	0	19,578	194.17
194.18	07962 MAB	0	958	194.18
200.00	20000 TOTAL (SUM OF LINES 118-199)	-8,823,746	185,018,655	200.00

RECLASSIFICATIONS

Provider CCN: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-6
Date/Time Prepared:
6/18/2015 2:45 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00	3.00	4.00	5.00		
A - PHARMACY/IV RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	17,823,423	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	17,823,423	
B - ANESTHESIA RECLASS					
1.00	ANESTHESIOLOGY	53.00	0	115,525	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	TOTALS		0	115,525	
C - MEDICAL SUPPLIES RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	747,702	1.00
2.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	66,096	2.00
	TOTALS		0	813,798	
D - CAFETERIA/CLASSIC CATERING RECLASS					
1.00	CAFETERIA	11.00	18,291	990,742	1.00
	TOTALS		18,291	990,742	
E - MAB OTHER EXPENSE					
1.00	NONPATIENT TELEPHONES	5.01	0	21	1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	127	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	70	3.00
4.00	ELECTROCARDIOLOGY	69.00	0	90	4.00
	TOTALS		0	308	
F - MAB DEPRECIATION EXPENSE					
1.00	MAINTENANCE & REPAIRS	6.00	0	15,700	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	8,700	2.00
3.00	ELECTROCARDIOLOGY	69.00	0	11,126	3.00
4.00	NONPATIENT TELEPHONES	5.01	0	2,630	4.00
	TOTALS		0	38,156	
G - MOB OTHER EXPENSE					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	10	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	49	2.00
	TOTALS		0	59	
I - PROPERTY TAX RECLASS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	110,065	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	TOTALS		0	110,065	
J - INTEREST EXPENSE RECLASS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	301,770	1.00
	TOTALS		0	301,770	
K - ANDERSON CENTER OUTPATIENT RECLASS					
1.00	ANDERSON CENTER OP CLINIC	90.01	596,066	190,109	1.00
	TOTALS		596,066	190,109	
L - WHOLE BLOOD RECLASS					
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	819,994	1.00
	TOTALS		0	819,994	
M - CAPITAL RELATED DEPRECIATION RECLASS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	2,150,118	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
	TOTALS		0	2,150,118	
N - ADOLESCENT RESIDENTIAL RECLASS					
1.00	ADOLESCENT RESIDENTIAL	194.05	1,140,640	363,795	1.00
	TOTALS		1,140,640	363,795	
R - ASB OTHER EXPENSE					
1.00	OPERATING ROOM	50.00	0	1,832	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,102	2.00
3.00	RADIOLOGY-THERAPEUTIC	55.00	0	7,192	3.00
4.00	PHYSICAL THERAPY	66.00	0	3,440	4.00
5.00	CHEMOTHERAPY	76.00	0	1,226	5.00
6.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	947	6.00
7.00	DME	194.10	0	3,271	7.00
	TOTALS		0	23,010	

RECLASSIFICATIONS

Provider CCN: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-6

Date/Time Prepared:
6/18/2015 2:45 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
S - ASB DEPRECIATION EXPENSE					
1.00	OPERATING ROOM	50.00	0	1,515	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,219	2.00
3.00	RADIOLOGY-THERAPEUTIC	55.00	0	5,946	3.00
4.00	PHYSICAL THERAPY	66.00	0	2,844	4.00
5.00	CHEMOTHERAPY	76.00	0	1,014	5.00
6.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	783	6.00
7.00	DME	194.10	0	2,705	7.00
	TOTALS		0	19,026	
T - PHYSICIAN					
1.00	ADULTS & PEDIATRICS	30.00	0	82,500	1.00
	TOTALS		0	82,500	
U - PROPERTY INSURANCE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	105,845	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	105,845	
V - RAD TECH PARAMED					
1.00	SCH OF RADIOLOGY	23.01	86,018	0	1.00
	TOTALS		86,018	0	
Y - INFECTION CONTROL					
1.00	ADULTS & PEDIATRICS	30.00	12,500	0	1.00
	TOTALS		12,500	0	
AB - MEDICAL SUPPLIES & IMPLANTABLE DEVIC					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,569,884	1.00
2.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	3,758,076	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
	TOTALS		0	6,327,960	
AC - PHYSICIAN FEES RECLASS					
1.00	OPERATING ROOM	50.00	0	967,113	1.00
	TOTALS		0	967,113	
AD - NURSERY & DELIVERY RM					
1.00	NURSERY	43.00	679,172	311,083	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	291,757	133,634	2.00
	TOTALS		970,929	444,717	
AE - RECLASS CHEMO DRUG EXP TO CHEMO DEPT					
1.00	CHEMOTHERAPY	76.00	0	8,968,073	1.00
	TOTALS		0	8,968,073	
500.00	Grand Total: Increases		2,824,444	40,656,106	500.00

RECLASSIFICATIONS

Provider CCN: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-6
Date/Time Prepared:
6/18/2015 2:45 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - PHARMACY/IV RECLASS							
1.00	PHARMACY	15.00	0	8,839,854	0		1.00
2.00	CHEMOTHERAPY	76.00	0	8,983,569	0		2.00
	TOTALS		0	17,823,423			
B - ANESTHESIA RECLASS							
1.00	OPERATING ROOM	50.00	0	50,385	0		1.00
2.00	SURGERY CENTER	50.01	0	38,373	0		2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	26,767	0		3.00
	TOTALS		0	115,525			
C - MEDICAL SUPPLIES RECLASS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	813,798	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	813,798			
D - CAFETERIA/CLASSIC CATERING RECLASS							
1.00	DIETARY	10.00	18,291	990,742	0		1.00
	TOTALS		18,291	990,742			
E - MAB OTHER EXPENSE							
1.00		0.00	0	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00	MAB	194.18	0	308	0		4.00
	TOTALS		0	308			
F - MAB DEPRECIATION EXPENSE							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	38,156	9		1.00
2.00		0.00	0	0	9		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	9		4.00
	TOTALS		0	38,156			
G - MOB OTHER EXPENSE							
1.00		0.00	0	0	0		1.00
2.00	MOB	194.16	0	59	0		2.00
	TOTALS		0	59			
I - PROPERTY TAX RECLASS							
1.00	PHARMACY	15.00	0	2,423	9		1.00
2.00	DME	194.10	0	220	0		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	107,422	0		3.00
	TOTALS		0	110,065			
J - INTEREST EXPENSE RECLASS							
1.00	INTEREST EXPENSE	113.00	0	301,770	11		1.00
	TOTALS		0	301,770			
K - ANDERSON CENTER OUTPATIENT RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	596,066	190,109	0		1.00
	TOTALS		596,066	190,109			
L - WHOLE BLOOD RECLASS							
1.00	LABORATORY	60.00	0	819,994	0		1.00
	TOTALS		0	819,994			
M - CAPITAL RELATED DEPRECIATION RECLASS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,984,350	9		1.00
2.00	SURGERY CENTER	50.01	0	32,500	0		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	115,158	0		3.00
4.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	18,110	0		4.00
	TOTALS		0	2,150,118			
N - ADOLESCENT RESIDENTIAL RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	1,140,640	363,795	0		1.00
	TOTALS		1,140,640	363,795			
R - ASB OTHER EXPENSE							
1.00		0.00	0	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00	ASB	194.17	0	23,010	0		7.00
	TOTALS		0	23,010			
S - ASB DEPRECIATION EXPENSE							
1.00		0.00	0	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00

RECLASSIFICATIONS

Provider CCN: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-6
Date/Time Prepared:
6/18/2015 2:45 pm

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00	ASB	194.17	0	19,026	0		7.00
	TOTALS		0	19,026			
T - PHYSICIAN							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	82,500	0		1.00
	TOTALS		0	82,500			
U - PROPERTY INSURANCE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	105,845	12		1.00
2.00		0.00	0	0	12		2.00
	TOTALS		0	105,845			
V - RAD TECH PARAMED							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	86,018	0	0		1.00
	TOTALS		86,018	0			
Y - INFECTION CONTROL							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	12,500	0	0		1.00
	TOTALS		12,500	0			
AB - MEDICAL SUPPLIES & IMPLANTABLE DEVICE							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	467,848	0		1.00
2.00	PHARMACY	15.00	0	88,047	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	4,576	0		3.00
4.00	OPERATING ROOM	50.00	0	4,324,320	0		4.00
5.00	SURGERY CENTER	50.01	0	1,098,208	0		5.00
6.00	RESPIRATORY THERAPY	65.00	0	107,453	0		6.00
7.00	PHYSICAL THERAPY	66.00	0	27,944	0		7.00
8.00	SPEECH PATHOLOGY	68.00	0	99,464	0		8.00
9.00	ELECTROCARDIOLOGY	69.00	0	79,754	0		9.00
10.00	ELECTROENCEPHALOGRAPHY	70.00	0	11,144	0		10.00
11.00	EMERGENCY	91.00	0	19,202	0		11.00
	TOTALS		0	6,327,960			
AC - PHYSICIAN FEES RECLASS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	967,113	0		1.00
	TOTALS		0	967,113			
AD - NURSERY & DELIVERY RM							
1.00	ADULTS & PEDIATRICS	30.00	970,929	444,717	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		970,929	444,717			
AE - RECLASS CHEMO DRUG EXP TO CHEMO DEPT							
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	8,968,073	0		1.00
	TOTALS		0	8,968,073			
500.00	Grand Total: Decreases		2,824,444	40,656,106			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-7
Part I
Date/Time Prepared:
6/18/2015 2:45 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	5,292,602	0	0	0	0	1.00
2.00	Land Improvements	1,568,945	130,580	0	130,580	0	2.00
3.00	Buildings and Fixtures	42,833,082	14,808,804	0	14,808,804	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	32,084,146	1,253,377	0	1,253,377	0	5.00
6.00	Movable Equipment	47,727,995	1,552,830	0	1,552,830	3,903,261	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	129,506,770	17,745,591	0	17,745,591	3,903,261	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	129,506,770	17,745,591	0	17,745,591	3,903,261	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	5,292,602	0				1.00
2.00	Land Improvements	1,699,525	0				2.00
3.00	Buildings and Fixtures	57,641,886	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	33,337,523	0				5.00
6.00	Movable Equipment	45,377,564	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	143,349,100	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	143,349,100	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-7
Part II
Date/Time Prepared:
6/18/2015 2:45 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1,985,922	0	0	0	0	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.01
3.00	Total (sum of lines 1-2)	1,985,922	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	1,985,922				1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.01
3.00	Total (sum of lines 1-2)	0	1,985,922				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-7
Part III
Date/Time Prepared:
6/18/2015 2:45 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	74,917,228	1,548,025	73,369,203	1.000000	0	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0.000000	0	1.01
3.00	Total (sum of lines 1-2)	74,917,228	1,548,025	73,369,203	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1,910,873	0	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.01
3.00	Total (sum of lines 1-2)	0	0	0	1,910,873	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	105,845	0	0	2,016,718	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.01
3.00	Total (sum of lines 1-2)	0	105,845	0	0	2,016,718	3.00

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	Ref.
				Cost Center	Line #		
				1.00	2.00		
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-301,770	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
1.01	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			NEW CAP REL COSTS-BLDG & FIXT	1.01	0	1.01
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	*** Cost Center Deleted ***	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-103,580	NONPATIENT TELEPHONES	5.01	0	7.00
8.00	Television and radio service (chapter 21)	A	-49	MAINTENANCE & REPAIRS	6.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-799,546			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	9,833,024			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	A	-552,599	DIETARY	10.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-45,321	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-181	DIETARY	10.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			UTILIZATION REVIEW-SNF	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT			NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - NEW CAP REL COSTS-BLDG & FIXT			NEW CAP REL COSTS-BLDG & FIXT	1.01	0	26.01
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	*** Cost Center Deleted ***	2.00	0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			ADULTS & PEDIATRICS	30.00		30.99

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	
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 MIS. INCOME	B	-1,910,839	0	OTHER ADMINI STRATIVE AND GENERAL	5.06	0 33.00
33.04			0		0.00	0 33.04
33.07			0		0.00	0 33.07
33.11			0		0.00	0 33.11
33.14 MIS. INCOME	B	-915	0	LAUNDRY & LINEN SERVICE	8.00	0 33.14
33.18			0		0.00	0 33.18
34.00			0		0.00	0 34.00
35.00 MIS. INCOME	B	-425	0	NURSING ADMINI STRATION	13.00	0 35.00
35.03 MIS. INCOME	B	-40,641	0	DIETARY	10.00	0 35.03
35.08 MIS. INCOME	B	-1,009	0	PARAMED ED PRGM	23.00	0 35.08
35.09 MIS. INCOME	B	-457	0	ADULTS & PEDI ATRICS	30.00	0 35.09
35.11 MIS. INCOME	B	-2,497	0	OPERATI NG ROOM	50.00	0 35.11
35.13 MIS. INCOME	B	-11,124	0	SURGERY CENTER	50.01	0 35.13
35.14 MIS. INCOME	B	-33,554	0	RADI OLOGY-DI AGNOSTI C	54.00	0 35.14
35.16 MIS. INCOME	B	-34,616	0	LABORATORY	60.00	0 35.16
35.17 MIS. INCOME	B	-2,010	0	RESPI RATORY THERAPY	65.00	0 35.17
35.18 MIS. INCOME	B	-10,005	0	PHYSI CAL THERAPY	66.00	0 35.18
35.20 MIS. INCOME	B	-10	0	CHEMOTHERAPY	76.00	0 35.20
35.21 MIS. INCOME	B	-3,780	0	ELECTROENCEPHALOGRAPHY	70.00	0 35.21
35.22 MIS. INCOME	B	-350	0	HOME HEALTH AGENCY	101.00	0 35.22
35.23 MIS. INCOME	B	-35,545	0	RESEARCH	191.00	0 35.23
35.24 MIS. INCOME	B	-37,631	0	PHYSI CI ANS' PRI VATE OFFI CES	192.00	0 35.24
35.25 MIS. INCOME	B	-49	0	HOSPI CE	116.00	0 35.25
35.26 MIS. INCOME	B	-224	0	DME	194.10	0 35.26
35.27			0		0.00	0 35.27
36.00 PHYSI CI ANS' PHONE SERVICE	A	-39,160	0	NONPATI ENT TELEPHONES	5.01	0 36.00
36.01 BAD DEBT & RECOVERIES	A	-12,864,399	0	OTHER ADMINI STRATIVE AND GENERAL	5.06	0 36.01
36.02 BAD DEBT & RECOVERIES	A	-2,503	0	HOME HEALTH AGENCY	101.00	0 36.02
36.03 BAD DEBT & RECOVERIES	A	-3,503	0	ADULTS & PEDI ATRICS	30.00	0 36.03
36.04 BAD DEBT & RECOVERIES	A	-15,887	0	CHI LDREN' S CLI NIC	194.02	0 36.04
36.05 BAD DEBT & RECOVERIES	A	-587,707	0	DME	194.10	0 36.05
36.06 BAD DEBT & RECOVERIES	A	-182,551	0	PHYSI CI ANS' PRI VATE OFFI CES	192.00	0 36.06
36.07 BAD DEBT & RECOVERIES	A	-30	0	SURGERY CENTER	50.01	0 36.07
36.08			0		0.00	0 36.08
36.10 INCOME/SALES TAX	A	-159	0	LABORATORY	60.00	0 36.10
36.11 INCOME/SALES TAX	A	-5,585	0	OTHER ADMINI STRATIVE AND GENERAL	5.06	0 36.11
36.12 INCOME/SALES TAX	A	-15	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 36.12
36.13 INCOME/SALES TAX	A	-601	0	NONPATI ENT TELEPHONES	5.01	0 36.13
36.15 INCOME/SALES TAX	A	-82	0	PURCHASI NG RECEI VING AND STORES	5.03	0 36.15
36.16 INCOME/SALES TAX	A	-737	0	DIETARY	10.00	0 36.16
36.17 INCOME/SALES TAX	A	-66	0	ADULTS & PEDI ATRICS	30.00	0 36.17
36.18 INCOME/SALES TAX	A	-292	0	DME	194.10	0 36.18
36.19 INCOME/SALES TAX	A	-79	0	LABORATORY	60.00	0 36.19
36.20 INCOME/SALES TAX	A	-215	0	OPERATI NG ROOM	50.00	0 36.20
37.00 INCOMES SALES TAX	A	-73	0	SURGERY CENTER	50.01	0 37.00
37.01 CARRYFORWARD ADJUSTMENTS	A	-10,542	9	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 37.01
37.03 PHYSI CI AN OFFI CE DEPRECIATI ON	A	-5,218	9	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 37.03
37.04			0		0.00	0 37.04
37.09 MAB DEPRECIATI ON IN CAP REL	A	-118,146	9	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 37.09
38.00			0		0.00	0 38.00
38.04 IHHA LOBBYING DUES	A	-7,719	0	OTHER ADMINI STRATIVE AND GENERAL	5.06	0 38.04
38.06 BILLI NG FEES	A	-86,330	0	PHYSI CI ANS' PRI VATE OFFI CES	192.00	0 38.06
38.07 ADVERTI SING & MARKETI NG	A	-18,156	0	OTHER ADMINI STRATIVE AND GENERAL	5.06	0 38.07
38.09 A&G MI SC	A	-96,218	0	OTHER ADMINI STRATIVE AND GENERAL	5.06	0 38.09

Provider CCN: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-8

Date/Time Prepared:
6/18/2015 2:45 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.	
			Cost Center				
			1.00	2.00			
38.10 A&G DUES & MEMBERSHIP	A	-3,595	OTHER ADMINISTRATION AND GENERAL		5.06		0 38.10
39.00 A&G PURCHASED SERVICES	A	-91,301	OTHER ADMINISTRATION AND GENERAL		5.06		0 39.00
39.01 CORPORATION ADMINISTRATION TRAVEL &	A	-7,769	OTHER ADMINISTRATION AND GENERAL		5.06		0 39.01
40.00 OTHER ADJUSTMENTS (SPECIFY)		0			0.00		0 40.00
41.00 MISC REVENUE LEASED BLDGS	B	-50,964	PHYSICIANS' PRIVATE OFFICES		192.00		0 41.00
42.00 MISC REVENUE LEASED BLDGS	B	-960	NONPATIENT TELEPHONES		5.01		0 42.00
43.00 MISC REVENUE LEASED BLDGS	B	-9,388	OTHER ADMINISTRATION AND GENERAL		5.06		0 43.00
44.00 MISC REVENUE LEASED BLDGS	B	-479,720	MAINTENANCE & REPAIRS		6.00		0 44.00
44.03 MISC REVENUE LEASED BLDGS	B	-11,073	HOUSEKEEPING		9.00		0 44.03
44.04 MISC REVENUE LEASED BLDGS	B	-27,300	PHYSICIANS' PRIVATE OFFICES		192.00		0 44.04
45.00		0			0.00		0 45.00
45.01		0			0.00		0 45.01
45.02		0			0.00		0 45.02
45.03		0			0.00		0 45.03
45.04		0			0.00		0 45.04
45.05		0			0.00		0 45.05
45.06		0			0.00		0 45.06
45.07		0			0.00		0 45.07
45.08		0			0.00		0 45.08
45.09		0			0.00		0 45.09
45.10		0			0.00		0 45.10
45.11		0			0.00		0 45.11
45.12		0			0.00		0 45.12
45.13		0			0.00		0 45.13
45.14		0			0.00		0 45.14
45.15		0			0.00		0 45.15
45.16		0			0.00		0 45.16
45.17		0			0.00		0 45.17
45.18		0			0.00		0 45.18
45.19		0			0.00		0 45.19
45.20		0			0.00		0 45.20
45.21		0			0.00		0 45.21
45.22		0			0.00		0 45.22
45.23		0			0.00		0 45.23
45.24		0			0.00		0 45.24
45.25		0			0.00		0 45.25
45.26		0			0.00		0 45.26
45.27		0			0.00		0 45.27
45.28		0			0.00		0 45.28
45.29		0			0.00		0 45.29
45.30		0			0.00		0 45.30
45.31		0			0.00		0 45.31
45.32		0			0.00		0 45.32
45.33		0			0.00		0 45.33
45.34		0			0.00		0 45.34
45.35		0			0.00		0 45.35
45.36		0			0.00		0 45.36
45.37		0			0.00		0 45.37
45.38		0			0.00		0 45.38
45.39		0			0.00		0 45.39
45.40		0			0.00		0 45.40
45.41		0			0.00		0 45.41
45.42		0			0.00		0 45.42
45.43		0			0.00		0 45.43
45.44		0			0.00		0 45.44
45.45		0			0.00		0 45.45
45.46		0			0.00		0 45.46
45.47		0			0.00		0 45.47
45.48		0			0.00		0 45.48
45.49		0			0.00		0 45.49
45.50		0			0.00		0 45.50
45.51		0			0.00		0 45.51
45.52		0			0.00		0 45.52
45.53		0			0.00		0 45.53
45.54		0			0.00		0 45.54

Provider CCN: 150088

Period:
 From 07/01/2013
 To 06/30/2014

Worksheet A-8

Date/Time Prepared:
 6/18/2015 2:45 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		3.00
45.55		0		0.00	0	45.55
45.56		0		0.00	0	45.56
45.57		0		0.00	0	45.57
45.58		0		0.00	0	45.58
45.59		0		0.00	0	45.59
45.60		0		0.00	0	45.60
45.61		0		0.00	0	45.61
45.62		0		0.00	0	45.62
45.63		0		0.00	0	45.63
45.64		0		0.00	0	45.64
45.65		0		0.00	0	45.65
45.66		0		0.00	0	45.66
45.67		0		0.00	0	45.67
45.68		0		0.00	0	45.68
45.69		0		0.00	0	45.69
45.70		0		0.00	0	45.70
45.71		0		0.00	0	45.71
45.72		0		0.00	0	45.72
45.73		0		0.00	0	45.73
45.74		0		0.00	0	45.74
45.75		0		0.00	0	45.75
45.76		0		0.00	0	45.76
45.77		0		0.00	0	45.77
45.78		0		0.00	0	45.78
45.79		0		0.00	0	45.79
45.80		0		0.00	0	45.80
45.81		0		0.00	0	45.81
45.82		0		0.00	0	45.82
45.83		0		0.00	0	45.83
45.84		0		0.00	0	45.84
45.85		0		0.00	0	45.85
45.86		0		0.00	0	45.86
45.87		0		0.00	0	45.87
45.88		0		0.00	0	45.88
45.89		0		0.00	0	45.89
45.90		0		0.00	0	45.90
45.91		0		0.00	0	45.91
45.92		0		0.00	0	45.92
45.93		0		0.00	0	45.93
45.94		0		0.00	0	45.94
45.95		0		0.00	0	45.95
45.96		0		0.00	0	45.96
45.97		0		0.00	0	45.97
45.98		0		0.00	0	45.98
45.99		0		0.00	0	45.99
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)	-8,823,746				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: 150088

Period: From 07/01/2013 To 06/30/2014

Worksheet A-8-1

Date/Time Prepared: 6/18/2015 2: 45 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	NEW CAP REL COSTS-BLDG & FIX	ASCENSION HEALTH - INTEREST	274,152	452,972	1.00
2.00	5.06	OTHER ADMINISTRATIVE AND GEN	ASCENSION HEALTH - INTEREST	30,234	49,955	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	ASCENSION HEALTH - PENSION	2,453,627	1,175,946	3.00
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	ST. VINCENT SELF INSURANCE	10,337,700	9,405,779	4.00
4.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	SVH - EMP BENEFITS - SALARIES	243,408	0	4.01
4.02	4.00	EMPLOYEE BENEFITS DEPARTMENT	SVH - EMP BENEFITS - OTHER	1,803,450	1,122,302	4.02
4.03	5.01	NONPATIENT TELEPHONES	SVH- PHONES - SALARIES	93,153	0	4.03
4.04	5.01	NONPATIENT TELEPHONES	SVH - PHONES - OTHER	448,212	0	4.04
4.05	5.02	DATA PROCESSING	SVH - IT- SALARIES	2,504,979	0	4.05
4.06	5.02	DATA PROCESSING	SVH - IT - OTHER	4,453,181	0	4.06
4.07	5.03	PURCHASING RECEIVING AND STO	SVH - PURCHASING - SALARIES	450,116	0	4.07
4.08	5.03	PURCHASING RECEIVING AND STO	SVH - PURCHASING - OTHER	404,898	0	4.08
4.09	5.05	CASHIERING/ACCOUNTS RECEIVAB	SVH - CASHIER - SALARIES	626,223	0	4.09
4.10	5.05	CASHIERING/ACCOUNTS RECEIVAB	SVH - CASHIER -OTHER	491,711	0	4.10
4.11	5.06	OTHER ADMINISTRATIVE AND GEN	SVH - A&G - SALARIES	2,314,778	2,461,008	4.11
4.12	5.06	OTHER ADMINISTRATIVE AND GEN	SVH-A&G - OTHER	3,470,405	11,023,571	4.12
4.13	16.00	MEDICAL RECORDS & LIBRARY	SVH - MEDICAL RECS - SALARI	737,302	0	4.13
4.14	16.00	MEDICAL RECORDS & LIBRARY	SVH - MEDICAL REC - OTHER	370,622	0	4.14
4.15	194.14	ADVERTISING AND MARKETING	SVH - MARKETING - SALARIES	201,642	0	4.15
4.16	194.14	ADVERTISING AND MARKETING	SVH - MARKETING - OTHER	781,087	0	4.16
4.17	5.06	OTHER ADMINISTRATIVE AND GEN	SVH- CAPITAL	3,050,780	0	4.17
4.18	4.00	EMPLOYEE BENEFITS DEPARTMENT	SVH - CHARGEBACK	717,661	717,661	4.18
4.19	5.02	DATA PROCESSING	SVH - CHARGEBACK	147,912	147,912	4.19
4.20	5.03	PURCHASING RECEIVING AND STO	SVH - CHARGEBACK	1,165,859	1,165,859	4.20
4.21	5.04	ADMINISTRATIVE	SVH - CHARGEBACK	-81,617	-81,617	4.21
4.22	5.05	CASHIERING/ACCOUNTS RECEIVAB	SVH - CHARGEBACK	1,213,797	1,213,797	4.22
4.23	5.06	OTHER ADMINISTRATIVE AND GEN	SVH - CHARGEBACK	129,452	129,452	4.23
4.24	6.00	MAINTENANCE & REPAIRS	SVH - CHARGEBACK	-13,200	-13,200	4.24
4.25	16.00	MEDICAL RECORDS & LIBRARY	SVH - CHARGEBACK	934,584	934,584	4.25
4.26	54.00	RADIOLOGY-DIAGNOSTIC	SVH - CHARGEBACK	33,533	33,533	4.26
4.27	55.00	RADIOLOGY-THERAPEUTIC	SVH - CHARGEBACK	6,000	6,000	4.27
4.28	69.00	ELECTROCARDIOLOGY	SVH - CHARGEBACK	12,000	12,000	4.28
4.29	70.00	ELECTROENCEPHALOGRAPHY	SVH - CHARGEBACK	-9,600	-9,600	4.29
4.30	91.00	EMERGENCY	SVH - CHARGEBACK	190,266	190,266	4.30
4.31	101.00	HOME HEALTH AGENCY	SVH - CHARGEBACK	83,892	83,892	4.31
4.32	116.00	HOSPICE	SVH - CHARGEBACK	-36,996	-36,996	4.32
4.33	192.00	PHYSICIANS' PRIVATE OFFICES	SVH - CHARGEBACK	215,148	215,148	4.33
4.34	6.00	MAINTENANCE & REPAIRS	TRIMEDX	2,622,661	2,639,687	4.34
4.35	55.00	RADIOLOGY-THERAPEUTIC	TRIMEDX	6,259	6,300	4.35
4.36	50.00	OPERATING ROOM	TRIMEDX	184	185	4.36
4.37	50.01	SURGERY CENTER	TRIMEDX	5,270	5,304	4.37
4.38	5.06	OTHER ADMINISTRATIVE AND GEN	TRIMEDX	115	116	4.38
4.39	0.00			0	0	4.39
5.00	0			42,884,840	33,051,816	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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	B	0.00	ST VINCENT HEALTH	100.00	6.00
7.00	B	0.00	ASCENSION HEALT	100.00	7.00
8.00		0.00		0.00	8.00
9.00		0.00		0.00	9.00
10.00		0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

Provider CCN: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-8-1

Date/Time Prepared:
6/18/2015 2:45 pm

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

(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: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-8-1

Date/Time Prepared:
6/18/2015 2:45 pm

	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	-178,820	9		1.00
2.00	-19,721	0		2.00
3.00	1,277,681	0		3.00
4.00	931,921	0		4.00
4.01	243,408	0		4.01
4.02	681,148	0		4.02
4.03	93,153	0		4.03
4.04	448,212	0		4.04
4.05	2,504,979	0		4.05
4.06	4,453,181	0		4.06
4.07	450,116	0		4.07
4.08	404,898	0		4.08
4.09	626,223	0		4.09
4.10	491,711	0		4.10
4.11	-146,230	0		4.11
4.12	-7,553,166	0		4.12
4.13	737,302	0		4.13
4.14	370,622	0		4.14
4.15	201,642	0		4.15
4.16	781,087	0		4.16
4.17	3,050,780	0		4.17
4.18	0	0		4.18
4.19	0	0		4.19
4.20	0	0		4.20
4.21	0	0		4.21
4.22	0	0		4.22
4.23	0	0		4.23
4.24	0	0		4.24
4.25	0	0		4.25
4.26	0	0		4.26
4.27	0	0		4.27
4.28	0	0		4.28
4.29	0	0		4.29
4.30	0	0		4.30
4.31	0	0		4.31
4.32	0	0		4.32
4.33	0	0		4.33
4.34	-17,026	0		4.34
4.35	-41	0		4.35
4.36	-1	0		4.36
4.37	-34	0		4.37
4.38	-1	0		4.38
4.39	0	0		4.39
5.00	9,833,024			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	HEALTH SYSTEM		6.00
7.00	HEALTH SYSTEM		7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

Provider CCN: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-8-1

Date/Time Prepared:
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	Related Organization(s) and/or Home Office	
	Type of Business	
	6.00	

(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: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-8-2

Date/Time Prepared:
6/18/2015 2:45 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	0.00		0	0	0	0	0	1.00
2.00	41.00	SUBPROVIDER - IRF	105,000	0	105,000	171,400	797	2.00
3.00	55.00	RADIOLOGY-THERAPEUTIC	32,087	0	32,087	136,700	162	3.00
4.00	70.00	ELECTROENCEPHALOGRAPHY	11,150	0	11,150	136,700	118	4.00
5.00	91.00	EMERGENCY	733,633	682,211	51,422	171,400	1,067	5.00
6.00	30.00	ADULTS & PEDIATRICS	12,500	0	12,500	136,700	94	6.00
7.00	65.00	RESPIRATORY THERAPY	88,200	0	88,200	171,400	588	7.00
8.00	50.00	OPERATING ROOM	14,688	0	14,688	171,400	92	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			997,258	682,211	315,047		2,918	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	0.00		0	0	0	0	0	1.00
2.00	41.00	SUBPROVIDER - IRF	65,676	3,284	0	0	0	2.00
3.00	55.00	RADIOLOGY-THERAPEUTIC	10,647	532	0	0	0	3.00
4.00	70.00	ELECTROENCEPHALOGRAPHY	7,755	388	0	0	0	4.00
5.00	91.00	EMERGENCY	87,925	4,396	0	0	0	5.00
6.00	30.00	ADULTS & PEDIATRICS	6,178	309	0	0	0	6.00
7.00	65.00	RESPIRATORY THERAPY	48,453	2,423	0	0	0	7.00
8.00	50.00	OPERATING ROOM	7,581	379	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			234,215	11,711	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	0.00		0	0	0	0		1.00
2.00	41.00	SUBPROVIDER - IRF	0	65,676	39,324	39,324		2.00
3.00	55.00	RADIOLOGY-THERAPEUTIC	0	10,647	21,440	21,440		3.00
4.00	70.00	ELECTROENCEPHALOGRAPHY	0	7,755	3,395	3,395		4.00
5.00	91.00	EMERGENCY	0	87,925	0	682,211		5.00
6.00	30.00	ADULTS & PEDIATRICS	0	6,178	6,322	6,322		6.00
7.00	65.00	RESPIRATORY THERAPY	0	48,453	39,747	39,747		7.00
8.00	50.00	OPERATING ROOM	0	7,581	7,107	7,107		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	234,215	117,335	799,546		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part I
Date/Time Prepared:
6/18/2015 2: 45 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW BLDG & FIXT			
	0	1.00	1.01	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	2,016,718	2,016,718				1.00
1.01 00101 NEW CAP REL COSTS-BLDG & FIXT	0	0	0			1.01
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	3,013,964	26,667	0	3,040,631		4.00
5.01 00540 NONPATIENT TELEPHONES	1,239,463	271	0	10,793	1,250,527	5.01
5.02 00550 DATA PROCESSING	7,249,999	44,631	0	8,049	10,347	5.02
5.03 00560 PURCHASING RECEIVING AND STORES	2,552,443	13,267	0	56,971	13,303	5.03
5.04 00570 ADMINISTRATION	1,391,635	3,664	0	51,401	23,651	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	2,857,714	35,636	0	55,303	35,476	5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL	32,666,413	132,460	0	373,475	137,473	5.06
6.00 00600 MAINTENANCE & REPAIRS	7,081,247	240,045	0	82,765	44,345	6.00
7.00 00700 OPERATION OF PLANT	0	0	0	0	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	542,570	33,892	0	0	4,434	8.00
9.00 00900 HOUSEKEEPING	2,235,143	42,961	0	0	16,260	9.00
10.00 01000 DIETARY	1,145,330	119,857	0	1,564	4,434	10.00
11.00 01100 CAFETERIA	1,009,033	0	0	907	11,825	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	993,712	21,030	0	37,222	16,260	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	306,450	68,293	0	22,169	8,869	14.00
15.00 01500 PHARMACY	4,917,527	20,750	0	136,357	32,520	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	2,844,085	22,451	0	61,268	59,127	16.00
17.00 01700 SOCIAL SERVICE	0	0	0	0	0	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM	95,063	560	0	3,376	0	23.00
23.01 02301 SCH OF RADIOLOGY	192,148	474	0	7,771	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	13,172,067	328,845	0	470,358	135,991	30.00
31.00 03100 INTENSIVE CARE UNIT	4,073,137	63,126	0	123,922	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I/RF	1,228,354	43,060	0	41,182	19,216	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	990,255	4,272	0	33,681	1,478	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
45.01 04510 ICF/MR	0	0	0	0	0	45.01
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	8,359,196	87,084	0	162,228	91,646	50.00
50.01 05001 SURGERY CENTER	4,409,627	0	0	549	29,563	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	425,391	71,574	0	14,469	14,782	52.00
53.00 05300 ANESTHESIOLOGY	115,525	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	6,396,510	66,333	0	145,298	110,862	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	2,633,811	0	0	40,757	22,172	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	399,412	2,373	0	15,108	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	662,645	4,319	0	11,718	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	6,560,541	54,014	0	1,757	67,996	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 CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	819,994	0	0	0	2,956	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	1,293,452	30,736	0	45,572	8,869	65.00
66.00 06600 PHYSICAL THERAPY	2,180,785	41,053	0	69,751	29,563	66.00
67.00 06700 OCCUPATIONAL THERAPY	1,420,927	27,231	0	54,533	26,607	67.00
68.00 06800 SPEECH PATHOLOGY	180,779	0	0	6,039	4,434	68.00
69.00 06900 ELECTROCARDIOLOGY	2,796,379	36,868	0	86,233	28,085	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	709,757	50,139	0	19,303	35,476	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,290,819	0	0	0	2,956	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	3,824,172	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	8,855,350	0	0	0	0	73.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part I
Date/Time Prepared:
6/18/2015 2:45 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW BLDG & FIXT			
	0	1.00	1.01	4.00	5.01	
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03020 CHEMOTHERAPY	10,610,649	0	0	46,886	14,782	76.00
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
90.01 09001 ANDERSON CENTER OP CLINIC	786,175	15,071	0	29,560	0	90.01
91.00 09100 EMERGENCY	4,654,039	96,906	0	154,662	22,172	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
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	4,726,091	34,331	0	161,013	13,303	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
112.00 08600 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
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	2,153,519	4,797	0	62,964	11,825	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	172,080,015	1,889,041	0	2,706,934	1,113,058	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	8,104	0	0	0	190.00
191.00 19100 RESEARCH	154,979	0	0	5,741	1,478	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	4,472,388	7,876	0	162,196	79,821	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 FOUNDATION	217,293	2,739	0	6,173	2,956	194.00
194.02 07951 CHILDREN'S CLINIC	394,066	0	0	13,266	0	194.02
194.04 07952 HEALTH RESOURCE CENTER	64,515	2,381	0	2,494	0	194.04
194.05 07953 ADOLESCENT RESIDENTIAL	1,504,435	43,452	0	56,567	0	194.05
194.07 07954 COMMUNITY BENEFIT/MISSION	426,584	12,250	0	14,355	0	194.07
194.10 07955 DME	4,716,397	39,994	0	72,905	16,260	194.10
194.12 07956 MED ONE/TWO	-17,318	0	0	0	23,651	194.12
194.13 07957 UNUSED SPACE	0	0	0	0	0	194.13
194.14 07958 ADVERTISING AND MARKETING	983,662	10,881	0	0	13,303	194.14
194.15 07959 PHYSICIANS RECRUITING	0	0	0	0	0	194.15
194.16 07960 MOB	1,103	0	0	0	0	194.16
194.17 07961 ASB	19,578	0	0	0	0	194.17
194.18 07962 MAB	958	0	0	0	0	194.18
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	185,018,655	2,016,718	0	3,040,631	1,250,527	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part I
Date/Time Prepared:
6/18/2015 2:45 pm

Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT					1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING	7,313,026				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	2,635,984			5.03
5.04	00570	ADMINISTRATIVE	0	5,200	1,475,551		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	377	0	2,984,506	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	82	75,264	16	33	33,385,216
6.00	00600	MAINTENANCE & REPAIRS	0	1,889	0	0	7,450,291
7.00	00700	OPERATION OF PLANT	0	0	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	21,871	0	0	602,767
9.00	00900	HOUSEKEEPING	0	0	0	0	2,294,364
10.00	01000	DIETARY	40	0	8	16	1,271,249
11.00	01100	CAFETERIA	0	0	0	0	1,021,765
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	1,001	0	0	1,069,225
14.00	01400	CENTRAL SERVICES & SUPPLY	0	18,479	0	0	424,260
15.00	01500	PHARMACY	0	0	0	0	5,107,154
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,219	0	0	2,989,150
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMEDICAL PRGM	0	182	0	0	99,181
23.01	02301	SCH OF RADIOLOGY	0	0	0	0	200,393
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	358,120	102,537	72,249	145,876	14,786,043
31.00	03100	INTENSIVE CARE UNIT	142,892	56,629	28,828	58,205	4,546,739
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I/RF	44,893	6,502	9,057	18,286	1,410,550
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	17,898	0	3,611	7,291	1,058,486
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
45.01	04510	ICF/MR	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	782,052	984,276	157,774	318,559	10,942,815
50.01	05001	SURGERY CENTER	407,199	298,127	82,150	165,868	5,393,083
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	55,020	0	11,100	22,412	614,748
53.00	05300	ANESTHESIOLOGY	98,015	0	19,774	39,925	273,239
54.00	05400	RADIOLOGY-DIAGNOSTIC	536,792	224,150	108,295	218,655	7,806,895
55.00	05500	RADIOLOGY-THERAPEUTIC	331,289	26,608	66,836	134,946	3,256,419
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	213,705	12	43,114	87,050	760,774
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	60,398	9,722	12,185	24,602	785,589
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	758,026	118,524	152,927	308,773	8,022,558
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	35,637	0	7,190	14,516	880,293
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	171,132	38,366	34,525	69,709	1,692,361
66.00	06600	PHYSICAL THERAPY	114,847	6,786	23,170	46,781	2,512,736
67.00	06700	OCCUPATIONAL THERAPY	94,275	807	19,019	38,402	1,681,801
68.00	06800	SPEECH PATHOLOGY	9,460	18,556	1,909	3,854	225,031
69.00	06900	ELECTROCARDIOLOGY	255,326	61,357	51,511	104,004	3,419,763
70.00	07000	ELECTROENCEPHALOGRAPHY	62,369	3,107	12,582	25,405	918,138
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	246,332	75,510	49,696	100,340	3,765,653
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	101,105	76,237	20,397	41,184	4,063,095
73.00	07300	DRUGS CHARGED TO PATIENTS	1,398,963	185,407	282,421	569,906	11,292,047
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03020	CHEMOTHERAPY	28,807	46,621	5,812	11,734	10,765,291

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
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
90.01	09001 ANDERSON CENTER OP CLINIC	27,555	0	5,559	11,224	875,144	90.01
91.00	09100 EMERGENCY	753,648	84,595	152,044	306,989	6,225,055	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)					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
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	76,233	12,379	15,380	31,053	5,069,783	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
112.00	08600 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
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	34,813	34,079	7,023	14,181	2,323,201	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	7,216,923	2,597,376	1,456,162	2,939,779	171,282,345	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	8,104	190.00
191.00	19100 RESEARCH	0	31	0	0	162,229	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	58,661	11,547	11,835	29,476	4,833,800	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 FOUNDATION	0	660	0	0	229,821	194.00
194.02	07951 CHILDREN'S CLINIC	9,963	4,171	2,010	4,058	427,534	194.02
194.04	07952 HEALTH RESOURCE CENTER	0	0	0	0	69,390	194.04
194.05	07953 ADOLESCENT RESIDENTIAL	27,009	5,247	5,449	11,002	1,653,161	194.05
194.07	07954 COMMUNITY BENEFIT/MISSION	470	804	95	191	454,749	194.07
194.10	07955 DME	0	15,150	0	0	4,860,706	194.10
194.12	07956 MED ONE/TWO	0	0	0	0	6,333	194.12
194.13	07957 UNUSED SPACE	0	0	0	0	0	194.13
194.14	07958 ADVERTISING AND MARKETING	0	0	0	0	1,007,846	194.14
194.15	07959 PHYSICIANS RECRUITING	0	0	0	0	0	194.15
194.16	07960 MOB	0	1	0	0	1,104	194.16
194.17	07961 ASB	0	997	0	0	20,575	194.17
194.18	07962 MAB	0	0	0	0	958	194.18
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)	7,313,026	2,635,984	1,475,551	2,984,506	185,018,655	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part I
Date/Time Prepared:
6/18/2015 2:45 pm

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT						1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	33,385,216					5.06
6.00	00600	MAINTENANCE & REPAIRS	1,640,338	9,090,629				6.00
7.00	00700	OPERATION OF PLANT	0	0	0			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	132,712	202,689	0	938,168		8.00
9.00	00900	HOUSEKEEPING	505,152	256,921	0	0	3,056,437	9.00
10.00	01000	DIETARY	279,892	716,788	0	0	0	10.00
11.00	01100	CAFETERIA	224,963	0	0	0	77,469	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	235,412	125,769	0	0	10,140	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	93,410	408,416	0	9,204	10,951	14.00
15.00	01500	PHARMACY	1,124,447	124,096	0	0	16,427	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	658,124	134,267	0	0	6,084	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM	21,837	3,348	0	0	0	23.00
23.01	02301	SCH OF RADIOLOGY	44,121	2,833	0	0	4,056	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,255,387	1,966,628	0	303,783	1,181,417	30.00
31.00	03100	INTENSIVE CARE UNIT	1,001,060	377,514	0	119,038	220,643	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	310,562	257,513	0	49,356	188,601	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	233,048	25,545	0	10,821	39,829	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
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,409,291	520,795	0	98,633	294,461	50.00
50.01	05001	SURGERY CENTER	1,187,400	0	0	42,140	83,552	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	135,350	428,038	0	17,785	65,422	52.00
53.00	05300	ANESTHESIOLOGY	60,159	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,718,852	396,699	0	74,930	100,506	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	716,969	0	0	15,192	16,832	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	167,500	14,189	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	172,964	25,829	0	0	9,126	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	1,766,335	323,025	0	0	85,378	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 CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	193,815	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	372,609	183,813	0	0	10,140	65.00
66.00	06600	PHYSICAL THERAPY	553,232	245,513	0	26,783	72,601	66.00
67.00	06700	OCCUPATIONAL THERAPY	370,284	162,851	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	49,545	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	752,933	220,483	0	936	115,392	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	202,147	299,848	0	1,331	79,496	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	829,088	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	894,576	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,486,181	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	CHEMOTHERAPY	2,370,205	0	0	11,733	0	76.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part I
Date/Time Prepared:
6/18/2015 2:45 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
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
90.01	09001 ANDERSON CENTER OP CLINIC	192,681	90,130	0	0	16,224	90.01
91.00	09100 EMERGENCY	1,370,577	579,534	0	143,268	284,524	91.00
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	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
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	1,116,219	205,315	0	0	4,380	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
112.00	08600 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
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	511,501	28,687	0	0	4,380	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	30,360,878	8,327,076	0	924,933	2,998,031	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,784	48,464	0	0	0	190.00
191.00	19100 RESEARCH	35,718	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,064,263	47,099	0	9,822	10,140	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 FOUNDATION	50,600	16,378	0	0	2,028	194.00
194.02	07951 CHILDREN'S CLINIC	94,131	0	0	1,128	24,336	194.02
194.04	07952 HEALTH RESOURCE CENTER	15,278	14,240	0	0	0	194.04
194.05	07953 ADOLESCENT RESIDENTIAL	363,978	259,857	0	0	0	194.05
194.07	07954 COMMUNITY BENEFIT/MISSION	100,123	73,263	0	0	3,650	194.07
194.10	07955 DME	1,070,187	239,178	0	0	2,434	194.10
194.12	07956 MED ONE/TWO	1,394	0	0	1,349	0	194.12
194.13	07957 UNUSED SPACE	0	0	0	0	0	194.13
194.14	07958 ADVERTISING AND MARKETING	221,898	65,074	0	0	3,650	194.14
194.15	07959 PHYSICIANS RECRUITING	0	0	0	0	0	194.15
194.16	07960 MOB	243	0	0	0	4,867	194.16
194.17	07961 ASB	4,530	0	0	0	2,434	194.17
194.18	07962 MAB	211	0	0	936	4,867	194.18
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)	33,385,216	9,090,629	0	938,168	3,056,437	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part I
Date/Time Prepared:
6/18/2015 2:45 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT						1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	2,267,929					10.00
11.00	01100	CAFETERIA	0	1,324,197				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	15,433	0	1,455,979		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	19,420	0	0	965,661	14.00
15.00	01500	PHARMACY	0	67,596	0	0	8,637	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	46,296	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM	0	1,994	0	0	51	23.00
23.01	02301	SCH OF RADIOLOGY	0	4,475	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,401,021	233,334	0	432,962	41,849	30.00
31.00	03100	INTENSIVE CARE UNIT	359,080	73,400	0	136,195	27,448	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	204,129	24,279	0	45,050	2,506	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	72,647	19,556	0	36,287	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
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	88,968	0	165,082	510,956	50.00
50.01	05001	SURGERY CENTER	0	376	0	698	154,301	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	31,208	8,401	0	15,588	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	93,579	0	173,638	55,344	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	20,749	0	38,500	2,114	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	7,879	0	14,619	6	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	5,862	0	10,876	4,986	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	1,124	0	2,085	13,914	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 CELLS	0	0	0	0	0	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	0	27,037	0	0	19,763	65.00
66.00	06600	PHYSICAL THERAPY	0	37,307	0	0	2,781	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	25,222	0	0	298	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,700	0	0	9,732	68.00
69.00	06900	ELECTROCARDIOLOGY	0	45,494	0	0	30,576	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	10,968	0	0	1,203	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DIESTINCT PART)	0	0	0	0	0	75.00
76.00	03020	CHEMOTHERAPY	0	28,300	0	0	22,470	76.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part I
Date/Time Prepared:
6/18/2015 2:45 pm

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
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
90.01	09001 ANDERSON CENTER OP CLINIC	0	18,821	0	0	0	90.01
91.00	09100 EMERGENCY	0	96,379	0	178,834	39,378	91.00
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	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
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	85,356	0	158,381	4,712	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
112.00	08600 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
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	25,429	0	47,184	10,995	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,068,085	1,135,734	0	1,455,979	964,020	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	3,015	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	65,236	0	0	208	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 FOUNDATION	0	3,409	0	0	0	194.00
194.02	07951 CHILDREN'S CLINIC	0	9,009	0	0	425	194.02
194.04	07952 HEALTH RESOURCE CENTER	0	1,688	0	0	0	194.04
194.05	07953 ADOLESCENT RESIDENTIAL	199,844	36,016	0	0	0	194.05
194.07	07954 COMMUNITY BENEFIT/MISSION	0	12,744	0	0	212	194.07
194.10	07955 DME	0	57,346	0	0	319	194.10
194.12	07956 MED ONE/TWO	0	0	0	0	0	194.12
194.13	07957 UNUSED SPACE	0	0	0	0	0	194.13
194.14	07958 ADVERTISING AND MARKETING	0	0	0	0	0	194.14
194.15	07959 PHYSICIANS RECRUITING	0	0	0	0	0	194.15
194.16	07960 MOB	0	0	0	0	0	194.16
194.17	07961 ASB	0	0	0	0	477	194.17
194.18	07962 MAB	0	0	0	0	0	194.18
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)	2,267,929	1,324,197	0	1,455,979	965,661	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500	6,448,357					15.00
16.00	01600	0	3,833,921				16.00
17.00	01700	0	0	0			17.00
19.00	01900	0	0	0	0		19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	34	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	6,539	187,740	0	0	0	30.00
31.00	03100	2,579	74,909	0	0	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	121	23,534	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	9,383	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
45.01	04510	0	0	0	0	0	45.01
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	8,903	409,980	0	0	0	50.00
50.01	05001	2,536	213,469	0	0	0	50.01
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	28,843	0	0	0	52.00
53.00	05300	0	51,383	0	0	0	53.00
54.00	05400	211,719	281,406	0	0	0	54.00
55.00	05500	39,605	173,674	0	0	0	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	0	112,032	0	0	0	57.00
58.00	05800	0	31,663	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	1,806	397,385	0	0	0	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	0	0	0	0	0	62.00
63.00	06300	0	18,682	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	8	89,714	0	0	0	65.00
66.00	06600	61	60,207	0	0	0	66.00
67.00	06700	1	49,422	0	0	0	67.00
68.00	06800	0	4,959	0	0	0	68.00
69.00	06900	3,029	133,851	0	0	0	69.00
70.00	07000	98	32,696	0	0	0	70.00
71.00	07100	0	129,136	0	0	0	71.00
72.00	07200	0	53,003	0	0	0	72.00
73.00	07300	6,132,227	733,620	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03020	0	15,102	0	0	0	76.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
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
90.01	09001 ANDERSON CENTER OP CLINIC	0	14,445	0	0	0	90.01
91.00	09100 EMERGENCY	3,043	395,089	0	0	0	91.00
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	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
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	1,416	39,964	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
112.00	08600 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
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	21,063	18,250	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	6,434,788	3,783,541	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	10	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	8,263	30,752	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 FOUNDATION	0	0	0	0	0	194.00
194.02	07951 CHILDREN'S CLINIC	5,015	5,223	0	0	0	194.02
194.04	07952 HEALTH RESOURCE CENTER	0	0	0	0	0	194.04
194.05	07953 ADOLESCENT RESIDENTIAL	0	14,159	0	0	0	194.05
194.07	07954 COMMUNITY BENEFIT/MISSION	129	246	0	0	0	194.07
194.10	07955 DME	152	0	0	0	0	194.10
194.12	07956 MED ONE/TWO	0	0	0	0	0	194.12
194.13	07957 UNUSED SPACE	0	0	0	0	0	194.13
194.14	07958 ADVERTISING AND MARKETING	0	0	0	0	0	194.14
194.15	07959 PHYSICIANS RECRUITING	0	0	0	0	0	194.15
194.16	07960 MOB	0	0	0	0	0	194.16
194.17	07961 ASB	0	0	0	0	0	194.17
194.18	07962 MAB	0	0	0	0	0	194.18
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)	6,448,357	3,833,921	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part I
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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	SCH OF RADIOLOGY	Subtotal	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 NEW CAP REL COSTS-BLDG & FIXT						1.01
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000 NURSING SCHOOL						20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0				22.00
23.00 02300 PARAMED PRGM	0	0	126,445			23.00
23.01 02301 SCH OF RADIOLOGY	0	0	0	255,878		23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	0	0	0	23,796,703	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	6,938,605	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	2,516,201	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	1,505,602	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
45.01 04510 ICF/MR	0	0	0	0	0	45.01
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	15,449,884	50.00
50.01 05001 SURGERY CENTER	0	0	0	0	7,077,555	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	1,345,383	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	384,781	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	169,377	11,082,945	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	4,280,054	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	67,441	1,144,440	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	19,060	1,065,955	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	10,613,610	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 CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	1,092,790	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	2,395,445	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	3,511,221	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	2,289,879	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	291,967	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	4,722,457	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	1,545,925	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	4,723,877	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	5,010,674	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	20,644,075	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03020 CHEMOTHERAPY	0	0	0	0	13,213,101	76.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	SCH OF RADIOLOGY	Subtotal	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
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
90.01 09001 ANDERSON CENTER OP CLINIC	0	0	0	0	1,207,445	90.01
91.00 09100 EMERGENCY	0	0	126,445	0	9,442,126	91.00
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	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
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	6,685,526	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
112.00 08600 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
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	2,990,690	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	126,445	255,878	166,968,916	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	58,352	190.00
191.00 19100 RESEARCH	0	0	0	0	200,972	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	6,069,583	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 FOUNDATION	0	0	0	0	302,236	194.00
194.02 07951 CHILDREN'S CLINIC	0	0	0	0	566,801	194.02
194.04 07952 HEALTH RESOURCE CENTER	0	0	0	0	100,596	194.04
194.05 07953 ADOLESCENT RESIDENTIAL	0	0	0	0	2,527,015	194.05
194.07 07954 COMMUNITY BENEFIT/MISSION	0	0	0	0	645,116	194.07
194.10 07955 DME	0	0	0	0	6,230,322	194.10
194.12 07956 MED ONE/TWO	0	0	0	0	9,076	194.12
194.13 07957 UNUSED SPACE	0	0	0	0	0	194.13
194.14 07958 ADVERTISING AND MARKETING	0	0	0	0	1,298,468	194.14
194.15 07959 PHYSICIANS RECRUITING	0	0	0	0	0	194.15
194.16 07960 MOB	0	0	0	0	6,214	194.16
194.17 07961 ASB	0	0	0	0	28,016	194.17
194.18 07962 MAB	0	0	0	0	6,972	194.18
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	0	126,445	255,878	185,018,655	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part I
Date/Time Prepared:
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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	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT		1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMED ED PRGM		23.00
23.01	02301	SCH OF RADIOLOGY		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	23,796,703
31.00	03100	INTENSIVE CARE UNIT	0	6,938,605
32.00	03200	CORONARY CARE UNIT	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0
40.00	04000	SUBPROVIDER - IPF	0	0
41.00	04100	SUBPROVIDER - IRF	0	2,516,201
42.00	04200	SUBPROVIDER	0	0
43.00	04300	NURSERY	0	1,505,602
44.00	04400	SKILLED NURSING FACILITY	0	0
45.00	04500	NURSING FACILITY	0	0
45.01	04510	ICF/MR	0	0
46.00	04600	OTHER LONG TERM CARE	0	0
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	15,449,884
50.01	05001	SURGERY CENTER	0	7,077,555
51.00	05100	RECOVERY ROOM	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,345,383
53.00	05300	ANESTHESIOLOGY	0	384,781
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	11,082,945
55.00	05500	RADIOLOGY-THERAPEUTIC	0	4,280,054
56.00	05600	RADIOISOTOPE	0	0
57.00	05700	CT SCAN	0	1,144,440
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,065,955
59.00	05900	CARDIAC CATHETERIZATION	0	0
60.00	06000	LABORATORY	0	10,613,610
60.01	06001	BLOOD LABORATORY	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,092,790
64.00	06400	INTRAVENOUS THERAPY	0	0
65.00	06500	RESPIRATORY THERAPY	0	2,395,445
66.00	06600	PHYSICAL THERAPY	0	3,511,221
67.00	06700	OCCUPATIONAL THERAPY	0	2,289,879
68.00	06800	SPEECH PATHOLOGY	0	291,967
69.00	06900	ELECTROCARDIOLOGY	0	4,722,457
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,545,925
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,723,877
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	5,010,674
73.00	07300	DRUGS CHARGED TO PATIENTS	0	20,644,075
74.00	07400	RENAL DIALYSIS	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part I
Date/Time Prepared:
6/18/2015 2:45 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
76.00	03020 CHEMOTHERAPY	0	13,213,101	76.00
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
90.01	09001 ANDERSON CENTER OP CLINIC	0	1,207,445	90.01
91.00	09100 EMERGENCY	0	9,442,126	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	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
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
101.00	10100 HOME HEALTH AGENCY	0	6,685,526	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
112.00	08600 OTHER ORGAN ACQUISITION	0	0	112.00
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	2,990,690	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	166,968,916	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	58,352	190.00
191.00	19100 RESEARCH	0	200,972	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	6,069,583	192.00
193.00	19300 NONPAID WORKERS	0	0	193.00
194.00	07950 FOUNDATION	0	302,236	194.00
194.02	07951 CHILDREN'S CLINIC	0	566,801	194.02
194.04	07952 HEALTH RESOURCE CENTER	0	100,596	194.04
194.05	07953 ADOLESCENT RESIDENTIAL	0	2,527,015	194.05
194.07	07954 COMMUNITY BENEFIT/MISSION	0	645,116	194.07
194.10	07955 DME	0	6,230,322	194.10
194.12	07956 MED ONE/TWO	0	9,076	194.12
194.13	07957 UNUSED SPACE	0	0	194.13
194.14	07958 ADVERTISING AND MARKETING	0	1,298,468	194.14
194.15	07959 PHYSICIANS RECRUITING	0	0	194.15
194.16	07960 MOB	0	6,214	194.16
194.17	07961 ASB	0	28,016	194.17
194.18	07962 MAB	0	6,972	194.18
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	185,018,655	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part II
Date/Time Prepared:
6/18/2015 2:45 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW BLDG & FIXT			
		1.00	1.01			
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 NEW CAP REL COSTS-BLDG & FIXT						1.01
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	2,799	26,667	0	29,466	29,466	4.00
5.01 00540 NONPATIENT TELEPHONES	49,344	271	0	49,615	105	5.01
5.02 00550 DATA PROCESSING	76,460	44,631	0	121,091	78	5.02
5.03 00560 PURCHASING RECEIVING AND STORES	5,427	13,267	0	18,694	553	5.03
5.04 00570 ADMITTING	22,706	3,664	0	26,370	499	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	3,775	35,636	0	39,411	536	5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL	46,861	132,460	0	179,321	3,622	5.06
6.00 00600 MAINTENANCE & REPAIRS	38,938	240,045	0	278,983	803	6.00
7.00 00700 OPERATION OF PLANT	0	0	0	0	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	1,003	33,892	0	34,895	0	8.00
9.00 00900 HOUSEKEEPING	1,953	42,961	0	44,914	0	9.00
10.00 01000 DIETARY	16,146	119,857	0	136,003	15	10.00
11.00 01100 CAFETERIA	9,366	0	0	9,366	9	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	306	21,030	0	21,336	361	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	39,944	68,293	0	108,237	215	14.00
15.00 01500 PHARMACY	530,297	20,750	0	551,047	1,323	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	4,885	22,451	0	27,336	594	16.00
17.00 01700 SOCIAL SERVICE	0	0	0	0	0	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMEDICAL PRGM	0	560	0	560	33	23.00
23.01 02301 SCH OF RADIOLOGY	0	474	0	474	75	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	160,872	328,845	0	489,717	4,535	30.00
31.00 03100 INTENSIVE CARE UNIT	121,383	63,126	0	184,509	1,202	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	30,569	43,060	0	73,629	399	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	11,540	4,272	0	15,812	327	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
45.01 04510 ICF/MR	0	0	0	0	0	45.01
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	849,626	87,084	0	936,710	1,573	50.00
50.01 05001 SURGERY CENTER	306,322	0	0	306,322	5	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	10,492	71,574	0	82,066	140	52.00
53.00 05300 ANESTHESIOLOGY	57,982	0	0	57,982	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	727,623	66,333	0	793,956	1,409	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	632,753	0	0	632,753	395	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	6,246	2,373	0	8,619	147	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	299,747	4,319	0	304,066	114	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	24,091	54,014	0	78,105	17	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 CELLS	0	0	0	0	0	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	23,629	30,736	0	54,365	442	65.00
66.00 06600 PHYSICAL THERAPY	309,733	41,053	0	350,786	677	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	27,231	0	27,231	529	67.00
68.00 06800 SPEECH PATHOLOGY	700	0	0	700	59	68.00
69.00 06900 ELECTROCARDIOLOGY	239,014	36,868	0	275,882	836	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	59,018	50,139	0	109,157	187	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part II
Date/Time Prepared:
6/18/2015 2:45 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW BLDG & FIXT			
		1.00	1.01			
	0			2A	4.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03020 CHEMOTHERAPY	84,139	0	0	84,139	455	76.00
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
90.01 09001 ANDERSON CENTER OP CLINIC	1,047	15,071	0	16,118	287	90.01
91.00 09100 EMERGENCY	83,890	96,906	0	180,796	1,500	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				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
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	29,036	34,331	0	63,367	1,562	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
112.00 08600 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
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	341	4,797	0	5,138	611	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	4,920,003	1,889,041	0	6,809,044	26,229	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	8,104	0	8,104	0	190.00
191.00 19100 RESEARCH	30,772	0	0	30,772	56	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	181,582	7,876	0	189,458	1,573	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 FOUNDATION	121	2,739	0	2,860	60	194.00
194.02 07951 CHILDREN'S CLINIC	9,601	0	0	9,601	129	194.02
194.04 07952 HEALTH RESOURCE CENTER	0	2,381	0	2,381	24	194.04
194.05 07953 ADOLESCENT RESIDENTIAL	2,004	43,452	0	45,456	549	194.05
194.07 07954 COMMUNITY BENEFIT/MISSION	21,738	12,250	0	33,988	139	194.07
194.10 07955 DME	93,327	39,994	0	133,321	707	194.10
194.12 07956 MED ONE/TWO	2	0	0	2	0	194.12
194.13 07957 UNUSED SPACE	0	0	0	0	0	194.13
194.14 07958 ADVERTISING AND MARKETING	411	10,881	0	11,292	0	194.14
194.15 07959 PHYSICIANS RECRUITING	0	0	0	0	0	194.15
194.16 07960 MOB	0	0	0	0	0	194.16
194.17 07961 ASB	8,861	0	0	8,861	0	194.17
194.18 07962 MAB	978	0	0	978	0	194.18
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers				0		201.00
202.00 TOTAL (sum lines 118-201)	5,269,400	2,016,718	0	7,286,118	29,466	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150088

Period: From 07/01/2013 To 06/30/2014

Worksheet B Part II Date/Time Prepared: 6/18/2015 2:45 pm

Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
4.00	00400						4.00
5.01	00540	49,720					5.01
5.02	00550	411	121,580				5.02
5.03	00560	529	0	19,776			5.03
5.04	00570	940	0	39	27,848		5.04
5.05	00580	1,410	0	3	0	41,360	5.05
5.06	00590	5,466	1	565	0	0	5.06
6.00	00600	1,763	0	14	0	0	6.00
7.00	00700	0	0	0	0	0	7.00
8.00	00800	176	0	164	0	0	8.00
9.00	00900	646	0	0	0	0	9.00
10.00	01000	176	1	0	0	0	10.00
11.00	01100	470	0	0	0	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	646	0	8	0	0	13.00
14.00	01400	353	0	139	0	0	14.00
15.00	01500	1,293	0	0	0	0	15.00
16.00	01600	2,351	0	17	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	1	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	5,407	5,964	769	1,350	2,026	30.00
31.00	03100	0	2,380	425	539	808	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	764	748	49	169	254	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	59	298	0	67	101	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
45.01	04510	0	0	0	0	0	45.01
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	3,644	13,025	7,385	2,949	4,424	50.00
50.01	05001	1,175	6,782	2,236	1,536	2,303	50.01
51.00	05100	0	0	0	0	0	51.00
52.00	05200	588	916	0	207	311	52.00
53.00	05300	0	1,632	0	370	554	53.00
54.00	05400	4,408	8,940	1,681	2,024	3,036	54.00
55.00	05500	882	5,518	200	1,249	1,874	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	0	3,559	0	806	1,209	57.00
58.00	05800	0	1,006	73	228	342	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	2,703	12,625	889	2,858	4,288	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	0	0	0	0	0	62.00
63.00	06300	118	594	0	134	202	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	353	2,850	288	645	968	65.00
66.00	06600	1,175	1,913	51	433	650	66.00
67.00	06700	1,058	1,570	6	356	533	67.00
68.00	06800	176	158	139	36	54	68.00
69.00	06900	1,117	4,252	460	963	1,444	69.00
70.00	07000	1,410	1,039	23	235	353	70.00
71.00	07100	118	4,103	566	929	1,393	71.00
72.00	07200	0	1,684	572	381	572	72.00
73.00	07300	0	23,080	1,391	5,548	7,830	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03020	588	480	350	109	163	76.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part II
Date/Time Prepared:
6/18/2015 2:45 pm

Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
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
90.01	09001 ANDERSON CENTER OP CLINIC	0	459	0	104	156	90.01
91.00	09100 EMERGENCY	882	12,552	635	2,842	4,263	91.00
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	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
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	529	1,270	93	287	431	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
112.00	08600 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
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	470	580	256	131	197	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	44,254	119,979	19,487	27,485	40,739	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	59	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	3,174	977	87	221	409	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 FOUNDATION	118	0	5	0	0	194.00
194.02	07951 CHILDREN'S CLINIC	0	166	31	38	56	194.02
194.04	07952 HEALTH RESOURCE CENTER	0	0	0	0	0	194.04
194.05	07953 ADOLESCENT RESIDENTIAL	0	450	39	102	153	194.05
194.07	07954 COMMUNITY BENEFIT/MISSION	0	8	6	2	3	194.07
194.10	07955 DME	646	0	114	0	0	194.10
194.12	07956 MED ONE/TWO	940	0	0	0	0	194.12
194.13	07957 UNUSED SPACE	0	0	0	0	0	194.13
194.14	07958 ADVERTISING AND MARKETING	529	0	0	0	0	194.14
194.15	07959 PHYSICIANS RECRUITING	0	0	0	0	0	194.15
194.16	07960 MOB	0	0	0	0	0	194.16
194.17	07961 ASB	0	0	7	0	0	194.17
194.18	07962 MAB	0	0	0	0	0	194.18
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)	49,720	121,580	19,776	27,848	41,360	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150088	Period: From 07/01/2013 To 06/30/2014	Worksheet B Part II Date/Time Prepared: 6/18/2015 2:45 pm		
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT					1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	188,975				5.06
6.00	00600	MAINTENANCE & REPAIRS	9,283	290,846			6.00
7.00	00700	OPERATION OF PLANT	0	0	0		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	751	6,485	0	42,471	8.00
9.00	00900	HOUSEKEEPING	2,859	8,220	0	0	56,639 9.00
10.00	01000	DIETARY	1,584	22,933	0	0	0 10.00
11.00	01100	CAFETERIA	1,273	0	0	0	1,436 11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00	01300	NURSING ADMINISTRATION	1,332	4,024	0	0	188 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	529	13,067	0	417	203 14.00
15.00	01500	PHARMACY	6,364	3,970	0	0	304 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,724	4,296	0	0	113 16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0 17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0 22.00
23.00	02300	PARAMED PRGM	124	107	0	0	0 23.00
23.01	02301	SCH OF RADIOLOGY	250	91	0	0	75 23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	18,462	62,919	0	13,753	21,893 30.00
31.00	03100	INTENSIVE CARE UNIT	5,665	12,078	0	5,389	4,089 31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0 40.00
41.00	04100	SUBPROVIDER - I/RF	1,758	8,239	0	2,234	3,495 41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00	04300	NURSERY	1,319	817	0	490	738 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
45.01	04510	ICF/MR	0	0	0	0	0 45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	13,635	16,662	0	4,465	5,457 50.00
50.01	05001	SURGERY CENTER	6,720	0	0	1,908	1,548 50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	766	13,695	0	805	1,212 52.00
53.00	05300	ANESTHESIOLOGY	340	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,727	12,692	0	3,392	1,862 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,057	0	0	688	312 55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
57.00	05700	CT SCAN	948	454	0	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	979	826	0	0	169 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00	06000	LABORATORY	9,996	10,335	0	0	1,582 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 CELLS	0	0	0	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,097	0	0	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	2,109	5,881	0	0	188 65.00
66.00	06600	PHYSICAL THERAPY	3,131	7,855	0	1,212	1,345 66.00
67.00	06700	OCCUPATIONAL THERAPY	2,096	5,210	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	280	0	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	4,261	7,054	0	42	2,138 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,144	9,593	0	60	1,473 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,692	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,063	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,070	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
76.00	03020	CHEMOTHERAPY	13,414	0	0	531	0 76.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part II
Date/Time Prepared:
6/18/2015 2:45 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
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
90.01	09001 ANDERSON CENTER OP CLINIC	1,090	2,884	0	0	301	90.01
91.00	09100 EMERGENCY	7,756	18,542	0	6,486	5,273	91.00
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	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
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	6,317	6,569	0	0	81	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
112.00	08600 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
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	2,895	918	0	0	81	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	171,860	266,416	0	41,872	55,556	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	10	1,551	0	0	0	190.00
191.00	19100 RESEARCH	202	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	6,023	1,507	0	445	188	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 FOUNDATION	286	524	0	0	38	194.00
194.02	07951 CHILDREN'S CLINIC	533	0	0	51	451	194.02
194.04	07952 HEALTH RESOURCE CENTER	86	456	0	0	0	194.04
194.05	07953 ADOLESCENT RESIDENTIAL	2,060	8,314	0	0	0	194.05
194.07	07954 COMMUNITY BENEFIT/MISSION	567	2,344	0	0	68	194.07
194.10	07955 DME	6,056	7,652	0	0	45	194.10
194.12	07956 MED ONE/TWO	8	0	0	61	0	194.12
194.13	07957 UNUSED SPACE	0	0	0	0	0	194.13
194.14	07958 ADVERTISING AND MARKETING	1,256	2,082	0	0	68	194.14
194.15	07959 PHYSICIANS RECRUITING	0	0	0	0	0	194.15
194.16	07960 MOB	1	0	0	0	90	194.16
194.17	07961 ASB	26	0	0	0	45	194.17
194.18	07962 MAB	1	0	0	42	90	194.18
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)	188,975	290,846	0	42,471	56,639	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150088		Period: From 07/01/2013 To 06/30/2014		Worksheet B Part II Date/Time Prepared: 6/18/2015 2:45 pm	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT						1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	160,712					10.00
11.00	01100	CAFETERIA	0	12,554				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	146	0	28,041		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	184	0	0	123,344	14.00
15.00	01500	PHARMACY	0	641	0	0	1,103	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	439	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM	0	19	0	0	0	23.00
23.01	02301	SCH OF RADIOLOGY	0	42	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	99,281	2,212	0	8,340	5,345	30.00
31.00	03100	INTENSIVE CARE UNIT	25,445	696	0	2,623	3,506	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	14,465	230	0	868	320	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	5,148	185	0	699	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
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	844	0	3,179	65,265	50.00
50.01	05001	SURGERY CENTER	0	4	0	13	19,709	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,211	80	0	300	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	887	0	3,344	7,069	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	197	0	741	270	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	75	0	282	1	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	56	0	209	637	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	11	0	40	1,777	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 CELLS	0	0	0	0	0	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	0	256	0	0	2,524	65.00
66.00	06600	PHYSICAL THERAPY	0	354	0	0	355	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	239	0	0	38	67.00
68.00	06800	SPEECH PATHOLOGY	0	26	0	0	1,243	68.00
69.00	06900	ELECTROCARDIOLOGY	0	431	0	0	3,905	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	104	0	0	154	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	CHEMOTHERAPY	0	268	0	0	2,870	76.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150088		Period: From 07/01/2013 To 06/30/2014		Worksheet B Part II Date/Time Prepared: 6/18/2015 2:45 pm	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
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
90.01	09001	ANDERSON CENTER OP CLINIC	0	178	0	0	0	90.01
91.00	09100	EMERGENCY	0	914	0	3,444	5,030	91.00
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	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
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	809	0	3,050	602	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
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
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	241	0	909	1,404	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	146,550	10,768	0	28,041	123,134	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	29	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	618	0	0	27	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	FOUNDATION	0	32	0	0	0	194.00
194.02	07951	CHILDREN'S CLINIC	0	85	0	0	54	194.02
194.04	07952	HEALTH RESOURCE CENTER	0	16	0	0	0	194.04
194.05	07953	ADOLESCENT RESIDENTIAL	14,162	341	0	0	0	194.05
194.07	07954	COMMUNITY BENEFIT/MISSION	0	121	0	0	27	194.07
194.10	07955	DME	0	544	0	0	41	194.10
194.12	07956	MED ONE/TWO	0	0	0	0	0	194.12
194.13	07957	UNUSED SPACE	0	0	0	0	0	194.13
194.14	07958	ADVERTISING AND MARKETING	0	0	0	0	0	194.14
194.15	07959	PHYSICIANS RECRUITING	0	0	0	0	0	194.15
194.16	07960	MOB	0	0	0	0	0	194.16
194.17	07961	ASB	0	0	0	0	61	194.17
194.18	07962	MAB	0	0	0	0	0	194.18
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)	160,712	12,554	0	28,041	123,344	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part II
Date/Time Prepared:
6/18/2015 2:45 pm

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500	566,045					15.00
16.00	01600	0	38,870				16.00
17.00	01700	0	0	0			17.00
19.00	01900	0	0	0	0		19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0			21.00
22.00	02200	0	0	0			22.00
23.00	02300	3	0	0			23.00
23.01	02301	0	0	0			23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	574	1,913	0			30.00
31.00	03100	226	763	0			31.00
32.00	03200	0	0	0			32.00
33.00	03300	0	0	0			33.00
34.00	03400	0	0	0			34.00
40.00	04000	0	0	0			40.00
41.00	04100	11	240	0			41.00
42.00	04200	0	0	0			42.00
43.00	04300	0	96	0			43.00
44.00	04400	0	0	0			44.00
45.00	04500	0	0	0			45.00
45.01	04510	0	0	0			45.01
46.00	04600	0	0	0			46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	782	4,178	0			50.00
50.01	05001	223	2,175	0			50.01
51.00	05100	0	0	0			51.00
52.00	05200	0	294	0			52.00
53.00	05300	0	524	0			53.00
54.00	05400	18,585	2,868	0			54.00
55.00	05500	3,477	1,770	0			55.00
56.00	05600	0	0	0			56.00
57.00	05700	0	1,142	0			57.00
58.00	05800	0	323	0			58.00
59.00	05900	0	0	0			59.00
60.00	06000	159	4,049	0			60.00
60.01	06001	0	0	0			60.01
61.00	06100	0	0	0			61.00
62.00	06200	0	0	0			62.00
63.00	06300	0	190	0			63.00
64.00	06400	0	0	0			64.00
65.00	06500	1	914	0			65.00
66.00	06600	5	614	0			66.00
67.00	06700	0	504	0			67.00
68.00	06800	0	51	0			68.00
69.00	06900	266	1,364	0			69.00
70.00	07000	9	333	0			70.00
71.00	07100	0	1,316	0			71.00
72.00	07200	0	540	0			72.00
73.00	07300	538,294	7,276	0			73.00
74.00	07400	0	0	0			74.00
75.00	07500	0	0	0			75.00
76.00	03020	0	154	0			76.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part II
Date/Time Prepared:
6/18/2015 2:45 pm

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
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
90.01	09001 ANDERSON CENTER OP CLINIC	0	147	0			90.01
91.00	09100 EMERGENCY	267	4,026	0			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						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
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	124	407	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
112.00	08600 OTHER ORGAN ACQUISITION	0	0	0			112.00
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	1,849	186	0			116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	564,855	38,357	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
191.00	19100 RESEARCH	1	0	0			191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	725	313	0			192.00
193.00	19300 NONPAID WORKERS	0	0	0			193.00
194.00	07950 FOUNDATION	0	0	0			194.00
194.02	07951 CHILDREN'S CLINIC	440	53	0			194.02
194.04	07952 HEALTH RESOURCE CENTER	0	0	0			194.04
194.05	07953 ADOLESCENT RESIDENTIAL	0	144	0			194.05
194.07	07954 COMMUNITY BENEFIT/MISSION	11	3	0			194.07
194.10	07955 DME	13	0	0			194.10
194.12	07956 MED ONE/TWO	0	0	0			194.12
194.13	07957 UNUSED SPACE	0	0	0			194.13
194.14	07958 ADVERTISING AND MARKETING	0	0	0			194.14
194.15	07959 PHYSICIANS RECRUITING	0	0	0			194.15
194.16	07960 MOB	0	0	0			194.16
194.17	07961 ASB	0	0	0			194.17
194.18	07962 MAB	0	0	0			194.18
200.00	Cross Foot Adjustments				0		0200.00
201.00	Negative Cost Centers	0	0	0	0		0201.00
202.00	TOTAL (sum lines 118-201)	566,045	38,870	0	0		0202.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 150088	Period: From 07/01/2013 To 06/30/2014	Worksheet B Part II Date/Time Prepared: 6/18/2015 2:45 pm
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Cost Center Description	INTERNS & RESIDENTS				Subtotal
	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	PARAMED PRGM	SCH OF RADIOLOGY	
	21.00	22.00	23.00	23.01	
GENERAL SERVICE COST CENTERS					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101 NEW CAP REL COSTS-BLDG & FIXT					1.01
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540 NONPATIENT TELEPHONES					5.01
5.02 00550 DATA PROCESSING					5.02
5.03 00560 PURCHASING RECEIVING AND STORES					5.03
5.04 00570 ADMIN TTING					5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00 00600 MAINTENANCE & REPAIRS					6.00
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
12.00 01200 MAINTENANCE OF PERSONNEL					12.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE					17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000 NURSING SCHOOL					20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		0			22.00
23.00 02300 PARAMED PRGM			854		23.00
23.01 02301 SCH OF RADIOLOGY				1,007	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS					744,460 30.00
31.00 03100 INTENSIVE CARE UNIT					250,343 31.00
32.00 03200 CORONARY CARE UNIT					0 32.00
33.00 03300 BURN INTENSIVE CARE UNIT					0 33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT					0 34.00
40.00 04000 SUBPROVIDER - IPF					0 40.00
41.00 04100 SUBPROVIDER - IRF					107,872 41.00
42.00 04200 SUBPROVIDER					0 42.00
43.00 04300 NURSERY					26,156 43.00
44.00 04400 SKILLED NURSING FACILITY					0 44.00
45.00 04500 NURSING FACILITY					0 45.00
45.01 04510 ICF/MR					0 45.01
46.00 04600 OTHER LONG TERM CARE					0 46.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM					1,084,177 50.00
50.01 05001 SURGERY CENTER					352,659 50.01
51.00 05100 RECOVERY ROOM					0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM					103,591 52.00
53.00 05300 ANESTHESIOLOGY					61,402 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC					875,880 54.00
55.00 05500 RADIOLOGY-THERAPEUTIC					654,383 55.00
56.00 05600 RADIOISOTOPE					0 56.00
57.00 05700 CT SCAN					17,242 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)					309,028 58.00
59.00 05900 CARDIAC CATHETERIZATION					0 59.00
60.00 06000 LABORATORY					129,434 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 CELLS					0 62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.					2,335 63.00
64.00 06400 INTRAVENOUS THERAPY					0 64.00
65.00 06500 RESPIRATORY THERAPY					71,784 65.00
66.00 06600 PHYSICAL THERAPY					370,556 66.00
67.00 06700 OCCUPATIONAL THERAPY					39,370 67.00
68.00 06800 SPEECH PATHOLOGY					2,922 68.00
69.00 06900 ELECTROCARDIOLOGY					304,415 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY					125,274 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS					13,117 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT					8,812 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS					597,489 73.00
74.00 07400 RENAL DIALYSIS					0 74.00
75.00 07500 ASC (NON-DISTINCT PART)					0 75.00
76.00 03020 CHEMOTHERAPY					103,521 76.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part II
Date/Time Prepared:
6/18/2015 2:45 pm

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	SCH OF RADIOLOGY	Subtotal	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
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
90.01 09001 ANDERSON CENTER OP CLINIC					21,724	90.01
91.00 09100 EMERGENCY					255,208	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						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
99.00 09900 CMHC					0	99.00
99.10 09910 CORF					0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM					0	100.00
101.00 10100 HOME HEALTH AGENCY					85,498	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION					0	105.00
106.00 10600 HEART ACQUISITION					0	106.00
107.00 10700 LIVER ACQUISITION					0	107.00
108.00 10800 LUNG ACQUISITION					0	108.00
109.00 10900 PANCREAS ACQUISITION					0	109.00
110.00 11000 INTESTINAL ACQUISITION					0	110.00
111.00 11100 ISLET ACQUISITION					0	111.00
112.00 08600 OTHER ORGAN ACQUISITION					0	112.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)					0	115.00
116.00 11600 HOSPICE					15,866	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	6,734,518	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN					9,665	190.00
191.00 19100 RESEARCH					31,119	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES					205,745	192.00
193.00 19300 NONPAID WORKERS					0	193.00
194.00 07950 FOUNDATION					3,923	194.00
194.02 07951 CHILDREN'S CLINIC					11,688	194.02
194.04 07952 HEALTH RESOURCE CENTER					2,963	194.04
194.05 07953 ADOLESCENT RESIDENTIAL					71,770	194.05
194.07 07954 COMMUNITY BENEFIT/MISSION					37,287	194.07
194.10 07955 DME					149,139	194.10
194.12 07956 MED ONE/TWO					1,011	194.12
194.13 07957 UNUSED SPACE					0	194.13
194.14 07958 ADVERTISING AND MARKETING					15,227	194.14
194.15 07959 PHYSICIANS RECRUITING					0	194.15
194.16 07960 MOB					91	194.16
194.17 07961 ASB					9,000	194.17
194.18 07962 MAB					1,111	194.18
200.00 Cross Foot Adjustments	0	0	854	1,007	1,861	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	0	854	1,007	7,286,118	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150088	Period: From 07/01/2013 To 06/30/2014	Worksheet B Part II Date/Time Prepared: 6/18/2015 2:45 pm
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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	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT		1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMED ED PRGM		23.00
23.01	02301	SCH OF RADIOLOGY		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	744,460
31.00	03100	INTENSIVE CARE UNIT	0	250,343
32.00	03200	CORONARY CARE UNIT	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0
40.00	04000	SUBPROVIDER - I/PF	0	0
41.00	04100	SUBPROVIDER - I/RF	0	107,872
42.00	04200	SUBPROVIDER	0	0
43.00	04300	NURSERY	0	26,156
44.00	04400	SKILLED NURSING FACILITY	0	0
45.00	04500	NURSING FACILITY	0	0
45.01	04510	ICF/MR	0	0
46.00	04600	OTHER LONG TERM CARE	0	0
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	1,084,177
50.01	05001	SURGERY CENTER	0	352,659
51.00	05100	RECOVERY ROOM	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	103,591
53.00	05300	ANESTHESIOLOGY	0	61,402
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	875,880
55.00	05500	RADIOLOGY-THERAPEUTIC	0	654,383
56.00	05600	RADIOISOTOPE	0	0
57.00	05700	CT SCAN	0	17,242
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	309,028
59.00	05900	CARDIAC CATHETERIZATION	0	0
60.00	06000	LABORATORY	0	129,434
60.01	06001	BLOOD LABORATORY	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,335
64.00	06400	INTRAVENOUS THERAPY	0	0
65.00	06500	RESPIRATORY THERAPY	0	71,784
66.00	06600	PHYSICAL THERAPY	0	370,556
67.00	06700	OCCUPATIONAL THERAPY	0	39,370
68.00	06800	SPEECH PATHOLOGY	0	2,922
69.00	06900	ELECTROCARDIOLOGY	0	304,415
70.00	07000	ELECTROENCEPHALOGRAPHY	0	125,274
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	13,117
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	8,812
73.00	07300	DRUGS CHARGED TO PATIENTS	0	597,489
74.00	07400	RENAL DIALYSIS	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part II
Date/Time Prepared:
6/18/2015 2:45 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
76.00	03020 CHEMOTHERAPY	0	103,521	76.00
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
90.01	09001 ANDERSON CENTER OP CLINIC	0	21,724	90.01
91.00	09100 EMERGENCY	0	255,208	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	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
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
101.00	10100 HOME HEALTH AGENCY	0	85,498	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
112.00	08600 OTHER ORGAN ACQUISITION	0	0	112.00
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	15,866	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	6,734,518	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9,665	190.00
191.00	19100 RESEARCH	0	31,119	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	205,745	192.00
193.00	19300 NONPAID WORKERS	0	0	193.00
194.00	07950 FOUNDATION	0	3,923	194.00
194.02	07951 CHILDREN'S CLINIC	0	11,688	194.02
194.04	07952 HEALTH RESOURCE CENTER	0	2,963	194.04
194.05	07953 ADOLESCENT RESIDENTIAL	0	71,770	194.05
194.07	07954 COMMUNITY BENEFIT/MISSION	0	37,287	194.07
194.10	07955 DME	0	149,139	194.10
194.12	07956 MED ONE/TWO	0	1,011	194.12
194.13	07957 UNUSED SPACE	0	0	194.13
194.14	07958 ADVERTISING AND MARKETING	0	15,227	194.14
194.15	07959 PHYSICIANS RECRUITING	0	0	194.15
194.16	07960 MOB	0	91	194.16
194.17	07961 ASB	0	9,000	194.17
194.18	07962 MAB	0	1,111	194.18
200.00	Cross Foot Adjustments	0	1,861	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	7,286,118	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet B-1

Date/Time Prepared:
6/18/2015 2:45 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONE LINES)	DATA PROCESSING (DEPT. REVENUE)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT (SQUARE FEET)				
	1.00	1.01				
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	468,354	0			1.00
1.01 00101	NEW CAP REL COSTS-BLDG & FIXT	0	0			1.01
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	6,193	0	61,312,360		4.00
5.01 00540	NONPATIENT TELEPHONES	63	0	217,642	846	5.01
5.02 00550	DATA PROCESSING	10,365	0	162,301	7	574,539,151
5.03 00560	PURCHASING RECEIVING AND STORES	3,081	0	1,148,792	9	0
5.04 00570	ADMINISTRATIVE	851	0	1,036,479	16	0
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	8,276	0	1,115,158	24	0
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	30,762	0	7,530,951	93	6,422
6.00 00600	MAINTENANCE & REPAIRS	55,747	0	1,668,923	30	0
7.00 00700	OPERATION OF PLANT	0	0	0	0	0
8.00 00800	LAUNDRY & LINEN SERVICE	7,871	0	0	3	0
9.00 00900	HOUSEKEEPING	9,977	0	0	11	0
10.00 01000	DIETARY	27,835	0	31,533	3	3,137
11.00 01100	CAFETERIA	0	0	18,291	8	0
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	4,884	0	750,561	11	0
14.00 01400	CENTRAL SERVICES & SUPPLY	15,860	0	447,018	6	0
15.00 01500	PHARMACY	4,819	0	2,749,576	22	0
16.00 01600	MEDICAL RECORDS & LIBRARY	5,214	0	1,235,432	40	0
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00 02300	PARAMED ED PRGM	130	0	68,074	0	0
23.01 02301	SCH OF RADIOLOGY	110	0	156,692	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	76,370	0	9,483,983	92	28,134,214
31.00 03100	INTENSIVE CARE UNIT	14,660	0	2,498,831	0	11,225,690
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00 04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00 04100	SUBPROVIDER - I RF	10,000	0	830,409	13	3,526,803
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	992	0	679,172	1	1,406,093
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500	NURSING FACILITY	0	0	0	0	0
45.01 04510	ICF/MR	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	20,224	0	3,271,251	62	61,438,579
50.01 05001	SURGERY CENTER	0	0	11,077	20	31,989,885
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	16,622	0	291,757	10	4,322,416
53.00 05300	ANESTHESIOLOGY	0	0	0	0	7,700,098
54.00 05400	RADIOLOGY-DIAGNOSTIC	15,405	0	2,929,870	75	42,170,777
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	821,839	15	26,026,323
56.00 05600	RADIOISOTOPE	0	0	0	0	0
57.00 05700	CT SCAN	551	0	304,640	0	16,788,853
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,003	0	236,282	0	4,744,877
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00 06000	LABORATORY	12,544	0	35,439	46	59,551,112
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	2	2,799,670
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	7,138	0	918,932	6	13,444,265
66.00 06600	PHYSICAL THERAPY	9,534	0	1,406,503	20	9,022,455
67.00 06700	OCCUPATIONAL THERAPY	6,324	0	1,099,642	18	7,406,312
68.00 06800	SPEECH PATHOLOGY	0	0	121,771	3	743,212
69.00 06900	ELECTROCARDIOLOGY	8,562	0	1,738,842	19	20,058,628
70.00 07000	ELECTROENCEPHALOGRAPHY	11,644	0	389,232	24	4,899,724
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	2	19,352,028
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	7,942,916
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	109,925,822

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet B-1
Date/Time Prepared:
6/18/2015 2:45 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONE LINES)	DATA PROCESSING (DEPT. REVENUE)	
			NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT (SQUARE FEET)				
			1.00	1.01	4.00	5.01	5.02	
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	CHEMOTHERAPY	0	0	945,431	10	2,263,101	76.00
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
90.01	09001	ANDERSON CENTER OP CLINIC	3,500	0	596,066	0	2,164,728	90.01
91.00	09100	EMERGENCY	22,505	0	3,118,698	15	59,207,139	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
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	7,973	0	3,246,760	9	5,988,958	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
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
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	1,114	0	1,269,633	8	2,734,913	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	438,703	0	54,583,483	753	566,989,150	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,882	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	115,769	1	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,829	0	3,270,609	54	4,608,491	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	FOUNDATION	636	0	124,485	2	0	194.00
194.02	07951	CHILDREN'S CLINIC	0	0	267,506	0	782,729	194.02
194.04	07952	HEALTH RESOURCE CENTER	553	0	50,292	0	0	194.04
194.05	07953	ADOLESCENT RESIDENTIAL	10,091	0	1,140,640	0	2,121,875	194.05
194.07	07954	COMMUNITY BENEFIT/MISSION	2,845	0	289,470	0	36,906	194.07
194.10	07955	DME	9,288	0	1,470,106	11	0	194.10
194.12	07956	MED ONE/TWO	0	0	0	16	0	194.12
194.13	07957	UNUSED SPACE	0	0	0	0	0	194.13
194.14	07958	ADVERTISING AND MARKETING	2,527	0	0	9	0	194.14
194.15	07959	PHYSICIANS RECRUITING	0	0	0	0	0	194.15
194.16	07960	MOB	0	0	0	0	0	194.16
194.17	07961	ASB	0	0	0	0	0	194.17
194.18	07962	MAB	0	0	0	0	0	194.18
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)	2,016,718	0	3,040,631	1,250,527	7,313,026	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4.305969	0.000000	0.049592	1,478.164303	0.012729	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			29,466	49,720	121,580	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000481	58.770686	0.000212	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet B-1

Date/Time Prepared:
6/18/2015 2:45 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLY EXPENSE)	ADMINITTING (DEPT. REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (DEPT. REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560	14,275,934					5.03
5.04	00570	28,162	574,539,151				5.04
5.05	00580	2,043	0	575,615,571			5.05
5.06	00590	407,617	6,422	6,422	-33,385,216	151,633,439	5.06
6.00	00600	10,233	0	0	0	7,450,291	6.00
7.00	00700	0	0	0	0	0	7.00
8.00	00800	118,449	0	0	0	602,767	8.00
9.00	00900	0	0	0	0	2,294,364	9.00
10.00	01000	0	3,137	3,137	0	1,271,249	10.00
11.00	01100	0	0	0	0	1,021,765	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	5,420	0	0	0	1,069,225	13.00
14.00	01400	100,078	0	0	0	424,260	14.00
15.00	01500	0	0	0	0	5,107,154	15.00
16.00	01600	12,020	0	0	0	2,989,150	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	984	0	0	0	99,181	23.00
23.01	02301	0	0	0	0	200,393	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	555,318	28,134,214	28,134,214	0	14,786,043	30.00
31.00	03100	306,693	11,225,690	11,225,690	0	4,546,739	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	35,216	3,526,803	3,526,803	0	1,410,550	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	1,406,093	1,406,093	0	1,058,486	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
45.01	04510	0	0	0	0	0	45.01
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	5,330,613	61,438,579	61,438,579	0	10,942,815	50.00
50.01	05001	1,614,596	31,989,885	31,989,885	0	5,393,083	50.01
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	4,322,416	4,322,416	0	614,748	52.00
53.00	05300	0	7,700,098	7,700,098	0	273,239	53.00
54.00	05400	1,213,949	42,170,777	42,170,777	0	7,806,895	54.00
55.00	05500	144,103	26,026,323	26,026,323	0	3,256,419	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	63	16,788,853	16,788,853	0	760,774	57.00
58.00	05800	52,651	4,744,877	4,744,877	0	785,589	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	641,904	59,551,112	59,551,112	0	8,022,558	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	0	0	0	0	0	62.00
63.00	06300	0	2,799,670	2,799,670	0	880,293	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	207,784	13,444,265	13,444,265	0	1,692,361	65.00
66.00	06600	36,750	9,022,455	9,022,455	0	2,512,736	66.00
67.00	06700	4,369	7,406,312	7,406,312	0	1,681,801	67.00
68.00	06800	100,498	743,212	743,212	0	225,031	68.00
69.00	06900	332,297	20,058,628	20,058,628	0	3,419,763	69.00
70.00	07000	16,826	4,899,724	4,899,724	0	918,138	70.00
71.00	07100	408,948	19,352,028	19,352,028	0	3,765,653	71.00
72.00	07200	412,882	7,942,916	7,942,916	0	4,063,095	72.00
73.00	07300	1,004,125	109,925,822	109,925,822	0	11,292,047	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period: From 07/01/2013 To 06/30/2014

Worksheet B-1

Date/Time Prepared: 6/18/2015 2:45 pm

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLY EXPENSE)	ADMINISTRATIVE (DEPT. REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (DEPT. REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
76.00	03020	CHEMOTHERAPY	252,491	2,263,101	2,263,101	0	10,765,291	76.00
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
90.01	09001	ANDERSON CENTER OP CLINIC	0	2,164,728	2,164,728	0	875,144	90.01
91.00	09100	EMERGENCY	458,147	59,207,139	59,207,139	0	6,225,055	91.00
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	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
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	67,042	5,988,958	5,988,958	0	5,069,783	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
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
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	184,564	2,734,913	2,734,913	0	2,323,201	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	14,066,835	566,989,150	566,989,150	-33,385,216	137,897,129	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	8,104	190.00
191.00	19100	RESEARCH	170	0	0	0	162,229	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	62,537	4,608,491	5,684,911	0	4,833,800	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	FOUNDATION	3,576	0	0	0	229,821	194.00
194.02	07951	CHILDREN'S CLINIC	22,591	782,729	782,729	0	427,534	194.02
194.04	07952	HEALTH RESOURCE CENTER	0	0	0	0	69,390	194.04
194.05	07953	ADOLESCENT RESIDENTIAL	28,417	2,121,875	2,121,875	0	1,653,161	194.05
194.07	07954	COMMUNITY BENEFIT/MISSION	4,352	36,906	36,906	0	454,749	194.07
194.10	07955	DME	82,051	0	0	0	4,860,706	194.10
194.12	07956	MED ONE/TWO	0	0	0	0	6,333	194.12
194.13	07957	UNUSED SPACE	0	0	0	0	0	194.13
194.14	07958	ADVERTISING AND MARKETING	0	0	0	0	1,007,846	194.14
194.15	07959	PHYSICIANS RECRUITING	0	0	0	0	0	194.15
194.16	07960	MOB	5	0	0	0	1,104	194.16
194.17	07961	ASB	5,400	0	0	0	20,575	194.17
194.18	07962	MAB	0	0	0	0	958	194.18
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)	2,635,984	1,475,551	2,984,506		33,385,216	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.184645	0.002568	0.005185		0.220171	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	19,776	27,848	41,360		188,975	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.001385	0.000048	0.000072		0.001246	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet B-1
Date/Time Prepared:
6/18/2015 2:45 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600	353,016					6.00
7.00	00700	0	0				7.00
8.00	00800	7,871	0	1,794,064			8.00
9.00	00900	9,977	0	0	75,357		9.00
10.00	01000	27,835	0	0	0	35,464	10.00
11.00	01100	0	0	0	1,910	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	4,884	0	0	250	0	13.00
14.00	01400	15,860	0	17,601	270	0	14.00
15.00	01500	4,819	0	0	405	0	15.00
16.00	01600	5,214	0	0	150	0	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	130	0	0	0	0	23.00
23.01	02301	110	0	0	100	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	76,370	0	580,922	29,128	21,908	30.00
31.00	03100	14,660	0	227,637	5,440	5,615	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	10,000	0	94,384	4,650	3,192	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	992	0	20,694	982	1,136	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
45.01	04510	0	0	0	0	0	45.01
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	20,224	0	188,617	7,260	0	50.00
50.01	05001	0	0	80,585	2,060	0	50.01
51.00	05100	0	0	0	0	0	51.00
52.00	05200	16,622	0	34,010	1,613	488	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	15,405	0	143,290	2,478	0	54.00
55.00	05500	0	0	29,052	415	0	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	551	0	0	0	0	57.00
58.00	05800	1,003	0	0	225	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	12,544	0	0	2,105	0	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	0	0	0	0	0	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	7,138	0	0	250	0	65.00
66.00	06600	9,534	0	51,217	1,790	0	66.00
67.00	06700	6,324	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	8,562	0	1,790	2,845	0	69.00
70.00	07000	11,644	0	2,546	1,960	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03020	0	0	22,437	0	0	76.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet B-1

Date/Time Prepared:
6/18/2015 2:45 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
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
90.01	09001 ANDERSON CENTER OP CLINIC	3,500	0	0	400	0	90.01
91.00	09100 EMERGENCY	22,505	0	273,972	7,015	0	91.00
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	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
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	7,973	0	0	108	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
112.00	08600 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
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	1,114	0	0	108	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	323,365	0	1,768,754	73,917	32,339	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,882	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,829	0	18,782	250	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 FOUNDATION	636	0	0	50	0	194.00
194.02	07951 CHILDREN'S CLINIC	0	0	2,158	600	0	194.02
194.04	07952 HEALTH RESOURCE CENTER	553	0	0	0	0	194.04
194.05	07953 ADOLESCENT RESIDENTIAL	10,091	0	0	0	3,125	194.05
194.07	07954 COMMUNITY BENEFIT/MISSION	2,845	0	0	90	0	194.07
194.10	07955 DME	9,288	0	0	60	0	194.10
194.12	07956 MED ONE/TWO	0	0	2,580	0	0	194.12
194.13	07957 UNUSED SPACE	0	0	0	0	0	194.13
194.14	07958 ADVERTISING AND MARKETING	2,527	0	0	90	0	194.14
194.15	07959 PHYSICIANS RECRUITING	0	0	0	0	0	194.15
194.16	07960 MOB	0	0	0	120	0	194.16
194.17	07961 ASB	0	0	0	60	0	194.17
194.18	07962 MAB	0	0	1,790	120	0	194.18
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)	9,090,629	0	938,168	3,056,437	2,267,929	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	25.751323	0.000000	0.522929	40.559430	63.950175	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	290,846	0	42,471	56,639	160,712	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.823889	0.000000	0.023673	0.751609	4.531694	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet B-1

Date/Time Prepared:
6/18/2015 2:45 pm

Cost Center Description			CAFETERIA (TOTAL HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (SPD SUPPLIES)	PHARMACY (DRUG EXPENSE)	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT						1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	1,541,400					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	17,965	0	913,378			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	22,605	0	0	9,869,663		14.00
15.00	01500	PHARMACY	78,683	0	0	88,278	18,744,111	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	53,890	0	0	5	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	2,321	0	0	524	98	23.00
23.01	02301	SCH OF RADIOLOGY	5,209	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	271,609	0	271,609	427,723	19,007	30.00
31.00	03100	INTENSIVE CARE UNIT	85,439	0	85,439	280,535	7,497	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	28,261	0	28,261	25,609	352	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	22,764	0	22,764	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
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	103,561	0	103,561	5,222,254	25,880	50.00
50.01	05001	SURGERY CENTER	438	0	438	1,577,059	7,372	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,779	0	9,779	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	108,928	0	108,928	565,655	615,425	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	24,152	0	24,152	21,611	115,124	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	9,171	0	9,171	63	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,823	0	6,823	50,960	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	1,308	0	1,308	142,215	5,251	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 CELLS	0	0	0	0	0	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	31,472	0	0	201,990	23	65.00
66.00	06600	PHYSICAL THERAPY	43,426	0	0	28,427	176	66.00
67.00	06700	OCCUPATIONAL THERAPY	29,359	0	0	3,047	2	67.00
68.00	06800	SPEECH PATHOLOGY	3,143	0	0	99,464	0	68.00
69.00	06900	ELECTROCARDIOLOGY	52,956	0	0	312,506	8,805	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12,767	0	0	12,297	285	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	17,825,184	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet B-1

Date/Time Prepared:
6/18/2015 2:45 pm

Cost Center Description		CAFETERIA (TOTAL HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (SPD SUPPLIES)	PHARMACY (DRUG EXPENSE)	
		11.00	12.00	13.00	14.00	15.00	
76.00	03020 CHEMOTHERAPY	32,942	0	0	229,657	0	76.00
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
90.01	09001 ANDERSON CENTER OP CLINIC	21,908	0	0	0	0	90.01
91.00	09100 EMERGENCY	112,188	0	112,188	402,465	8,846	91.00
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	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
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	99,357	0	99,357	48,161	4,115	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
112.00	08600 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
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	29,600	0	29,600	112,375	61,225	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,322,024	0	913,378	9,852,880	18,704,667	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	3,510	0	0	0	29	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	75,936	0	0	2,128	24,020	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 FOUNDATION	3,968	0	0	0	0	194.00
194.02	07951 CHILDREN'S CLINIC	10,487	0	0	4,348	14,578	194.02
194.04	07952 HEALTH RESOURCE CENTER	1,965	0	0	0	0	194.04
194.05	07953 ADOLESCENT RESIDENTIAL	41,924	0	0	0	0	194.05
194.07	07954 COMMUNITY BENEFIT/MISSION	14,834	0	0	2,162	374	194.07
194.10	07955 DME	66,752	0	0	3,265	443	194.10
194.12	07956 MED ONE/TWO	0	0	0	0	0	194.12
194.13	07957 UNUSED SPACE	0	0	0	0	0	194.13
194.14	07958 ADVERTISING AND MARKETING	0	0	0	0	0	194.14
194.15	07959 PHYSICIANS RECRUITING	0	0	0	0	0	194.15
194.16	07960 MOB	0	0	0	0	0	194.16
194.17	07961 ASB	0	0	0	4,880	0	194.17
194.18	07962 MAB	0	0	0	0	0	194.18
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)	1,324,197	0	1,455,979	965,661	6,448,357	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.859087	0.000000	1.594060	0.097841	0.344020	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	12,554	0	28,041	123,344	566,045	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.008145	0.000000	0.030700	0.012497	0.030199	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet B-1
Date/Time Prepared:
6/18/2015 2:45 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (DEPT. REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	
	16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 NEW CAP REL COSTS-BLDG & FIXT						1.01
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMINITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	574,529,592					16.00
17.00 01700 SOCIAL SERVICE	0	0				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 02000 NURSING SCHOOL	0	0		0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0			0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0				22.00
23.00 02300 PARAMED ED PRGM	0	0				23.00
23.01 02301 SCH OF RADIOLOGY	0	0				23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	28,134,214	0		0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	11,225,690	0		0	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0		0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0		0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0		0	0	34.00
40.00 04000 SUBPROVIDER - I PF	0	0		0	0	40.00
41.00 04100 SUBPROVIDER - I RF	3,526,803	0		0	0	41.00
42.00 04200 SUBPROVIDER	0	0		0	0	42.00
43.00 04300 NURSERY	1,406,093	0		0	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
45.01 04510 ICF/MR	0	0		0	0	45.01
46.00 04600 OTHER LONG TERM CARE	0	0		0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	61,438,579	0	0	0	0	50.00
50.01 05001 SURGERY CENTER	31,989,885	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	4,322,416	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	7,700,098	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	42,170,777	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	26,026,323	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	16,788,853	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	4,744,877	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	59,551,112	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	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 CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	2,799,670	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	13,444,265	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	9,022,455	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	7,406,312	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	743,212	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	20,058,628	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	4,899,724	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	19,352,028	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	7,942,916	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	109,925,822	0	0	0	0	73.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	MEDICAL RECORDS & LIBRARY (DEPT. REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	
	16.00	17.00	19.00	20.00	21.00	
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03020 CHEMOTHERAPY	2,263,101	0	0	0	0	76.00
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
90.01 09001 ANDERSON CENTER OP CLINIC	2,164,728	0	0	0	0	90.01
91.00 09100 EMERGENCY	59,207,139	0	0	0	0	91.00
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	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
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	5,988,958	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
112.00 08600 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
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	2,734,913	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	566,979,591	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	4,608,491	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 FOUNDATION	0	0	0	0	0	194.00
194.02 07951 CHILDREN'S CLINIC	782,729	0	0	0	0	194.02
194.04 07952 HEALTH RESOURCE CENTER	0	0	0	0	0	194.04
194.05 07953 ADOLESCENT RESIDENTIAL	2,121,875	0	0	0	0	194.05
194.07 07954 COMMUNITY BENEFIT/MISSION	36,906	0	0	0	0	194.07
194.10 07955 DME	0	0	0	0	0	194.10
194.12 07956 MED ONE/TWO	0	0	0	0	0	194.12
194.13 07957 UNUSED SPACE	0	0	0	0	0	194.13
194.14 07958 ADVERTISING AND MARKETING	0	0	0	0	0	194.14
194.15 07959 PHYSICIANS RECRUITING	0	0	0	0	0	194.15
194.16 07960 MOB	0	0	0	0	0	194.16
194.17 07961 ASB	0	0	0	0	0	194.17
194.18 07962 MAB	0	0	0	0	0	194.18
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	3,833,921	0	0	0	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.006673	0.000000	0.000000	0.000000	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	38,870	0	0	0	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000068	0.000000	0.000000	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED PRGM (PARA MED)	SCH OF RADIOLOGY (PARA MED)	
		22.00	23.00	23.01	
GENERAL SERVICE COST CENTERS					
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101 NEW CAP REL COSTS-BLDG & FIXT				1.01
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540 NONPATIENT TELEPHONES				5.01
5.02	00550 DATA PROCESSING				5.02
5.03	00560 PURCHASING RECEIVING AND STORES				5.03
5.04	00570 ADMITTING				5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL				5.06
6.00	00600 MAINTENANCE & REPAIRS				6.00
7.00	00700 OPERATION OF PLANT				7.00
8.00	00800 LAUNDRY & LINEN SERVICE				8.00
9.00	00900 HOUSEKEEPING				9.00
10.00	01000 DIETARY				10.00
11.00	01100 CAFETERIA				11.00
12.00	01200 MAINTENANCE OF PERSONNEL				12.00
13.00	01300 NURSING ADMINISTRATION				13.00
14.00	01400 CENTRAL SERVICES & SUPPLY				14.00
15.00	01500 PHARMACY				15.00
16.00	01600 MEDICAL RECORDS & LIBRARY				16.00
17.00	01700 SOCIAL SERVICE				17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000 NURSING SCHOOL				20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0			22.00
23.00	02300 PARAMED PRGM		100		23.00
23.01	02301 SCH OF RADIOLOGY		0	63,704,507	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS	0	0	0	30.00
31.00	03100 INTENSIVE CARE UNIT	0	0	0	31.00
32.00	03200 CORONARY CARE UNIT	0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	04000 SUBPROVIDER - IPF	0	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	0	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	42.00
43.00	04300 NURSERY	0	0	0	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	0	44.00
45.00	04500 NURSING FACILITY	0	0	0	45.00
45.01	04510 ICF/MR	0	0	0	45.01
46.00	04600 OTHER LONG TERM CARE	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	05001 SURGERY CENTER	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	42,170,777	54.00
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	16,788,853	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	4,744,877	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 CELLS	0	0	0	62.00
63.00	06300 BLOOD STORAGE, 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 PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period:
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Worksheet B-1
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (PARA MED)	SCH OF RADIOLOGY (PARA MED)	
	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	22.00			
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00 03020 CHEMOTHERAPY	0	0	0	76.00
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
90.01 09001 ANDERSON CENTER OP CLINIC	0	0	0	90.01
91.00 09100 EMERGENCY	0	100	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
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
112.00 08600 OTHER ORGAN ACQUISITION	0	0	0	112.00
113.00 11300 INTEREST EXPENSE	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	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)	0	100	63,704,507	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 FOUNDATION	0	0	0	194.00
194.02 07951 CHILDREN'S CLINIC	0	0	0	194.02
194.04 07952 HEALTH RESOURCE CENTER	0	0	0	194.04
194.05 07953 ADOLESCENT RESIDENTIAL	0	0	0	194.05
194.07 07954 COMMUNITY BENEFIT/MISSION	0	0	0	194.07
194.10 07955 DME	0	0	0	194.10
194.12 07956 MED ONE/TWO	0	0	0	194.12
194.13 07957 UNUSED SPACE	0	0	0	194.13
194.14 07958 ADVERTISING AND MARKETING	0	0	0	194.14
194.15 07959 PHYSICIANS RECRUITING	0	0	0	194.15
194.16 07960 MOB	0	0	0	194.16
194.17 07961 ASB	0	0	0	194.17
194.18 07962 MAB	0	0	0	194.18
200.00 Cross Foot Adjustments				200.00
201.00 Negative Cost Centers				201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	126,445	255,878	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	1,264.450000	0.004017	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	854	1,007	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	8.540000	0.000016	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150088	Period: From 07/01/2013 To 06/30/2014	Worksheet C Part I Date/Time Prepared: 6/18/2015 2:45 pm			
			Title XVIII	Hospital	PPS			
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE Disallowance	Total Costs			
	1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	23,796,703		23,796,703	6,322	23,803,025	30.00
31.00	03100	INTENSIVE CARE UNIT	6,938,605		6,938,605	0	6,938,605	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	2,516,201		2,516,201	39,324	2,555,525	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	1,505,602		1,505,602	0	1,505,602	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
45.01	04510	ICF/MR	0		0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	15,449,884		15,449,884	7,107	15,456,991	50.00
50.01	05001	SURGERY CENTER	7,077,555		7,077,555	0	7,077,555	50.01
51.00	05100	RECOVERY ROOM	0		0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,345,383		1,345,383	0	1,345,383	52.00
53.00	05300	ANESTHESIOLOGY	384,781		384,781	0	384,781	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,082,945		11,082,945	0	11,082,945	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,280,054		4,280,054	21,440	4,301,494	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	1,144,440		1,144,440	0	1,144,440	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,065,955		1,065,955	0	1,065,955	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000	LABORATORY	10,613,610		10,613,610	0	10,613,610	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 CELLS	0		0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,092,790		1,092,790	0	1,092,790	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,395,445	0	2,395,445	39,747	2,435,192	65.00
66.00	06600	PHYSICAL THERAPY	3,511,221	0	3,511,221	0	3,511,221	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,289,879	0	2,289,879	0	2,289,879	67.00
68.00	06800	SPEECH PATHOLOGY	291,967	0	291,967	0	291,967	68.00
69.00	06900	ELECTROCARDIOLOGY	4,722,457		4,722,457	0	4,722,457	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,545,925		1,545,925	3,395	1,549,320	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,723,877		4,723,877	0	4,723,877	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,010,674		5,010,674	0	5,010,674	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,644,075		20,644,075	0	20,644,075	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	CHEMOTHERAPY	13,213,101		13,213,101	0	13,213,101	76.00
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
90.01	09001	ANDERSON CENTER OP CLINIC	1,207,445		1,207,445	0	1,207,445	90.01
91.00	09100	EMERGENCY	9,442,126		9,442,126	0	9,442,126	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	790,154		790,154	0	790,154	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
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	6,685,526		6,685,526	0	6,685,526	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
112.00	08600	OTHER ORGAN ACQUISITION	0		0	0	0	112.00
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet C
Part I
Date/Time Prepared:
6/18/2015 2:45 pm

Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
					Total Costs	RCE Disallowance	Total Costs
			1.00	2.00	3.00	4.00	5.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		115.00
116.00	11600	HOSPICE	2,990,690		2,990,690		116.00
200.00		Subtotal (see instructions)	167,759,070	0	167,759,070	117,335	200.00
201.00		Less Observation Beds	790,154		790,154		201.00
202.00		Total (see instructions)	166,968,916	0	166,968,916	117,335	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150088		Period: From 07/01/2013 To 06/30/2014		Worksheet C Part I Date/Time Prepared: 6/18/2015 2:45 pm	
			Title XVIIII		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	28,134,214		28,134,214			30.00
31.00	03100	INTENSIVE CARE UNIT	11,255,690		11,255,690			31.00
32.00	03200	CORONARY CARE UNIT	0		0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
41.00	04100	SUBPROVIDER - IRF	3,526,803		3,526,803			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	1,406,093		1,406,093			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
45.01	04510	ICF/MR	0		0			45.01
46.00	04600	OTHER LONG TERM CARE	0		0			46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	18,659,160	42,274,419	60,933,579	0.253553	0.000000	50.00
50.01	05001	SURGERY CENTER	108,092	31,881,792	31,989,884	0.221244	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,624,071	698,345	4,322,416	0.311257	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	1,903,206	5,796,892	7,700,098	0.049971	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,363,440	33,807,337	42,170,777	0.262811	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,360,486	24,665,837	26,026,323	0.164451	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	3,891,528	12,897,325	16,788,853	0.068167	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	858,918	3,885,958	4,744,876	0.224654	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	20,809,189	38,741,923	59,551,112	0.178227	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 CELLS	0	0	0	0.000000	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,382,977	1,416,693	2,799,670	0.390328	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	11,810,416	1,633,849	13,444,265	0.178176	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	35,894	8,986,562	9,022,456	0.389165	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,740,822	665,490	7,406,312	0.309179	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	28,747	714,465	743,212	0.392845	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	6,662,101	13,396,527	20,058,628	0.235433	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	215,922	4,683,802	4,899,724	0.315513	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,353,357	10,184,846	18,538,203	0.254818	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,440,507	3,316,236	8,756,743	0.572207	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	29,622,700	21,323,372	50,946,072	0.405214	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
76.00	03020	CHEMOTHERAPY	22,134	61,220,716	61,242,850	0.215749	0.000000	76.00
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	0.000000	90.00
90.01	09001	ANDERSON CENTER OP CLINIC	54	2,164,728	2,164,782	0.557767	0.000000	90.01
91.00	09100	EMERGENCY	12,119,297	47,087,843	59,207,140	0.159476	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	96,639	2,640,201	2,736,840	0.288710	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
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	5,988,958	5,988,958			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
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0			112.00
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: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet C
Part I
Date/Time Prepared:
6/18/2015 2:45 pm

Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
115.00	11500	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	2,734,913	2,734,913			116.00
200.00		Subtotal (see instructions)	186,432,457	382,809,029	569,241,486			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	186,432,457	382,809,029	569,241,486			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150088	Period: From 07/01/2013 To 06/30/2014	Worksheet C Part I Date/Time Prepared: 6/18/2015 2:45 pm
Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS		11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
45.01	04510 ICF/MR			45.01
46.00	04600 OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.253670		50.00
50.01	05001 SURGERY CENTER	0.221244		50.01
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.311257		52.00
53.00	05300 ANESTHESIOLOGY	0.049971		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.262811		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.165275		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.068167		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.224654		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.178227		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 CELLS	0.000000		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.390328		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.181132		65.00
66.00	06600 PHYSICAL THERAPY	0.389165		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.309179		67.00
68.00	06800 SPEECH PATHOLOGY	0.392845		68.00
69.00	06900 ELECTROCARDIOLOGY	0.235433		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.316206		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.254818		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.572207		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.405214		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 CHEMOTHERAPY	0.215749		76.00
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
90.01	09001 ANDERSON CENTER OP CLINIC	0.557767		90.01
91.00	09100 EMERGENCY	0.159476		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.288710		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	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
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
112.00	08600 OTHER ORGAN ACQUISITION			112.00
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: 150088	Period: From 07/01/2013 To 06/30/2014	Worksheet C Part I Date/Time Prepared: 6/18/2015 2:45 pm
		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: 150088

Period: From 07/01/2013 To 06/30/2014

Worksheet C Part I Date/Time Prepared: 6/18/2015 2:45 pm

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	23,796,703		23,796,703	6,322	23,803,025	30.00	
31.00 03100 INTENSIVE CARE UNIT	6,938,605		6,938,605	0	6,938,605	31.00	
32.00 03200 CORONARY CARE UNIT	0		0	0	0	32.00	
33.00 03300 BURN INTENSIVE CARE UNIT	0		0	0	0	33.00	
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00	
40.00 04000 SUBPROVIDER - I PF	0		0	0	0	40.00	
41.00 04100 SUBPROVIDER - I RF	2,516,201		2,516,201	39,324	2,555,525	41.00	
42.00 04200 SUBPROVIDER	0		0	0	0	42.00	
43.00 04300 NURSERY	1,505,602		1,505,602	0	1,505,602	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	
45.01 04510 ICF/MR	0		0	0	0	45.01	
46.00 04600 OTHER LONG TERM CARE	0		0	0	0	46.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	15,449,884		15,449,884	7,107	15,456,991	50.00	
50.01 05001 SURGERY CENTER	7,077,555		7,077,555	0	7,077,555	50.01	
51.00 05100 RECOVERY ROOM	0		0	0	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,345,383		1,345,383	0	1,345,383	52.00	
53.00 05300 ANESTHESIOLOGY	384,781		384,781	0	384,781	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	11,082,945		11,082,945	0	11,082,945	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	4,280,054		4,280,054	21,440	4,301,494	55.00	
56.00 05600 RADIOISOTOPE	0		0	0	0	56.00	
57.00 05700 CT SCAN	1,144,440		1,144,440	0	1,144,440	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	1,065,955		1,065,955	0	1,065,955	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0		0	0	0	59.00	
60.00 06000 LABORATORY	10,613,610		10,613,610	0	10,613,610	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 CELLS	0		0	0	0	62.00	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	1,092,790		1,092,790	0	1,092,790	63.00	
64.00 06400 INTRAVENOUS THERAPY	0		0	0	0	64.00	
65.00 06500 RESPIRATORY THERAPY	2,395,445	0	2,395,445	39,747	2,435,192	65.00	
66.00 06600 PHYSICAL THERAPY	3,511,221	0	3,511,221	0	3,511,221	66.00	
67.00 06700 OCCUPATIONAL THERAPY	2,289,879	0	2,289,879	0	2,289,879	67.00	
68.00 06800 SPEECH PATHOLOGY	291,967	0	291,967	0	291,967	68.00	
69.00 06900 ELECTROCARDIOLOGY	4,722,457		4,722,457	0	4,722,457	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	1,545,925		1,545,925	3,395	1,549,320	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	4,723,877		4,723,877	0	4,723,877	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	5,010,674		5,010,674	0	5,010,674	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	20,644,075		20,644,075	0	20,644,075	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 CHEMOTHERAPY	13,213,101		13,213,101	0	13,213,101	76.00	
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	
90.01 09001 ANDERSON CENTER OP CLINIC	1,207,445		1,207,445	0	1,207,445	90.01	
91.00 09100 EMERGENCY	9,442,126		9,442,126	0	9,442,126	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	790,154		790,154	0	790,154	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	
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	6,685,526		6,685,526	0	6,685,526	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	
112.00 08600 OTHER ORGAN ACQUISITION	0		0	0	0	112.00	
113.00 11300 INTEREST EXPENSE	0		0	0	0	113.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet C
Part I
Date/Time Prepared:
6/18/2015 2:45 pm

Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	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	2,990,690		2,990,690			116.00
200.00		Subtotal (see instructions)	167,759,070	0	167,759,070	117,335	167,876,405	200.00
201.00		Less Observation Beds	790,154		790,154		790,154	201.00
202.00		Total (see instructions)	166,968,916	0	166,968,916	117,335	167,086,251	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150088		Period: From 07/01/2013 To 06/30/2014		Worksheet C Part I Date/Time Prepared: 6/18/2015 2:45 pm	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	28,134,214		28,134,214			30.00
31.00	03100	INTENSIVE CARE UNIT	11,255,690		11,255,690			31.00
32.00	03200	CORONARY CARE UNIT	0		0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - I/PF	0		0			40.00
41.00	04100	SUBPROVIDER - I/RP	3,526,803		3,526,803			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	1,406,093		1,406,093			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
45.01	04510	ICF/MR	0		0			45.01
46.00	04600	OTHER LONG TERM CARE	0		0			46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	18,659,160	42,274,419	60,933,579	0.253553	0.000000	50.00
50.01	05001	SURGERY CENTER	108,092	31,881,792	31,989,884	0.221244	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,624,071	698,345	4,322,416	0.311257	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	1,903,206	5,796,892	7,700,098	0.049971	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,363,440	33,807,337	42,170,777	0.262811	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,360,486	24,665,837	26,026,323	0.164451	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	3,891,528	12,897,325	16,788,853	0.068167	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	858,918	3,885,958	4,744,876	0.224654	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	20,809,189	38,741,923	59,551,112	0.178227	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 CELLS	0	0	0	0.000000	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,382,977	1,416,693	2,799,670	0.390328	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	11,810,416	1,633,849	13,444,265	0.178176	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	35,894	8,986,562	9,022,456	0.389165	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,740,822	665,490	7,406,312	0.309179	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	28,747	714,465	743,212	0.392845	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	6,662,101	13,396,527	20,058,628	0.235433	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	215,922	4,683,802	4,899,724	0.315513	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,353,357	10,184,846	18,538,203	0.254818	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,440,507	3,316,236	8,756,743	0.572207	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	29,622,700	21,323,372	50,946,072	0.405214	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
76.00	03020	CHEMOTHERAPY	22,134	61,220,716	61,242,850	0.215749	0.000000	76.00
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
90.01	09001	ANDERSON CENTER OP CLINIC	54	2,164,728	2,164,782	0.557767	0.000000	90.01
91.00	09100	EMERGENCY	12,119,297	47,087,843	59,207,140	0.159476	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	96,639	2,640,201	2,736,840	0.288710	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
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	5,988,958	5,988,958			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
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0			112.00
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: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet C
Part I
Date/Time Prepared:
6/18/2015 2:45 pm

Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
6.00	7.00	8.00	9.00	10.00				
115.00	11500	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	2,734,913	2,734,913			116.00
200.00		Subtotal (see instructions)	186,432,457	382,809,029	569,241,486			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	186,432,457	382,809,029	569,241,486			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150088	Period: From 07/01/2013 To 06/30/2014	Worksheet C Part I Date/Time Prepared: 6/18/2015 2:45 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		Cost
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
45.01	04510 ICF/MR			45.01
46.00	04600 OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
50.01	05001 SURGERY CENTER	0.000000		50.01
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
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 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	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 PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03020 CHEMOTHERAPY	0.000000		76.00
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
90.01	09001 ANDERSON CENTER OP CLINIC	0.000000		90.01
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 DIALYSIS	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
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
112.00	08600 OTHER ORGAN ACQUISITION			112.00
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: 150088	Period: From 07/01/2013 To 06/30/2014	Worksheet C Part I Date/Time Prepared: 6/18/2015 2:45 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
200.00	Subtotal (see instructions)	11.00		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: 150088	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part I Date/Time Prepared: 6/18/2015 2:45 pm
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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	744,460	0	744,460	22,232	33.49	30.00
31.00	INTENSIVE CARE UNIT	250,343		250,343	5,615	44.58	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	107,872	0	107,872	3,192	33.79	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	26,156		26,156	1,136	23.02	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
45.01	ICF/MR	0		0	0	0.00	45.01
200.00	Total (Lines 30-199)	1,128,831		1,128,831	32,175		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	9,877	330,781				30.00
31.00	INTENSIVE CARE UNIT	3,606	160,755				31.00
32.00	CORONARY CARE UNIT	0	0				32.00
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	1,815	61,329				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
45.00	NURSING FACILITY	0	0				45.00
45.01	ICF/MR	0	0				45.01
200.00	Total (Lines 30-199)	15,298	552,865				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 150088	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part II Date/Time Prepared: 6/18/2015 2:45 pm			
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,084,177	60,933,579	0.017793	10,056,699	178,939	50.00
50.01	05001	SURGERY CENTER	352,659	31,989,884	0.011024	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	103,591	4,322,416	0.023966	16,745	401	52.00
53.00	05300	ANESTHESIOLOGY	61,402	7,700,098	0.007974	837,178	6,676	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	875,880	42,170,777	0.020770	3,422,875	71,093	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	654,383	26,026,323	0.025143	745,583	18,746	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	17,242	16,788,853	0.001027	1,877,847	1,929	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	309,028	4,744,876	0.065129	394,009	25,661	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	129,434	59,551,112	0.002173	10,941,015	23,775	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 CELLS	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,335	2,799,670	0.000834	486,225	406	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	71,784	13,444,265	0.005339	7,060,144	37,694	65.00
66.00	06600	PHYSICAL THERAPY	370,556	9,022,456	0.041070	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	39,370	7,406,312	0.005316	2,006,911	10,669	67.00
68.00	06800	SPEECH PATHOLOGY	2,922	743,212	0.003932	136	1	68.00
69.00	06900	ELECTROCARDIOLOGY	304,415	20,058,628	0.015176	3,720,548	56,463	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	125,274	4,899,724	0.025568	68,271	1,746	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,117	18,538,203	0.000708	4,681,393	3,314	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	8,812	8,756,743	0.001006	3,317,437	3,337	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	597,489	50,946,072	0.011728	15,540,594	182,260	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03020	CHEMOTHERAPY	103,521	61,242,850	0.001690	0	0	76.00
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
90.01	09001	ANDERSON CENTER OP CLINIC	21,724	2,164,782	0.010035	0	0	90.01
91.00	09100	EMERGENCY	255,208	59,207,140	0.004310	5,851,010	25,218	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	24,713	2,736,840	0.009030	60,018	542	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
200.00		Total (lines 50-199)	5,529,036	516,194,815		71,084,638	648,870	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150088	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part III Date/Time Prepared: 6/18/2015 2:45 pm
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Cost Center Description	Title XVIII					Total Costs (sum of cols. 1 through 3, minus col. 4)
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Hospital	
	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
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
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
45.01 04510 ICF/MR	0	0	0	0	0	45.01
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	22,232	0.00	9,877	0	30.00
31.00 03100 INTENSIVE CARE UNIT	5,615	0.00	3,606	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0.00	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0.00	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	3,192	0.00	1,815	0	41.00
42.00 04200 SUBPROVIDER	0	0.00	0	0	42.00
43.00 04300 NURSERY	1,136	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
45.01 04510 ICF/MR	0	0.00	0	0	45.01
200.00 Total (lines 30-199)	32,175		15,298	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150088	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 6/18/2015 2:45 pm
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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)	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
50.01	05001	SURGERY CENTER	0	0	0	0	50.01
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	169,377	169,377	54.00
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	67,441	67,441	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	19,060	19,060	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 CELLS	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 PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
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	CHEMOTHERAPY	0	0	0	0	76.00
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
90.01	09001	ANDERSON CENTER OP CLINIC	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	126,445	126,445	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
200.00		Total (lines 50-199)	0	0	382,323	382,323	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet D
Part IV
Date/Time Prepared:
6/18/2015 2:45 pm

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	PPS
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)			
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	60,933,579	0.000000	0.000000	10,056,699	50.00
50.01	05001	SURGERY CENTER	0	31,989,884	0.000000	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,322,416	0.000000	0.000000	16,745	52.00
53.00	05300	ANESTHESIOLOGY	0	7,700,098	0.000000	0.000000	837,178	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	169,377	42,170,777	0.004016	0.004016	3,422,875	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	26,026,323	0.000000	0.000000	745,583	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	67,441	16,788,853	0.004017	0.004017	1,877,847	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	19,060	4,744,876	0.004017	0.004017	394,009	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	59,551,112	0.000000	0.000000	10,941,015	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 CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,799,670	0.000000	0.000000	486,225	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	13,444,265	0.000000	0.000000	7,060,144	65.00
66.00	06600	PHYSICAL THERAPY	0	9,022,456	0.000000	0.000000	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,406,312	0.000000	0.000000	2,006,911	67.00
68.00	06800	SPEECH PATHOLOGY	0	743,212	0.000000	0.000000	136	68.00
69.00	06900	ELECTROCARDIOLOGY	0	20,058,628	0.000000	0.000000	3,720,548	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,899,724	0.000000	0.000000	68,271	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	18,538,203	0.000000	0.000000	4,681,393	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	8,756,743	0.000000	0.000000	3,317,437	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	50,946,072	0.000000	0.000000	15,540,594	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03020	CHEMOTHERAPY	0	61,242,850	0.000000	0.000000	0	76.00
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
90.01	09001	ANDERSON CENTER OP CLINIC	0	2,164,782	0.000000	0.000000	0	90.01
91.00	09100	EMERGENCY	126,445	59,207,140	0.002136	0.002136	5,851,010	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,736,840	0.000000	0.000000	60,018	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
200.00		Total (lines 50-199)	382,323	516,194,815			71,084,638	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet D
Part IV
Date/Time Prepared:
6/18/2015 2:45 pm

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	28,373,631	0	50.00
50.01	05001 SURGERY CENTER	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	711	0	52.00
53.00	05300 ANESTHESIOLOGY	0	1,993,842	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	13,746	10,105,777	40,585	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	9,601,676	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	7,543	4,909,489	19,721	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,583	1,216,600	4,887	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	4,073,590	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 CELLS	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	527,628	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	565,442	0	65.00
66.00	06600 PHYSICAL THERAPY	0	8,091	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	218,614	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	7,305,941	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,009,581	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,750,687	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	1,599,799	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	9,215,388	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 CHEMOTHERAPY	0	34,914,420	0	76.00
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
90.01	09001 ANDERSON CENTER OP CLINIC	0	476,080	0	90.01
91.00	09100 EMERGENCY	12,498	9,803,852	20,941	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,306,119	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
200.00	Total (Lines 50-199)	35,370	129,976,958	86,134	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150088	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 6/18/2015 2:45 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.253553	28,373,631	0	0	7,194,219	50.00
50.01 05001 SURGERY CENTER	0.221244	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.311257	711	0	0	221	52.00
53.00 05300 ANESTHESIOLOGY	0.049971	1,993,842	0	0	99,634	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.262811	10,105,777	0	0	2,655,909	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.164451	9,601,676	0	0	1,579,005	55.00
56.00 05600 RADIO SOTOPE	0.000000	0	0	0	0	56.00
57.00 05700 CT SCAN	0.068167	4,909,489	0	0	334,665	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.224654	1,216,600	0	0	273,314	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00 06000 LABORATORY	0.178227	4,073,590	3,715	0	726,024	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 CELLS	0.000000	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.390328	527,628	0	0	205,948	63.00
64.00 06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.178176	565,442	0	0	100,748	65.00
66.00 06600 PHYSICAL THERAPY	0.389165	8,091	0	0	3,149	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.309179	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.392845	218,614	0	0	85,881	68.00
69.00 06900 ELECTROCARDIOLOGY	0.235433	7,305,941	0	0	1,720,060	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.315513	1,009,581	0	0	318,536	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.254818	2,750,687	117	0	700,925	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.572207	1,599,799	0	0	915,416	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.405214	9,215,388	0	15,626	3,734,204	73.00
74.00 07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00 03020 CHEMOTHERAPY	0.215749	34,914,420	0	0	7,532,751	76.00
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
90.01 09001 ANDERSON CENTER OP CLINIC	0.557767	476,080	0	0	265,542	90.01
91.00 09100 EMERGENCY	0.159476	9,803,852	0	0	1,563,479	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.288710	1,306,119	0	0	377,090	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
200.00	Subtotal (see instructions)	129,976,958	3,832	15,626	30,386,720	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)	129,976,958	3,832	15,626	30,386,720	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150088	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 6/18/2015 2:45 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
50.01	05001	SURGERY CENTER	0	0	50.01
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
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	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	662	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 CELLS	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 PATIENTS	30	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,332	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	CHEMOTHERAPY	0	0	76.00
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
90.01	09001	ANDERSON CENTER OP CLINIC	0	0	90.01
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
200.00		Subtotal (see instructions)	692	6,332	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	692	6,332	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150088 Component CCN: 15T088		Period: From 07/01/2013 To 06/30/2014		Worksheet D Part II Date/Time Prepared: 6/18/2015 2:45 pm		
		Title XVIII		Subprovider - IRF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,084,177	60,933,579	0.017793	35,469	631	50.00
50.01	05001	SURGERY CENTER	352,659	31,989,884	0.011024	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	103,591	4,322,416	0.023966	0	0	52.00
53.00	05300	ANESTHESIOLOGY	61,402	7,700,098	0.007974	2,112	17	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	875,880	42,170,777	0.020770	56,070	1,165	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	654,383	26,026,323	0.025143	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	17,242	16,788,853	0.001027	17,000	17	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	309,028	4,744,876	0.065129	5,700	371	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	129,434	59,551,112	0.002173	432,556	940	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 CELLS	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,335	2,799,670	0.000834	2,283	2	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	71,784	13,444,265	0.005339	337,792	1,803	65.00
66.00	06600	PHYSICAL THERAPY	370,556	9,022,456	0.041070	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	39,370	7,406,312	0.005316	2,134,013	11,344	67.00
68.00	06800	SPEECH PATHOLOGY	2,922	743,212	0.003932	415	2	68.00
69.00	06900	ELECTROCARDIOLOGY	304,415	20,058,628	0.015176	33,347	506	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	125,274	4,899,724	0.025568	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,117	18,538,203	0.000708	113,162	80	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	8,812	8,756,743	0.001006	5,643	6	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	597,489	50,946,072	0.011728	708,686	8,311	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03020	CHEMOTHERAPY	103,521	61,242,850	0.001690	0	0	76.00
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
90.01	09001	ANDERSON CENTER OP CLINIC	21,724	2,164,782	0.010035	0	0	90.01
91.00	09100	EMERGENCY	255,208	59,207,140	0.004310	4,555	20	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,736,840	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
200.00		Total (lines 50-199)	5,504,323	516,194,815		3,888,803	25,215	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150088
Component CCN: 15T088

Period:
From 07/01/2013
To 06/30/2014

Worksheet D
Part IV
Date/Time Prepared:
6/18/2015 2:45 pm

Title XVIII

Subprovider - IRF

PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 SURGERY CENTER	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	169,377	0	169,377	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	67,441	0	67,441	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	19,060	0	19,060	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	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	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020 CHEMOTHERAPY	0	0	0	0	0	76.00
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
90.01	09001 ANDERSON CENTER OP CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	126,445	0	126,445	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
200.00	Total (lines 50-199)	0	0	382,323	0	382,323	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150088 Component CCN: 15T088		Period: From 07/01/2013 To 06/30/2014		Worksheet D Part IV Date/Time Prepared: 6/18/2015 2:45 pm		
				Title XVIII		Subprovider - IRF	PPS	
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	60,933,579	0.000000	0.000000	35,469	50.00
50.01	05001	SURGERY CENTER	0	31,989,884	0.000000	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,322,416	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	7,700,098	0.000000	0.000000	2,112	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	169,377	42,170,777	0.004016	0.004016	56,070	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	26,026,323	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	67,441	16,788,853	0.004017	0.004017	17,000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	19,060	4,744,876	0.004017	0.004017	5,700	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	59,551,112	0.000000	0.000000	432,556	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 CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,799,670	0.000000	0.000000	2,283	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	13,444,265	0.000000	0.000000	337,792	65.00
66.00	06600	PHYSICAL THERAPY	0	9,022,456	0.000000	0.000000	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,406,312	0.000000	0.000000	2,134,013	67.00
68.00	06800	SPEECH PATHOLOGY	0	743,212	0.000000	0.000000	415	68.00
69.00	06900	ELECTROCARDIOLOGY	0	20,058,628	0.000000	0.000000	33,347	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,899,724	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	18,538,203	0.000000	0.000000	113,162	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	8,756,743	0.000000	0.000000	5,643	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	50,946,072	0.000000	0.000000	708,686	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03020	CHEMOTHERAPY	0	61,242,850	0.000000	0.000000	0	76.00
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
90.01	09001	ANDERSON CENTER OP CLINIC	0	2,164,782	0.000000	0.000000	0	90.01
91.00	09100	EMERGENCY	126,445	59,207,140	0.002136	0.002136	4,555	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,736,840	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
200.00		Total (lines 50-199)	382,323	516,194,815			3,888,803	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150088 Component CCN: 15T088	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 6/18/2015 2:45 pm
Title XVIIII		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
50.01	05001 SURGERY CENTER	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	225	258	1	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	68	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	23	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 CELLS	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	242	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 PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03020 CHEMOTHERAPY	0	0	0	76.00
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
90.01	09001 ANDERSON CENTER OP CLINIC	0	0	0	90.01
91.00	09100 EMERGENCY	10	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
200.00	Total (lines 50-199)	326	500	1	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150088	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 6/18/2015 2:45 pm	
		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	0.253553	0	0	0
50.01	05001 SURGERY CENTER	0.221244	0	0	0
51.00	05100 RECOVERY ROOM	0.000000	0	0	0
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.311257	0	0	0
53.00	05300 ANESTHESIOLOGY	0.049971	0	0	0
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.262811	258	0	68
55.00	05500 RADIOLOGY-THERAPEUTIC	0.164451	0	0	0
56.00	05600 RADIOISOTOPE	0.000000	0	0	0
57.00	05700 CT SCAN	0.068167	0	0	0
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.224654	0	0	0
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0
60.00	06000 LABORATORY	0.178227	0	0	0
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.390328	0	0	0
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0
65.00	06500 RESPIRATORY THERAPY	0.178176	242	0	43
66.00	06600 PHYSICAL THERAPY	0.389165	0	0	0
67.00	06700 OCCUPATIONAL THERAPY	0.309179	0	0	0
68.00	06800 SPEECH PATHOLOGY	0.392845	0	0	0
69.00	06900 ELECTROCARDIOLOGY	0.235433	0	0	0
70.00	07000 ELECTROENCEPHALOGRAPHY	0.315513	0	0	0
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.254818	0	0	0
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.572207	0	0	0
73.00	07300 DRUGS CHARGED TO PATIENTS	0.405214	0	0	0
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0
76.00	03020 CHEMOTHERAPY	0.215749	0	0	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
90.01	09001 ANDERSON CENTER OP CLINIC	0.557767	0	0	0
91.00	09100 EMERGENCY	0.159476	0	0	0
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.288710	0	0	0
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	0	0
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0
200.00	Subtotal (see instructions)		500	0	111
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	201.00
202.00	Net Charges (line 200 +/- line 201)		500	0	111

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150088 Component CCN: 15T088	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 6/18/2015 2:45 pm
	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
50.01 05001 SURGERY CENTER	0	0		50.01
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
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 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	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 PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03020 CHEMOTHERAPY	0	0		76.00
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
90.01 09001 ANDERSON CENTER OP CLINIC	0	0		90.01
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
200.00 Subtotal (see instructions)	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150088	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1 Date/Time Prepared: 6/18/2015 2:45 pm
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)		22,232	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		22,232	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)		21,494	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)		9,877	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)		23,803,025	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)		23,803,025	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)		23,803,025	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)		1,070.67	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,575,008	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)		10,575,008	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150088	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1 Date/Time Prepared: 6/18/2015 2:45 pm	
Title XVIII			Hospital	PPS		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	6,938,605	5,615	1,235.73	3,606	4,456,042	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)					19,112,967	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					34,144,017	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)					491,536	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					684,240	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,175,776	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					32,968,241	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/MR ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/MR 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)					738	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,070.67	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					790,154	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150088		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1 Date/Time Prepared: 6/18/2015 2:45 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	744,460	23,803,025	0.031276	790,154	24,713	90.00
91.00	Nursing School cost	0	23,803,025	0.000000	790,154	0	91.00
92.00	Allied health cost	0	23,803,025	0.000000	790,154	0	92.00
93.00	All other Medical Education	0	23,803,025	0.000000	790,154	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150088	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1
		Component CCN: 15T088		Date/Time Prepared: 6/18/2015 2:45 pm
		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)		3,192	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,192	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)		3,192	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)		1,815	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)		2,555,525	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)		2,555,525	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)		2,555,525	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)		800.60	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,453,089	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)		1,453,089	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150088		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1	
		Component CCN: 15T088				Date/Time Prepared: 6/18/2015 2:45 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		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)					1,153,214		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,606,303		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)					61,329		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					25,541		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					86,870		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,519,433		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/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR 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: 150088 Component CCN: 15T088		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1 Date/Time Prepared: 6/18/2015 2:45 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	107,872	2,555,525	0.042211	0	0	90.00
91.00	Nursing School cost	0	2,555,525	0.000000	0	0	91.00
92.00	Allied health cost	0	2,555,525	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,555,525	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150088	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 6/18/2015 2:45 pm
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		22,232	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		22,232	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)		21,494	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,176	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,136	15.00
16.00	Nursery days (title V or XIX only)		269	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)		23,796,703	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)		23,796,703	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)		23,796,703	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)		1,070.38	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,329,147	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)		2,329,147	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150088	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1 Date/Time Prepared: 6/18/2015 2:45 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
NURSERY (title V & XIX only)		1,505,602	1,136	1,325.35	269	356,519
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	6,938,605	5,615	1,235.73	299	369,483
44.00	CORONARY CARE UNIT	0	0	0.00	0	0
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					3,506,527
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					6,561,676
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
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0
52.00	Total Program excludable cost (sum of lines 50 and 51)					0
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
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
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
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
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
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
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
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
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
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)					
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00	Program routine service cost (line 9 x line 71)					
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00	Per diem capital-related costs (line 75 ÷ line 2)					
77.00	Program capital-related costs (line 9 x line 76)					
78.00	Inpatient routine service cost (line 74 minus line 77)					
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00	Inpatient routine service cost per diem limitation					
82.00	Inpatient routine service cost limitation (line 9 x line 81)					
83.00	Reasonable inpatient routine service costs (see instructions)					
84.00	Program inpatient ancillary services (see instructions)					
85.00	Utilization review - physician compensation (see instructions)					
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					738
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,070.38
89.00	Observation bed cost (line 87 x line 88) (see instructions)					789,940

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150088		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1 Date/Time Prepared: 6/18/2015 2:45 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	744,460	23,796,703	0.031284	789,940	24,712	90.00
91.00	Nursing School cost	0	23,796,703	0.000000	789,940	0	91.00
92.00	Allied health cost	0	23,796,703	0.000000	789,940	0	92.00
93.00	All other Medical Education	0	23,796,703	0.000000	789,940	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150088	Period: From 07/01/2013 To 06/30/2014	Worksheet D-3 Date/Time Prepared: 6/18/2015 2:45 pm	
Cost Center Description		Ratio of Cost To Charges	Hospital	PPS	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		11,594,355	30.00
31.00	03100	INTENSIVE CARE UNIT		6,542,491	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.253670	10,056,699	50.00
50.01	05001	SURGERY CENTER	0.221244	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.311257	16,745	52.00
53.00	05300	ANESTHESIOLOGY	0.049971	837,178	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.262811	3,422,875	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.165275	745,583	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.068167	1,877,847	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.224654	394,009	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.178227	10,941,015	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 CELLS	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.390328	486,225	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.181132	7,060,144	65.00
66.00	06600	PHYSICAL THERAPY	0.389165	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.309179	2,006,911	67.00
68.00	06800	SPEECH PATHOLOGY	0.392845	136	68.00
69.00	06900	ELECTROCARDIOLOGY	0.235433	3,720,548	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.316206	68,271	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.254818	4,681,393	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.572207	3,317,437	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.405214	15,540,594	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03020	CHEMOTHERAPY	0.215749	0	76.00
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
90.01	09001	ANDERSON CENTER OP CLINIC	0.557767	0	90.01
91.00	09100	EMERGENCY	0.159476	5,851,010	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.288710	60,018	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
200.00		Total (sum of lines 50-94 and 96-98)		71,084,638	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)		71,084,638	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150088	Period: From 07/01/2013 To 06/30/2014	Worksheet D-3	
		Component CCN: 15T088		Date/Time Prepared: 6/18/2015 2:45 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		1,985,610	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.253670	35,469	50.00
50.01	05001	SURGERY CENTER	0.221244	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.311257	0	52.00
53.00	05300	ANESTHESIOLOGY	0.049971	2,112	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.262811	56,070	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.165275	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.068167	17,000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.224654	5,700	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.178227	432,556	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 CELLS	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.390328	2,283	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.181132	337,792	65.00
66.00	06600	PHYSICAL THERAPY	0.389165	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.309179	2,134,013	67.00
68.00	06800	SPEECH PATHOLOGY	0.392845	415	68.00
69.00	06900	ELECTROCARDIOLOGY	0.235433	33,347	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.316206	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.254818	113,162	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.572207	5,643	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.405214	708,686	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03020	CHEMOTHERAPY	0.215749	0	76.00
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
90.01	09001	ANDERSON CENTER OP CLINIC	0.557767	0	90.01
91.00	09100	EMERGENCY	0.159476	4,555	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.288710	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
200.00		Total (sum of lines 50-94 and 96-98)		3,888,803	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		3,888,803	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150088	Period: From 07/01/2013 To 06/30/2014	Worksheet D-3 Date/Time Prepared: 6/18/2015 2:45 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		9,785,562	30.00
31.00	03100	INTENSIVE CARE UNIT		1,260,944	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.253553	2,121,473	537,906 50.00
50.01	05001	SURGERY CENTER	0.221244	0	0 50.01
51.00	05100	RECOVERY ROOM	0.000000	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.311257	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.049971	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.262811	754,790	198,367 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.164451	94,755	15,583 55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
57.00	05700	CT SCAN	0.068167	422,526	28,802 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.224654	111,587	25,068 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.178227	2,719,450	484,679 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 CELLS	0.000000	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.390328	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.178176	1,234,728	219,999 65.00
66.00	06600	PHYSICAL THERAPY	0.389165	288	112 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.309179	142,106	43,936 67.00
68.00	06800	SPEECH PATHOLOGY	0.392845	2,697	1,060 68.00
69.00	06900	ELECTROCARDIOLOGY	0.235433	508,629	119,748 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.315513	38,993	12,303 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.254818	91,065	23,205 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.572207	27,819	15,918 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.405214	3,750,595	1,519,794 73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	03020	CHEMOTHERAPY	0.215749	1,865	402 76.00
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
90.01	09001	ANDERSON CENTER OP CLINIC	0.557767	0	0 90.01
91.00	09100	EMERGENCY	0.159476	1,628,114	259,645 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.288710	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			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
200.00		Total (sum of lines 50-94 and 96-98)		13,651,480	3,506,527 200.00
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)		13,651,480	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150088	Period: From 07/01/2013 To 06/30/2014	Worksheet D-3	
		Component CCN: 15T088		Date/Time Prepared: 6/18/2015 2:45 pm	
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		425,566	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.253553	8,129	50.00
50.01	05001	SURGERY CENTER	0.221244	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.311257	0	52.00
53.00	05300	ANESTHESIOLOGY	0.049971	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.262811	18,316	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.164451	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.068167	4,459	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.224654	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.178227	82,002	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 CELLS	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.390328	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.178176	40,852	65.00
66.00	06600	PHYSICAL THERAPY	0.389165	816	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.309179	461,189	67.00
68.00	06800	SPEECH PATHOLOGY	0.392845	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.235433	2,195	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.315513	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.254818	3,397	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.572207	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.405214	123,561	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03020	CHEMOTHERAPY	0.215749	0	76.00
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
90.01	09001	ANDERSON CENTER OP CLINIC	0.557767	0	90.01
91.00	09100	EMERGENCY	0.159476	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.288710	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
200.00		Total (sum of lines 50-94 and 96-98)		744,916	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		744,916	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150088	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part A Date/Time Prepared: 6/18/2015 2:45 pm	
		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)		4,599,765		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		14,130,095		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)		3,172,144		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)		258.98		4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00		10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00		11.00
12.00	Current year allowable FTE (see instructions)		0.00		12.00
13.00	Total allowable FTE count for the prior year.		0.00		13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00		14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00		15.00
16.00	Adjustment for residents in initial years of the program		0.00		16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00		17.00
18.00	Adjusted rolling average FTE count		0.00		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000		21.00
22.00	IME payment adjustment (see instructions)		0		22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0		22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000		26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000		27.00
28.00	IME add-on adjustment amount (see instructions)		0		28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0		28.01
29.00	Total IME payment (sum of lines 22 and 28)		0		29.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150088	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part A Date/Time Prepared: 6/18/2015 2:45 pm		
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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)		5.02			30.00
31.00	Percentage of Medicaid patient days (see instructions)		20.82			31.00
32.00	Sum of lines 30 and 31		25.84			32.00
33.00	Allowable disproportionate share percentage (see instructions)		10.53			33.00
34.00	Disproportionate share adjustment (see instructions)		856,330			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	35.00
35.01	Factor 3 (see instructions)				0.000195253	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)				1,766,329	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)				1,321,117	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,321,117			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)		24,079,451			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)		24,079,451			49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,647,909			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		1			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)		35,370			58.00
59.00	Total (sum of amounts on lines 49 through 58)		25,762,731			59.00
60.00	Primary payer payments		17,542			60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		25,745,189			61.00
62.00	Deductibles billed to program beneficiaries		2,197,760			62.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150088	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part A Date/Time Prepared: 6/18/2015 2:45 pm	
		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		133,208		63.00
64.00	Allowable bad debts (see instructions)		294,420		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		191,373		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		240,705		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		23,605,594		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)		67,114		70.93
70.94	HRR adjustment amount (see instructions)		-102,749		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)		23,569,959		71.00
71.01	Sequestration adjustment (see instructions)		471,399		71.01
72.00	Interim payments		23,100,922		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)		-2,362		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		2,584,519		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: 150088	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part A Date/Time Prepared: 6/18/2015 2:45 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1		On/After 10/1
	HSP Bonus Payment Amount	1.00	1.01	2.00
100.00	HSP bonus amount (see instructions)			0
	HVBP Adjustment for HSP Bonus Payment			
101.00	HVBP adjustment factor (see instructions)			0
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0
	HRR Adjustment for HSP Bonus Payment			
103.00	HRR adjustment factor (see instructions)			0.0000
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
6/18/2015 2:45 pm

		Title XVIII		Hospital		PPS		
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
	0	1.00	2.00	3.00	4.00	5.00		
1.00	DRG amounts other than outlier payments	1.00	0	0	10,519,079	10,078,325	20,597,404	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	4,599,765	0	4,599,765	0	4,599,765	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	14,130,095	0	0	14,130,095	14,130,095	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	3,172,144	0	1,059,007	2,113,138	3,172,145	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.01	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	3.00	0	0	0	0	0	3.00
4.00	Managed care simulated payments	4.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1053	0.1053	0.1053	0.1053		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	856,330	0	484,355	371,975	856,330	11.00
11.01	Uncompensated care payments	36.00	1,321,117	0	0	1,321,117	1,321,117	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	24,079,451	0	16,662,206	7,417,245	24,079,451	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	24,079,451	0	16,662,206	7,417,245	24,079,451	15.00
16.00	Payment for inpatient program capital	50.00	1,647,909	0	411,536	1,236,373	1,647,909	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	0	17.01
17.02	Capital received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
6/18/2015 2:45 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	17,073,742	8,653,618	25,727,360	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	1,494,339	0	364,895	1,129,444	1,494,339	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	73,324	0	27,046	46,279	73,325	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0537	0.0537	0.0537	0.0537		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	80,246	0	19,595	60,651	80,246	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,647,909	0	411,536	1,236,373	1,647,909	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150088	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part B Date/Time Prepared: 6/18/2015 2:45 pm
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		7,024	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		30,300,586	2.00
3.00	PPS payments		24,307,908	3.00
4.00	Outlier payment (see instructions)		112,578	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.406	5.00
6.00	Line 2 times line 5		12,302,038	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		86,134	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		7,024	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		19,458	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		19,458	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)		19,458	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		12,434	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)		7,024	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)		24,506,620	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		23	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		5,253,745	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} (for CAH, see instructions)		19,259,876	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)		19,259,876	30.00
31.00	Primary payer payments		541	31.00
32.00	Subtotal (line 30 minus line 31)		19,259,335	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)		436,331	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		283,615	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		316,112	36.00
37.00	Subtotal (see instructions)		19,542,950	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		19,542,950	40.00
40.01	Sequestration adjustment (see instructions)		390,859	40.01
41.00	Interim payments		19,127,910	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		24,181	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: 150088	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part B Date/Time Prepared: 6/18/2015 2:45 pm
		Component CCN: 15T088	Title XVII I	Subprovider - IRF PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		110	2.00
3.00	PPS payments		45	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		1	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	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)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		46	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)		9	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} (for CAH, see instructions)		37	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)		37	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		37	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)		37	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)		37	40.00
40.01	Sequestration adjustment (see instructions)		1	40.01
41.00	Interim payments		35	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		1	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: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet E-1
Part I
Date/Time Prepared:
6/18/2015 2:45 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		22,673,499		19,095,937	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	01/29/2015	427,423	01/29/2015	31,973	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)		427,423		31,973	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)		23,100,922		19,127,910	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		24,181	6.01	
6.02	SETTLEMENT TO PROGRAM		2,362		0	6.02	
7.00	Total Medicare program liability (see instructions)		23,098,560		19,152,091	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor	Wisconsin Physici an Servi ces		08001			8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150088
Component CCN: 15T088

Period:
From 07/01/2013
To 06/30/2014

Worksheet E-1
Part I
Date/Time Prepared:
6/18/2015 2:45 pm

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					35 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		2,486,612			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)					0 3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	01/29/2015	17,299			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)		17,299			0 3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,503,911			35 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)					0 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)					0 6.00
6.01	SETTLEMENT TO PROVIDER		291			1 6.01
6.02	SETTLEMENT TO PROGRAM		0			0 6.02
7.00	Total Medicare program liability (see instructions)		2,504,202			36 7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor	Wisconsin Physician Services		08001		8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet E-1
Part II
Date/Time Prepared:
6/18/2015 2:45 pm

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD 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			7,213 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			13,483 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			2,775 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			27,109 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			569,241,486 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			27,826,401 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			1,519,494 8.00
9.00	Sequestration adjustment amount (see instructions)			30,390 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,489,104 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,551,051 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)			-61,947 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150088 Component CCN: 15T088	Period: From 07/01/2013 To 06/30/2014	Worksheet E-3 Part III Date/Time Prepared: 6/18/2015 2:45 pm	
		Title XVIII	Subprovider - IRF	PPS	
			Prior to 10/01	On/After 10/01	
			1.00	1.01	
PART III - MEDICARE PART A SERVICES - IRF PPS					
1.00	Net Federal PPS Payment (see instructions)		748,397	1,491,459	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0248		2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		55,606	75,468	3.00
4.00	Outlier Payments		213,420		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)		8.745205		10.00
11.00	Teaching Adjustment Factor (see instructions)		0.000000	0.000000	11.00
12.00	Teaching Adjustment (see instructions)		0	0	12.00
13.00	Total PPS Payment (see instructions)		2,584,350		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)		2,584,350		17.00
18.00	Primary payer payments		0		18.00
19.00	Subtotal (line 17 less line 18).		2,584,350		19.00
20.00	Deductibles		7,168		20.00
21.00	Subtotal (line 19 minus line 20)		2,577,182		21.00
22.00	Coinurance		22,200		22.00
23.00	Subtotal (line 21 minus line 22)		2,554,982		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)		2,554,982		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)		326		29.00
30.00	Outlier payments reconciliation		0		30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)		0		31.50
31.99	Recovery of Accelerated Depreciation		0		31.99
32.00	Total amount payable to the provider (see instructions)		2,555,308		32.00
32.01	Sequestration adjustment (see instructions)		51,106		32.01
33.00	Interim payments		2,503,911		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		291		35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		168,438		36.00
TO BE COMPLETED BY CONTRACTOR					
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4		213,420		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

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

Provider CCN: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet G

Date/Time Prepared:
6/18/2015 2:45 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	76,805	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	86,633,823	0	0	0	4.00
5.00	Other receivable	4,863,947	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-63,631,894	0	0	0	6.00
7.00	Inventory	3,513,757	0	0	0	7.00
8.00	Prepaid expenses	1,945,461	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	33,401,899	0	0	0	11.00
FIXED ASSETS						
12.00	Land	5,292,602	0	0	0	12.00
13.00	Land improvements	1,699,525	0	0	0	13.00
14.00	Accumulated depreciation	-1,370,178	0	0	0	14.00
15.00	Buildings	57,641,886	0	0	0	15.00
16.00	Accumulated depreciation	-29,902,206	0	0	0	16.00
17.00	Leasehold improvements	1,548,025	0	0	0	17.00
18.00	Accumulated depreciation	-1,355,595	0	0	0	18.00
19.00	Fixed equipment	33,337,513	0	0	0	19.00
20.00	Accumulated depreciation	-27,992,425	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	43,824,734	0	0	0	23.00
24.00	Accumulated depreciation	-37,288,922	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	45,434,959	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	56,956,706	5,497,185	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	1,342,600	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	58,299,306	5,497,185	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	137,136,164	5,497,185	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	9,120,567	0	0	0	37.00
38.00	Salaries, wages, and fees payable	12,062,740	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	220,794	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	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	21,404,101	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	15,211,658	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	621,731	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	15,833,389	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	37,237,490	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	99,898,674				52.00
53.00	Specific purpose fund		5,497,185			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	99,898,674	5,497,185	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	137,136,164	5,497,185	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet G-1

Date/Time Prepared:
6/18/2015 2:45 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		107,216,286		5,191,477		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		24,879,550				2.00
3.00	Total (sum of line 1 and line 2)		132,095,836		5,191,477		3.00
4.00	DONATIONS	254,198		416,498		0	4.00
5.00	INVESTMENT INCOME	0		474,325		0	5.00
6.00	TRANSFER TO AFFILIATES	-32,651,434		0		0	6.00
7.00	OTHER	59,042		-37,820		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		-32,338,194		853,003		10.00
11.00	Subtotal (line 3 plus line 10)		99,757,642		6,044,480		11.00
12.00	REIMBURSEMENT RESTRICTED	0		547,295		0	12.00
13.00	TRANSFER TO AFFILIATES	-141,032		0		0	13.00
14.00	UNREALIZED LOSS	0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		-141,032		547,295		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		99,898,674		5,497,185		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	DONATIONS		0				4.00
5.00	INVESTMENT INCOME		0				5.00
6.00	TRANSFER TO AFFILIATES		0				6.00
7.00	OTHER		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	REIMBURSEMENT RESTRICTED		0				12.00
13.00	TRANSFER TO AFFILIATES		0				13.00
14.00	UNREALIZED LOSS		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: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet G-2
Parts I & II
Date/Time Prepared:
6/18/2015 2:45 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	26,180,837		26,180,837	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	3,526,803		3,526,803	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
8.01	ICF/MR	0		0	8.01
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	29,707,640		29,707,640	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	10,886,875		10,886,875	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	10,886,875		10,886,875	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	40,594,515		40,594,515	17.00
18.00	Ancillary services	133,000,064	333,627,877	466,627,941	18.00
19.00	Outpatient services	12,119,297	47,087,843	59,207,140	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		5,988,958	5,988,958	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC		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	1	2,734,913	2,734,914	26.00
27.00			0	0	27.00
27.01	ADOLESCENT SERVICES	2,121,875	0	2,121,875	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	187,835,752	389,439,591	577,275,343	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		193,842,401		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)		193,842,401		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150088

Period:
From 07/01/2013
To 06/30/2014

Worksheet G-3

Date/Time Prepared:
6/18/2015 2:45 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	577,275,343	1.00
2.00	Less contractual allowances and discounts on patients' accounts	378,920,275	2.00
3.00	Net patient revenues (line 1 minus line 2)	198,355,068	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	193,842,401	4.00
5.00	Net income from service to patients (line 3 minus line 4)	4,512,667	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	293,097	6.00
7.00	Income from investments	8,013,330	7.00
8.00	Revenues from telephone and other miscellaneous communication services	39,160	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	574,553	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	45,321	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	MAB/MOB/ASC	579,495	24.00
24.01	GRANTS	348,476	24.01
24.02	DME	8,211,399	24.02
24.03	OTHER MISC INCOME	537,331	24.03
24.04	MEDICARE EHR	1,724,721	24.04
24.05		0	24.05
25.00	Total other income (sum of lines 6-24)	20,366,883	25.00
26.00	Total (line 5 plus line 25)	24,879,550	26.00
27.00		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)	24,879,550	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150088

Period: 07/01/2013

Worksheet H

HHA CCN: 157059

To: 06/30/2014

Date/Time Prepared: 6/18/2015 2:45 pm

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00			0		0	0	1.00
2.00			0		0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	382,275	107,136	0	0	166,449	655,860	5.00
HHA REIMBURSABLE SERVICES							
6.00	1,504,944	421,776	83,547	164,582	0	2,174,849	6.00
7.00	645,751	180,978	53,109	0	0	879,838	7.00
8.00	346,747	97,179	22,962	0	0	466,888	8.00
9.00	130,558	36,590	7,198	0	0	174,346	9.00
10.00	98,505	27,607	6,055	0	0	132,167	10.00
11.00	137,980	38,672	18,107	0	0	194,759	11.00
12.00	0	0	0	0	46,125	46,125	12.00
13.00	0	0	0	0	4,112	4,112	13.00
14.00	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	0	0	0	0	0	23.00
24.00	3,246,760	909,938	190,978	164,582	216,686	4,728,944	24.00
	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	0	0	0	0			1.00
2.00	0	0	0	0			2.00
3.00	0	0	0	0			3.00
4.00	0	0	0	0			4.00
5.00	0	655,860	-2,853	653,007			5.00
HHA REIMBURSABLE SERVICES							
6.00	0	2,174,849	0	2,174,849			6.00
7.00	0	879,838	0	879,838			7.00
8.00	0	466,888	0	466,888			8.00
9.00	0	174,346	0	174,346			9.00
10.00	0	132,167	0	132,167			10.00
11.00	0	194,759	0	194,759			11.00
12.00	0	46,125	0	46,125			12.00
13.00	0	4,112	0	4,112			13.00
14.00	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0			15.00
16.00	0	0	0	0			16.00
17.00	0	0	0	0			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	0	0	0	0			23.00
24.00	0	4,728,944	-2,853	4,726,091			24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.
6/18/2015 2:45 pm C:\Users\eswanson\Documents\Temp\6_18\Create EC file\July-June 2014- Revision on 2.mcrx

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 150088	Period: 07/01/2013	Worksheet H-1
		HHA CCN: 157059	To 06/30/2014	Part I
				Date/Time Prepared: 6/18/2015 2:45 pm
			Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)		
		Bldgs & Fixtures	Movable Equipment					
		1.00	2.00					3.00
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00	
2.00	Capital Related - Movable Equipment	0	0			0	2.00	
3.00	Plant Operation & Maintenance	0	0	0		0	3.00	
4.00	Transportation	0	0	0	0	0	4.00	
5.00	Administrative and General	653,007	0	0	0	653,007	5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	2,174,849	0	0	0	2,174,849	6.00	
7.00	Physical Therapy	879,838	0	0	0	879,838	7.00	
8.00	Occupational Therapy	466,888	0	0	0	466,888	8.00	
9.00	Speech Pathology	174,346	0	0	0	174,346	9.00	
10.00	Medical Social Services	132,167	0	0	0	132,167	10.00	
11.00	Home Health Aide	194,759	0	0	0	194,759	11.00	
12.00	Supplies (see instructions)	46,125	0	0	0	46,125	12.00	
13.00	Drugs	4,112	0	0	0	4,112	13.00	
14.00	DME	0	0	0	0	0	14.00	
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	23.00	
24.00	Total (sum of lines 1-23)	4,726,091	0	0	0	4,726,091	24.00	
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures						1.00	
2.00	Capital Related - Movable Equipment						2.00	
3.00	Plant Operation & Maintenance						3.00	
4.00	Transportation						4.00	
5.00	Administrative and General	653,007					5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	348,680	2,523,529				6.00	
7.00	Physical Therapy	141,057	1,020,895				7.00	
8.00	Occupational Therapy	74,852	541,740				8.00	
9.00	Speech Pathology	27,951	202,297				9.00	
10.00	Medical Social Services	21,189	153,356				10.00	
11.00	Home Health Aide	31,224	225,983				11.00	
12.00	Supplies (see instructions)	7,395	53,520				12.00	
13.00	Drugs	659	4,771				13.00	
14.00	DME	0	0				14.00	
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0				15.00	
16.00	Respiratory Therapy	0	0				16.00	
17.00	Private Duty Nursing	0	0				17.00	
18.00	Clinic	0	0				18.00	
19.00	Health Promotion Activities	0	0				19.00	
20.00	Day Care Program	0	0				20.00	
21.00	Home Delivered Meals Program	0	0				21.00	
22.00	Homemaker Service	0	0				22.00	
23.00	All Others (specify)	0	0				23.00	
24.00	Total (sum of lines 1-23)		4,726,091				24.00	

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 150088
HHA CCN: 157059

Period:
From 07/01/2013
To 06/30/2014

Worksheet H-1
Part II
Date/Time Prepared:
6/18/2015 2:45 pm
PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-653,007	4,073,084
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	2,174,849
7.00	Physical Therapy	0	0	0	0	0	879,838
8.00	Occupational Therapy	0	0	0	0	0	466,888
9.00	Speech Pathology	0	0	0	0	0	174,346
10.00	Medical Social Services	0	0	0	0	0	132,167
11.00	Home Health Aide	0	0	0	0	0	194,759
12.00	Supplies (see instructions)	0	0	0	0	0	46,125
13.00	Drugs	0	0	0	0	0	4,112
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-653,007	4,073,084
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		653,007
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.160322

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150088

Period: From 07/01/2013

Worksheet H-2

HHA CCN: 157059

To 06/30/2014

Part I
Date/Time Prepared:
6/18/2015 2:45 pm

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	
		NEW BLDG & FIXT	NEW BLDG & FIXT				
		1.00	1.01				
	0			4.00	5.01	5.02	
1.00 Administrative and General	0	34,331	0	18,958	13,303	0	1.00
2.00 Skilled Nursing Care	2,523,529	0	0	74,632	0	31,503	2.00
3.00 Physical Therapy	1,020,895	0	0	32,024	0	23,323	3.00
4.00 Occupational Therapy	541,740	0	0	17,196	0	10,265	4.00
5.00 Speech Pathology	202,297	0	0	6,475	0	2,869	5.00
6.00 Medical Social Services	153,356	0	0	4,885	0	3,082	6.00
7.00 Home Health Aide	225,983	0	0	6,843	0	5,191	7.00
8.00 Supplies (see instructions)	53,520	0	0	0	0	0	8.00
9.00 Drugs	4,771	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	4,726,091	34,331	0	161,013	13,303	76,233	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
	5.03	5.04	5.05	5A.05	5.06	6.00	
1.00 Administrative and General	0	0	0	66,592	14,662	205,315	1.00
2.00 Skilled Nursing Care	0	6,356	12,832	2,648,852	583,200	0	2.00
3.00 Physical Therapy	0	4,705	9,501	1,090,448	240,085	0	3.00
4.00 Occupational Therapy	0	2,071	4,181	575,453	126,698	0	4.00
5.00 Speech Pathology	0	579	1,169	213,389	46,982	0	5.00
6.00 Medical Social Services	0	622	1,255	163,200	35,932	0	6.00
7.00 Home Health Aide	0	1,047	2,115	241,179	53,101	0	7.00
8.00 Supplies (see instructions)	12,379	0	0	65,899	14,509	0	8.00
9.00 Drugs	0	0	0	4,771	1,050	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	12,379	15,380	31,053	5,069,783	1,116,219	205,315	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.000000			21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150088

Period: From 07/01/2013

Worksheet H-2

HHA CCN: 157059

To 06/30/2014

Part I
Date/Time Prepared:
6/18/2015 2:45 pm

Home Health Agency I

PPS

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	
		7.00	8.00	9.00	10.00	11.00	12.00	
1.00	Administrative and General	0	0	4,380	0	85,356	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	4,380	0	85,356	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		13.00	14.00	15.00	16.00	17.00	19.00	
1.00	Administrative and General	158,381	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	16,515	0	0	2.00
3.00	Physical Therapy	0	0	0	12,227	0	0	3.00
4.00	Occupational Therapy	0	0	0	5,381	0	0	4.00
5.00	Speech Pathology	0	0	0	1,504	0	0	5.00
6.00	Medical Social Services	0	0	0	1,616	0	0	6.00
7.00	Home Health Aide	0	0	0	2,721	0	0	7.00
8.00	Supplies (see instructions)	0	4,712	0	0	0	0	8.00
9.00	Drugs	0	0	1,416	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	158,381	4,712	1,416	39,964	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150088

Period: From 07/01/2013

Worksheet H-2

HHA CCN: 157059

To 06/30/2014

Part I Date/Time Prepared: 6/18/2015 2:45 pm

Home Health Agency I

PPS

Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS			PARAMED PRGM	SCH OF RADIOLOGY	Subtotal	
		SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS					
		20.00	21.00	22.00				
1.00 Administrative and General	0	0	0	0	0	534,686	1.00	
2.00 Skilled Nursing Care	0	0	0	0	0	3,248,567	2.00	
3.00 Physical Therapy	0	0	0	0	0	1,342,760	3.00	
4.00 Occupational Therapy	0	0	0	0	0	707,532	4.00	
5.00 Speech Pathology	0	0	0	0	0	261,875	5.00	
6.00 Medical Social Services	0	0	0	0	0	200,748	6.00	
7.00 Home Health Aide	0	0	0	0	0	297,001	7.00	
8.00 Supplies (see instructions)	0	0	0	0	0	85,120	8.00	
9.00 Drugs	0	0	0	0	0	7,237	9.00	
10.00 DME	0	0	0	0	0	0	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00 Clinic	0	0	0	0	0	0	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	0	18.00	
19.00 All Others (specify)	0	0	0	0	0	0	19.00	
20.00 Total (sum of lines 1-19) (2)	0	0	0	0	0	6,685,526	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00	
Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs				
	25.00	26.00	27.00	28.00				
1.00 Administrative and General	0	534,686					1.00	
2.00 Skilled Nursing Care	0	3,248,567	282,394	3,530,961			2.00	
3.00 Physical Therapy	0	1,342,760	116,725	1,459,485			3.00	
4.00 Occupational Therapy	0	707,532	61,505	769,037			4.00	
5.00 Speech Pathology	0	261,875	22,765	284,640			5.00	
6.00 Medical Social Services	0	200,748	17,451	218,199			6.00	
7.00 Home Health Aide	0	297,001	25,818	322,819			7.00	
8.00 Supplies (see instructions)	0	85,120	7,399	92,519			8.00	
9.00 Drugs	0	7,237	629	7,866			9.00	
10.00 DME	0	0	0	0			10.00	
11.00 Home Dialysis Aide Services	0	0	0	0			11.00	
12.00 Respiratory Therapy	0	0	0	0			12.00	
13.00 Private Duty Nursing	0	0	0	0			13.00	
14.00 Clinic	0	0	0	0			14.00	
15.00 Health Promotion Activities	0	0	0	0			15.00	
16.00 Day Care Program	0	0	0	0			16.00	
17.00 Home Delivered Meals Program	0	0	0	0			17.00	
18.00 Homemaker Service	0	0	0	0			18.00	
19.00 All Others (specify)	0	0	0	0			19.00	
20.00 Total (sum of lines 1-19) (2)	0	6,685,526	534,686	6,685,526			20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.086929				21.00	

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150088
HHA CCN: 157059

Period: From 07/01/2013 To 06/30/2014

Worksheet H-2 Part II
Date/Time Prepared: 6/18/2015 2:45 pm

Home Health Agency I PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONE LINES)	DATA PROCESSING (DEPT. REVENUE)	PURCHASING RECEIVING AND STORES (SUPPLY EXPENSE)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT (SQUARE FEET)					
	1.00	1.01					
1.00 Administrative and General	7,973	0	382,275	9	0	0	1.00
2.00 Skilled Nursing Care	0	0	1,504,944	0	2,474,821	0	2.00
3.00 Physical Therapy	0	0	645,751	0	1,832,309	0	3.00
4.00 Occupational Therapy	0	0	346,747	0	806,434	0	4.00
5.00 Speech Pathology	0	0	130,558	0	225,422	0	5.00
6.00 Medical Social Services	0	0	98,505	0	242,139	0	6.00
7.00 Home Health Aide	0	0	137,980	0	407,833	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	67,042	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	7,973	0	3,246,760	9	5,988,958	67,042	20.00
21.00 Total cost to be allocated	34,331	0	161,013	13,303	76,233	12,379	21.00
22.00 Unit cost multiplier	4.305907	0.000000	0.049592	1,478.111111	0.012729	0.184645	22.00
Cost Center Description	ADMITTING (DEPT. REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (DEPT. REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
	5.04	5.05	5A.06	5.06	6.00	7.00	
1.00 Administrative and General	0	0	0	66,592	7,973	0	1.00
2.00 Skilled Nursing Care	2,474,821	2,474,821	0	2,648,852	0	0	2.00
3.00 Physical Therapy	1,832,309	1,832,309	0	1,090,448	0	0	3.00
4.00 Occupational Therapy	806,434	806,434	0	575,453	0	0	4.00
5.00 Speech Pathology	225,422	225,422	0	213,389	0	0	5.00
6.00 Medical Social Services	242,139	242,139	0	163,200	0	0	6.00
7.00 Home Health Aide	407,833	407,833	0	241,179	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	65,899	0	0	8.00
9.00 Drugs	0	0	0	4,771	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	5,988,958	5,988,958	0	5,069,783	7,973	0	20.00
21.00 Total cost to be allocated	15,380	31,053	0	1,116,219	205,315	0	21.00
22.00 Unit cost multiplier	0.002568	0.005185	0	0.220171	25.751286	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider CCN: 150088 HHA CCN: 157059		Period: From 07/01/2013 To 06/30/2014		Worksheet H-2 Part II Date/Time Prepared: 6/18/2015 2:45 pm		
		Home Health Agency I		PPS				
Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (PATIENT DAYS)	CAFETERIA (TOTAL HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)		
	8.00	9.00	10.00	11.00	12.00	13.00		
1.00	Administrative and General	0	108	0	99,357	0	99,357	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	108	0	99,357	0	99,357	20.00
21.00	Total cost to be allocated	0	4,380	0	85,356	0	158,381	21.00
22.00	Unit cost multiplier	0.000000	40.555556	0.000000	0.859084	0.000000	1.594060	22.00
Cost Center Description	CENTRAL SERVICES & SUPPLY (SPD SUPPLIES)	PHARMACY (DRUG EXPENSE)	MEDICAL RECORDS & LIBRARY (DEPT. REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)		
	14.00	15.00	16.00	17.00	19.00	20.00		
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	2,474,821	0	0	0	2.00
3.00	Physical Therapy	0	0	1,832,309	0	0	0	3.00
4.00	Occupational Therapy	0	0	806,434	0	0	0	4.00
5.00	Speech Pathology	0	0	225,422	0	0	0	5.00
6.00	Medical Social Services	0	0	242,139	0	0	0	6.00
7.00	Home Health Aide	0	0	407,833	0	0	0	7.00
8.00	Supplies (see instructions)	48,161	0	0	0	0	0	8.00
9.00	Drugs	0	4,115	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	48,161	4,115	5,988,958	0	0	0	20.00
21.00	Total cost to be allocated	4,712	1,416	39,964	0	0	0	21.00
22.00	Unit cost multiplier	0.097839	0.344107	0.006673	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150088
HHA CCN: 157059

Period:
From 07/01/2013
To 06/30/2014

Worksheet H-2
Part II
Date/Time Prepared:
6/18/2015 2:45 pm
PPS

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

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 150088	Period: From 07/01/2013 To 06/30/2014	Worksheet H-3 Part I Date/Time Prepared: 6/18/2015 2:45 pm			
				HHA CCN: 157059	Title XVIII		Home Health Agency I		
						PPS			
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 + col. 4)			
	0	1.00	2.00	3.00	4.00	5.00			
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	2.00	3,530,961		3,530,961	16,883	209.14	1.00	
2.00	Physical Therapy	3.00	1,459,485	0	1,459,485	10,228	142.70	2.00	
3.00	Occupational Therapy	4.00	769,037	0	769,037	4,325	177.81	3.00	
4.00	Speech Pathology	5.00	284,640	0	284,640	1,276	223.07	4.00	
5.00	Medical Social Services	6.00	218,199		218,199	1,050	207.81	5.00	
6.00	Home Health Aide	7.00	322,819		322,819	3,837	84.13	6.00	
7.00	Total (sum of lines 1-6)		6,585,141	0	6,585,141	37,599		7.00	
				Program Visits					
				Part B					
				Not Subject to Deductibles & Coinsurance		Subject to Deductibles			
				0	1.00	2.00	3.00	4.00	5.00
Limitation Cost Computation									
8.00	Skilled Nursing Care		11300	1,212	5,754			8.00	
8.01	Skilled Nursing Care		26900	5	62			8.01	
8.02	Skilled Nursing Care		29020	623	2,475			8.02	
8.03	Skilled Nursing Care		29140	14	163			8.03	
8.04	Skilled Nursing Care		34620	30	241			8.04	
8.05	Skilled Nursing Care		99915	382	1,281			8.05	
9.00	Physical Therapy		11300	720	2,982			9.00	
9.01	Physical Therapy		26900	2	15			9.01	
9.02	Physical Therapy		29020	452	1,592			9.02	
9.03	Physical Therapy		29140	23	144			9.03	
9.04	Physical Therapy		34620	12	76			9.04	
9.05	Physical Therapy		99915	169	588			9.05	
10.00	Occupational Therapy		11300	364	1,140			10.00	
10.01	Occupational Therapy		26900	2	1			10.01	
10.02	Occupational Therapy		29020	215	850			10.02	
10.03	Occupational Therapy		29140	6	69			10.03	
10.04	Occupational Therapy		34620	4	79			10.04	
10.05	Occupational Therapy		99915	78	179			10.05	
11.00	Speech Pathology		11300	104	330			11.00	
11.01	Speech Pathology		26900	0	0			11.01	
11.02	Speech Pathology		29020	99	232			11.02	
11.03	Speech Pathology		29140	0	2			11.03	
11.04	Speech Pathology		34620	0	42			11.04	
11.05	Speech Pathology		99915	7	42			11.05	
12.00	Medical Social Services		11300	55	243			12.00	
12.01	Medical Social Services		26900	1	0			12.01	
12.02	Medical Social Services		29020	55	255			12.02	
12.03	Medical Social Services		29140	4	9			12.03	
12.04	Medical Social Services		34620	1	6			12.04	
12.05	Medical Social Services		99915	26	44			12.05	
13.00	Home Health Aide		11300	244	1,504			13.00	
13.01	Home Health Aide		26900	3	12			13.01	
13.02	Home Health Aide		29020	83	634			13.02	
13.03	Home Health Aide		29140	18	69			13.03	
13.04	Home Health Aide		34620	24	50			13.04	
13.05	Home Health Aide		99915	38	282			13.05	
14.00	Total (sum of lines 8-13)			5,075	21,447			14.00	

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 150088 HHA CCN: 157059	Period: From 07/01/2013 To 06/30/2014	Worksheet H-3 Part I Date/Time Prepared: 6/18/2015 2:45 pm		
				Title XVIII	Home Health Agency I	PPS		
Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Charges (From HHA Record)	Ratio (col. 3 ÷ col. 4)		
	0	1.00	2.00	3.00	4.00	5.00		
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	92,519	0	92,519	117,089	0.790160	15.00
16.00	Cost of Drugs	9.00	7,866	0	7,866	0	0.000000	16.00
Program Visits								
Cost Center Description	Part A	Part B		Part A	Part B			
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
		6.00	7.00		8.00	9.00	10.00	11.00
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2,266	9,976		473,911	2,086,381		1.00
2.00	Physical Therapy	1,378	5,397		196,641	770,152		2.00
3.00	Occupational Therapy	669	2,318		118,955	412,164		3.00
4.00	Speech Pathology	210	648		46,845	144,549		4.00
5.00	Medical Social Services	142	557		29,509	115,750		5.00
6.00	Home Health Aide	410	2,551		34,493	214,616		6.00
7.00	Total (sum of lines 1-6)	5,075	21,447		900,354	3,743,612		7.00
Cost Center Description								
	6.00	7.00	8.00	9.00	10.00	11.00		
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
8.03	Skilled Nursing Care							8.03
8.04	Skilled Nursing Care							8.04
8.05	Skilled Nursing Care							8.05
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
9.03	Physical Therapy							9.03
9.04	Physical Therapy							9.04
9.05	Physical Therapy							9.05
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
10.03	Occupational Therapy							10.03
10.04	Occupational Therapy							10.04
10.05	Occupational Therapy							10.05
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
11.03	Speech Pathology							11.03
11.04	Speech Pathology							11.04
11.05	Speech Pathology							11.05
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
12.03	Medical Social Services							12.03
12.04	Medical Social Services							12.04
12.05	Medical Social Services							12.05
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
13.03	Home Health Aide							13.03
13.04	Home Health Aide							13.04
13.05	Home Health Aide							13.05
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150088 HHA CCN: 157059	Period: From 07/01/2013 To 06/30/2014	Worksheet H-3 Part I Date/Time Prepared: 6/18/2015 2:45 pm
		Title XVII	Home Health Agency I	PPS

Cost Center Description	Program Covered Charges			Cost of Services		
	Part A	Part B		Part A	Part B	
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance

	Supplies and Drugs Cost Computations					
15.00	Cost of Medical Supplies	0	0	0		15.00
16.00	Cost of Drugs		0	0	0	16.00
	Total Program Cost (sum of col.s. 9-10)					
		12.00				

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION

Cost Per Visit Computation						
1.00	Skilled Nursing Care	2,560,292				1.00
2.00	Physical Therapy	966,793				2.00
3.00	Occupational Therapy	531,119				3.00
4.00	Speech Pathology	191,394				4.00
5.00	Medical Social Services	145,259				5.00
6.00	Home Health Aide	249,109				6.00
7.00	Total (sum of lines 1-6)	4,643,966				7.00
	Total (sum of lines 1-6)					
		12.00				

Limitation Cost Computation

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

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150088 HHA CCN: 157059	Period: From 07/01/2013 To 06/30/2014	Worksheet H-3 Part II Date/Time Prepared: 6/18/2015 2:45 pm PPS
		Title XVIII	Home Health Agency I	

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
	0	1.00	2.00	3.00	4.00	
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00	Physical Therapy	66.00	0.389165	0	0	col. 2, line 2.00 1.00
2.00	Occupational Therapy	67.00	0.309179	0	0	col. 2, line 3.00 2.00
3.00	Speech Pathology	68.00	0.392845	0	0	col. 2, line 4.00 3.00
4.00	Cost of Medical Supplies	71.00	0.254818	0	0	col. 2, line 15.00 4.00
5.00	Cost of Drugs	73.00	0.405214	0	0	col. 2, line 16.00 5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 150088 HHA CCN: 157059	Period: From 07/01/2013 To 06/30/2014	Worksheet H-4 Part I-II Date/Time Prepared: 6/18/2015 2:45 pm
		Title XVII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	1,061,351	4,560,388	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	1,061,351	4,560,388	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	1,061,351	4,560,388	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		719,952	3,041,960
12.00	Total PPS Reimbursement - Full Episodes with Outliers		16,090	49,197
13.00	Total PPS Reimbursement - LUPA Episodes		5,990	40,938
14.00	Total PPS Reimbursement - PEP Episodes		8,937	24,722
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		582	3,695
16.00	Total PPS Outlier Reimbursement - PEP Episodes		333	205
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		751,884	3,160,717
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		751,884	3,160,717
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		751,884	3,160,717
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		751,884	3,160,717
30.00	OTHER		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
31.00	Subtotal (see instructions)		751,884	3,160,717
31.01	Sequestration adjustment (see instructions)		15,038	63,215
32.00	Interim payments (see instructions)		736,847	3,097,502
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		-1	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2		0	0

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 150088	Period: From 07/01/2013 To 06/30/2014	Worksheet H-5
	HHA CCN: 157059	Home Health Agency I	Date/Time Prepared: 6/18/2015 2:45 pm PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		736,847		3,097,502	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		736,847		3,097,502	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		1		0	6.02
7.00	Total Medicare program liability (see instructions)		736,846		3,097,502	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor	Wisconsin Physician Services		08001		8.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150088

Period: From 07/01/2013

Worksheet K

Hospice CCN: 151516

To 06/30/2014

Date/Time Prepared: 6/18/2015 2:45 pm

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	219,382	62,810	59,890	0	279,352	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	772,587	221,194	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	100,194	28,685	0	0	0	15.00
16.00	Spiritual Counseling	121,691	34,840	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	55,779	15,970	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	61,219	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	119,975	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,269,633	363,499	59,890	0	460,546	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150088

Period: From 07/01/2013

Worksheet K

Hospice CCN: 151516

To 06/30/2014

Date/Time Prepared: 6/18/2015 2:45 pm

		Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Hospice I Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	621,434	-49	621,385	0	621,385	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	993,781	0	993,781	0	993,781	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	128,879	0	128,879	0	128,879	15.00
16.00	Spiritual Counseling	156,531	0	156,531	0	156,531	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	71,749	0	71,749	0	71,749	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	61,219	0	61,219	0	61,219	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	119,975	0	119,975	0	119,975	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	2,153,568	-49	2,153,519	0	2,153,519	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150088

Period: From 07/01/2013

Worksheet K-1

Hospice CCN: 151516

To 06/30/2014

Date/Time Prepared: 6/18/2015 2:45 pm

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	200,685	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	772,587	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	100,194	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	100,194	200,685	772,587	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150088

Period: From 07/01/2013

Worksheet K-1

Hospice CCN: 151516

To 06/30/2014

Date/Time Prepared: 6/18/2015 2:45 pm

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	18,697	219,382	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	772,587	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	100,194	15.00
16.00	Spiritual Counseling		0	121,691	121,691	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		55,779	0	55,779	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	55,779	140,388	1,269,633	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 150088

Period: From 07/01/2013

Worksheet K-2

Hospice CCN: 151516

To 06/30/2014

Date/Time Prepared: 6/18/2015 2:45 pm

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	57,457	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	221,194	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	28,685	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	28,685	57,457	221,194	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 150088

Period: From 07/01/2013

Worksheet K-2

Hospice CCN: 151516

To 06/30/2014

Date/Time Prepared: 6/18/2015 2:45 pm

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	5,353	62,810	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	221,194	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	28,685	15.00
16.00	Spiritual Counseling		0	34,840	34,840	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		15,970	0	15,970	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	15,970	40,193	363,499	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150088

Period: From 07/01/2013

Worksheet K-4

Hospice CCN: 151516

To 06/30/2014

Part I
Date/Time Prepared:
6/18/2015 2:45 pm

		CAPITAL RELATED COST					
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	621,385	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	993,781	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	128,879	0	0	0	0	15.00
16.00	Spiritual Counseling	156,531	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	71,749	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	61,219	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	119,975	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	2,153,519	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150088

Period: From 07/01/2013

Worksheet K-4

Hospice CCN: 151516

To 06/30/2014

Part I
Date/Time Prepared:
6/18/2015 2:45 pm

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col . 5A ± col . 6)	
		5.00	5A	6.00	7.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance					3.00
4.00	Transportation - Staff					4.00
5.00	Volunteer Service Coordination	0				5.00
6.00	Administrative and General	0	621,385	621,385		6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services	0	0	0	0	9.00
10.00	Nursing Care	0	993,781	403,047	1,396,828	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services	0	128,879	52,269	181,148	15.00
16.00	Spiritual Counseling	0	156,531	63,484	220,015	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	71,749	29,099	100,848	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	61,219	24,828	86,047	22.00
23.00	Analgesics	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	0	119,975	48,658	168,633	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	2,153,519		2,153,519	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period: From 07/01/2013

Worksheet K-4

Hospice CCN: 151516

To 06/30/2014

Part II
Date/Time Prepared:
6/18/2015 2:45 pm

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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period: From 07/01/2013

Worksheet K-4

Hospice CCN: 151516

To 06/30/2014

Part II
Date/Time Prepared:
6/18/2015 2:45 pm

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	Hospice I
		6A	6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-621,385	1,532,134	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	0	7.00
8.00	Inpatient - Respite Care	0	0	8.00
VISITING SERVICES				
9.00	Physician Services	0	0	9.00
10.00	Nursing Care	0	993,781	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	0	12.00
13.00	Occupational Therapy	0	0	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	128,879	15.00
16.00	Spiritual Counseling	0	156,531	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	71,749	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	61,219	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	0	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	119,975	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	0	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		621,385	39.00
40.00	Unit Cost Multiplier		0.405568	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150088

Period: From 07/01/2013

Worksheet K-5

Hospice CCN: 151516

To 06/30/2014

Part I
Date/Time Prepared:
6/18/2015 2:45 pm

Cost Center Description		Hospice Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			NEW BLDG & FIXT	NEW BLDG & FIXT			
			1.00	1.01			
		0	1.00	1.01	4.00	5.01	
1.00	Administrative and General		4,797	0	62,964	11,825	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	1,396,828	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	181,148	0	0	0	0	10.00
11.00	Spiritual Counseling	220,015	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	100,848	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	86,047	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	168,633	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	2,153,519	4,797	0	62,964	11,825	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150088

Period: From 07/01/2013

Worksheet K-5

Hospice CCN: 151516

To 06/30/2014

Part I
Date/Time Prepared:
6/18/2015 2:45 pm

Cost Center Description		Hospice I				Subtotal	
		DATA PROCESSING 5.02	PURCHASING RECEIVING AND STORES 5.03	ADMITTING 5.04	CASHIERING/ACCOUNTS RECEIVABLE 5.05		
1.00	Administrative and General	34,813	34,079	7,023	14,181	169,682	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	1,396,828	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	181,148	10.00
11.00	Spiritual Counseling	0	0	0	0	220,015	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	100,848	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	86,047	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	168,633	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	34,813	34,079	7,023	14,181	2,323,201	34.00
35.00	Unit Cost Multiplier (see instructions)					0.000000	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150088

Period:

Worksheet K-5

Hospice CCN: 151516

From 07/01/2013
To 06/30/2014

Part I
Date/Time Prepared:
6/18/2015 2:45 pm

Cost Center Description	Hospice I					
	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5.06	6.00	7.00	8.00	9.00	
1.00 Administrative and General	37,359	28,687	0	0	4,380	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	307,540	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	39,884	0	0	0	0	10.00
11.00 Spiritual Counseling	48,441	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	22,204	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	18,945	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	37,128	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	511,501	28,687	0	0	4,380	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150088

Period: From 07/01/2013

Worksheet K-5

Hospice CCN: 151516

To 06/30/2014

Part I
Date/Time Prepared:
6/18/2015 2:45 pm

Cost Center Description	Hospice I					
	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
1.00 Administrative and General	0	25,429	0	47,184	10,995	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	25,429	0	47,184	10,995	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150088

Period: From 07/01/2013

Worksheet K-5

Hospice CCN: 151516

To 06/30/2014

Part I
Date/Time Prepared:
6/18/2015 2:45 pm

Cost Center Description	Hospice I					
	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
	15.00	16.00	17.00	19.00	20.00	
1.00 Administrative and General	21,063	18,250	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	21,063	18,250	0	0	0	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150088

Period: From 07/01/2013

Worksheet K-5

Hospice CCN: 151516

To 06/30/2014

Part I
Date/Time Prepared:
6/18/2015 2:45 pm

Cost Center Description		INTERNS & RESIDENTS		PARAMED PRGM	SCH OF RADIOLOGY	Subtotal (col s. 4A-23)	
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
		21.00	22.00	23.00	23.01	24.00	
1.00	Administrative and General	0	0	0	0	363,029	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	1,704,368	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	221,032	10.00
11.00	Spiritual Counseling	0	0	0	0	268,456	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	123,052	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	104,992	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	205,761	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	2,990,690	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS	Provider CCN: 150088 Hospice CCN: 151516	Period: From 07/01/2013 To 06/30/2014	Worksheet K-5 Part I Date/Time Prepared: 6/18/2015 2:45 pm
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Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (col.s. 24 ± 25)	Allocated Hospice A&G (See Part II)	Total Hospice Costs (col.s. 26 ± 27)		
	25.00	26.00	27.00	28.00		
1.00 Administrative and General						1.00
2.00 Inpatient - General Care	0	0	0	0		2.00
3.00 Inpatient - Respite Care	0	0	0	0		3.00
4.00 Physician Services	0	0	0	0		4.00
5.00 Nursing Care	0	1,704,368	235,471	1,939,839		5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0		6.00
7.00 Physical Therapy	0	0	0	0		7.00
8.00 Occupational Therapy	0	0	0	0		8.00
9.00 Speech/ Language Pathology	0	0	0	0		9.00
10.00 Medical Social Services	0	221,032	30,537	251,569		10.00
11.00 Spiritual Counseling	0	268,456	37,089	305,545		11.00
12.00 Dietary Counseling	0	0	0	0		12.00
13.00 Counseling - Other	0	0	0	0		13.00
14.00 Home Health Aide and Homemaker	0	123,052	17,000	140,052		14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0		15.00
16.00 Other	0	0	0	0		16.00
17.00 Drugs, Biological and Infusion Therapy	0	104,992	14,505	119,497		17.00
18.00 Analgesics	0	0	0	0		18.00
19.00 Sedatives / Hypnotics	0	0	0	0		19.00
20.00 Other - Specify	0	0	0	0		20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0		21.00
22.00 Patient Transportation	0	0	0	0		22.00
23.00 Imaging Services	0	0	0	0		23.00
24.00 Labs and Diagnostics	0	0	0	0		24.00
25.00 Medical Supplies	0	205,761	28,427	234,188		25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0		26.00
27.00 Radiation Therapy	0	0	0	0		27.00
28.00 Chemotherapy	0	0	0	0		28.00
29.00 Other	0	0	0	0		29.00
30.00 Bereavement Program Costs	0	0	0	0		30.00
31.00 Volunteer Program Costs	0	0	0	0		31.00
32.00 Fundraising	0	0	0	0		32.00
33.00 Other Program Costs	0	0	0	0		33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	2,990,690		2,990,690		34.00
35.00 Unit Cost Multiplier (see instructions)			0.138157			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150088

Hospice CCN: 151516

Period:
From 07/01/2013
To 06/30/2014

Worksheet K-5
Part II
Date/Time Prepared:
6/18/2015 2:45 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONE LINES)	DATA PROCESSING (DEPT. REVENUE)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT (SQUARE FEET)				
	1.00	1.01				
1.00 Administrative and General	1,114	0	1,269,633	8	2,734,913	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	1,114	0	1,269,633	8	2,734,913	34.00
35.00 Total cost to be allocated	4,797	0	62,964	11,825	34,813	35.00
36.00 Unit Cost Multiplier (see instructions)	4.306104	0.000000	0.049592	1,478.125000	0.012729	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150088
Hospice CCN: 151516

Period:
From 07/01/2013
To 06/30/2014

Worksheet K-5
Part II
Date/Time Prepared:
6/18/2015 2:45 pm

Cost Center Description	Hospice I					
	PURCHASING RECEIVING AND STORES (SUPPLY EXPENSE)	ADMINISTRATIVE (DEPT. REVENUE)	CASHIERING/ACC OUNTS RECEIVABLE (DEPT. REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
	5.03	5.04	5.05	5A.06	5.06	
1.00 Administrative and General	184,564	2,734,913	2,734,913	0	169,682	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	1,396,828	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	181,148	10.00
11.00 Spiritual Counseling	0	0	0	0	220,015	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	100,848	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	86,047	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	168,633	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	184,564	2,734,913	2,734,913		2,323,201	34.00
35.00 Total cost to be allocated	34,079	7,023	14,181		511,501	35.00
36.00 Unit Cost Multiplier (see instructions)	0.184646	0.002568	0.005185		0.220171	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150088
Hospice CCN: 151516

Period:
From 07/01/2013
To 06/30/2014

Worksheet K-5
Part II
Date/Time Prepared:
6/18/2015 2:45 pm

Cost Center Description		Hospice I					
		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Administrative and General	1,114	0	0	108	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	1,114	0	0	108	0	34.00
35.00	Total cost to be allocated	28,687	0	0	4,380	0	35.00
36.00	Unit Cost Multiplier (see instructions)	25.751346	0.000000	0.000000	40.555556	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150088
Hospice CCN: 151516

Period:
From 07/01/2013
To 06/30/2014

Worksheet K-5
Part II
Date/Time Prepared:
6/18/2015 2:45 pm

Cost Center Description	Hospice I						
	CAFETERIA (TOTAL HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (SPD SUPPLIES)	PHARMACY (DRUG EXPENSE)		
	11.00	12.00	13.00	14.00	15.00		
1.00 Administrative and General	29,600	0	29,600	112,375	61,225	1.00	
2.00 Inpatient - General Care	0	0	0	0	0	2.00	
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00	
4.00 Physician Services	0	0	0	0	0	4.00	
5.00 Nursing Care	0	0	0	0	0	5.00	
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00	
7.00 Physical Therapy	0	0	0	0	0	7.00	
8.00 Occupational Therapy	0	0	0	0	0	8.00	
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00	
10.00 Medical Social Services	0	0	0	0	0	10.00	
11.00 Spiritual Counseling	0	0	0	0	0	11.00	
12.00 Dietary Counseling	0	0	0	0	0	12.00	
13.00 Counseling - Other	0	0	0	0	0	13.00	
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00	
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00	
16.00 Other	0	0	0	0	0	16.00	
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00	
18.00 Analgesics	0	0	0	0	0	18.00	
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00	
20.00 Other - Specify	0	0	0	0	0	20.00	
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00	
22.00 Patient Transportation	0	0	0	0	0	22.00	
23.00 Imaging Services	0	0	0	0	0	23.00	
24.00 Labs and Diagnostics	0	0	0	0	0	24.00	
25.00 Medical Supplies	0	0	0	0	0	25.00	
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00	
27.00 Radiation Therapy	0	0	0	0	0	27.00	
28.00 Chemotherapy	0	0	0	0	0	28.00	
29.00 Other	0	0	0	0	0	29.00	
30.00 Bereavement Program Costs	0	0	0	0	0	30.00	
31.00 Volunteer Program Costs	0	0	0	0	0	31.00	
32.00 Fundraising	0	0	0	0	0	32.00	
33.00 Other Program Costs	0	0	0	0	0	33.00	
34.00 Total (sum of lines 1 thru 33) (2)	29,600	0	29,600	112,375	61,225	34.00	
35.00 Total cost to be allocated	25,429	0	47,184	10,995	21,063	35.00	
36.00 Unit Cost Multiplier (see instructions)	0.859088	0.000000	1.594054	0.097842	0.344026	36.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150088
Hospice CCN: 151516

Period:
From 07/01/2013
To 06/30/2014

Worksheet K-5
Part II
Date/Time Prepared:
6/18/2015 2:45 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (DEPT. REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	Hospice I	
					INTERNS & RESIDENTS	SERVICES-SALARY & FRINGES (ASSIGNED TIME)
	16.00	17.00	19.00	20.00	21.00	
1.00 Administrative and General	2,734,913	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	2,734,913	0	0	0	0	34.00
35.00 Total cost to be allocated	18,250	0	0	0	0	35.00
36.00 Unit Cost Multiplier (see instructions)	0.006673	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150088

Period:

Worksheet K-5

Hospice CCN: 151516

From 07/01/2013
To 06/30/2014

Part II
Date/Time Prepared:
6/18/2015 2:45 pm

Hospice I

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

COMPUTATION OF TOTAL HOSPICE SHARED COSTS		Provider CCN: 150088 Hospice CCN: 151516		Period: From 07/01/2013 To 06/30/2014		Worksheet K-5 Part III Date/Time Prepared: 6/18/2015 2:45 pm	
Cost Center Description		Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)		
		0	1.00	2.00	3.00		
ANCI LLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	66.00	0.389165	0	0	1.00	
2.00	OCCUPATIONAL THERAPY	67.00	0.309179	0	0	2.00	
3.00	SPEECH PATHOLOGY	68.00	0.392845	0	0	3.00	
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.405214	0	0	4.00	
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0.000000	0	0	5.00	
6.00	LABORATORY	60.00	0.178227	0	0	6.00	
6.01	BLOOD LABORATORY	60.01	0.000000	0	0	6.01	
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.254818	0	0	7.00	
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00				8.00	
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.165275	0	0	9.00	
10.00	CHEMOTHERAPY	76.00	0.215749	0	0	10.00	
11.00	Totals (sum of lines 1-10)					11.00	

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 150088

Period: From 07/01/2013

Worksheet K-6

Hospice CCN: 151516

To 06/30/2014

Date/Time Prepared: 6/18/2015 2:45 pm

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				2,990,690	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				15,252	2.00
3.00	Average cost per diem (line 1 divided by line 2)				196.09	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	14,450				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	2,833,501				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		346			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		67,847			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	3,604				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	706,708				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		63			10.00
11.00	Aggregate NF cost (line 3 times line 10)		12,354			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			456		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			89,417		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150088	Period: From 07/01/2013 To 06/30/2014	Worksheet L Parts I-III Date/Time Prepared: 6/18/2015 2:45 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,494,339	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		73,324	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)		74.27	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)		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)		5.02	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		20.82	8.00
9.00	Sum of lines 7 and 8		25.84	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.37	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		80,246	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		1,647,909	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