

PART I - COST REPORT STATUS

PROVIDER USE ONLY		1. <input checked="" type="checkbox"/> ELECTRONICALLY FILED COST REPORT	DATE: 11/30/2014	TIME: 21:01
		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 THE COST REPORT		
		4. <input type="checkbox"/> MEDICARE UTILIZATION. ENTER 'F' FOR FULL OR 'L' FOR LOW.		
CONTRACTOR USE ONLY	5. <input type="checkbox"/> COST REPORT STATUS	6. DATE RECEIVED: _____	10. NPR DATE: _____	
	1 -AS SUBMITTED	7. CONTRACTOR NO: _____	11. CONTRACTOR'S VENDOR CODE: _____	
	2 -SETTLED WITHOUT AUDIT	8. <input type="checkbox"/> INITIAL REPORT FOR THIS PROVIDER CCN	12. <input type="checkbox"/> IF LINE 5, COLUMN 1 IS 4: ENTER NUMBER OF TIMES REOPENED = 0-9.	
	3 -SETTLED WITH AUDIT	9. <input type="checkbox"/> FINAL REPORT FOR THIS PROVIDER CCN		
	4 -REOPENED			
	5 -AMENDED			

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 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. MARY MEDICAL CENTER, INC. (15-0034) {(PROVIDER NAME(S) AND NUMBER(S))} FOR THE COST REPORTING PERIOD BEGINNING 07/01/2013 AND ENDING 06/30/2014, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT 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.

ECR Encryption: 11/30/2014 21:01
 VdsiSeffHjul.cc57ePByjD2qey:180
 0:PGI0j9oO0d7RTMUcx6naeCD8vNBj
 DEqK15Um0i0XDGw9

(SIGNED) Mary Anduliz
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)
VP Finance ICFO
 TITLE
12/1/14
 DATE

PI Encryption: 11/30/2014 21:01
 Pwbk7NFwFd3umFW.e.0Kex075sc80
 mse6o0.FZ3dFE25AWF8z:zst9.zjFm
 5QHp0FLayW0d5vtz

PART III - SETTLEMENT SUMMARY

		TITLE XVIII					
		TITLE V	PART A	PART B	HIT	TITLE XIX	
		1	2	3	4	5	
1	HOSPITAL		275,300	39,697	-34,497		1
2	SUBPROVIDER - IPF						2
3	SUBPROVIDER - IRF		63,326	176			3
4	SUBPROVIDER (OTHER)						4
5	SWING BED - SNF						5
6	SWING BED - NF						6
7	SKILLED NURSING FACILITY						7
8	NURSING FACILITY						8
9	HOME HEALTH AGENCY						9
10	HEALTH CLINIC - RHC						10
11	HEALTH CLINIC - FQHC						11
12	OUTPATIENT REHABILITATION PROVIDER						12
200	TOTAL		338,626	39,873	-34,497		200

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 THIS 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 THIS FORM, PLEASE WRITE TO: CMS, 7500 SECURITY BOULEVARD, ATTN: PRA REPORT CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MARYLAND 21244-1850.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 150034	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part I Date/Time Prepared: 3/8/2016 1:03 pm				
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 1500 SOUTH LAKE AVENUE			PO Box:						1.00	
2.00	City: HOBART			State: IN		Zip Code: 46342		County: LAKE		2.00	
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		ST. MARY MEDICAL CENTER, INC.	150034	23844	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF		SMMC REHABILITATION UNIT	15T034	23844	5	01/01/2001	N	P	P	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										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice		14.00								
15.00	Hospital-Based Health Clinic - RHC		15.00								
16.00	Hospital-Based Health Clinic - FQHC		16.00								
17.00	Hospital-Based (CMHC) I		17.00								
18.00	Renal Dialysis		18.00								
19.00	Other		19.00								
						From:	To:				
						1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)					07/01/2013	06/30/2014		20.00		
21.00	Type of Control (see instructions)					2		21.00			
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	Y		22.01		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		22.03		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3		N	23.00		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	3,732	699	33	71	1,384	0		24.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	179	22	0	0	15			25.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150034	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part I Date/Time Prepared: 3/8/2016 1:03 pm		
		Urban/Rural	S	Date of Geogr		
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N		39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N		N		40.00
		V	XVII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150034	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part I Date/Time Prepared: 3/8/2016 1:03 pm		
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				1.00	2.00	3.00
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N	0
				1.00	2.00	3.00
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.				N	81.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.				N	87.00
				V	XIX	
				1.00	2.00	
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150034	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part I Date/Time Prepared: 3/8/2016 1:03 pm	
		1.00	2.00		
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	158054	140.00	
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: COMMUNITY FOUNDATION OF NW IN, INC.	Contractor's Name: NGS		Contractor's Number: 00450	
142.00	Street: STREET: STREET: 10010 DONALD POWER	PO Box: 201		142.00	
143.00	City: MUNSTER	State: IN		Zip Code: 46321	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y		144.00	
				1.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y		145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00	
				1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00	
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	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	N
				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
		0	1.00	2.00	3.00
					4.00
					5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)				0.00
				1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act					
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0		168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)			168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.75		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)	10/01/2012		09/30/2013	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 150034	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part I Date/Time Prepared: 3/8/2016 1:03 pm
			1.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)		N 171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150034	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part II Date/Time Prepared: 3/8/2016 1:03 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	10/30/2014	Y	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150034	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part II Date/Time Prepared: 3/8/2016 1:03 pm	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
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				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
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.				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.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
					1.00
					2.00
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.	JANE		BACHMANN	41.00
42.00	Enter the employer/company name of the cost report preparer.	BACHMANN ASSOCIATES			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	3122852828		JBOPI L@ATT. NET	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 150034	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part II Date/Time Prepared: 3/8/2016 1:03 pm
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		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)	10/30/2014		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			21.00
			3.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	CONSULTANT		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

HFS Supplemental Information		Provider CCN: 150034	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part IX Date/Time Prepared: 3/8/2016 1:03 pm	
			Title V	Title XIX	
			1.00	2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE					
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	3.00
			Inpatient	Outpatient	
			1.00	2.00	
CRITICAL ACCESS HOSPITALS					
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.		N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.		N	N	5.00
			Title V	Title XIX	
			1.00	2.00	
RCE DISALLOWANCE					
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	6.00
PASS THROUGH COST					
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	7.00
RHC					
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		N	N	8.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150034

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

Worksheet S-3
Part I
Date/Time Prepared:
3/8/2016 1:03 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	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	163	59,495	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)		163	59,495	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	12	4,380	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		175	63,875	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	20	7,300		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		195				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: 150034

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

Worksheet S-3
Part I
Date/Time Prepared:
3/8/2016 1:03 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	23,297	3,366	44,013			1.00
2.00 HMO and other (see instructions)	6,834	2,082				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	578	37				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	23,297	3,366	44,013			7.00
8.00 INTENSIVE CARE UNIT	1,960	281	3,690			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		79	1,017			13.00
14.00 Total (see instructions)	25,257	3,726	48,720	0.00	1,064.37	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	4,753	179	6,390	0.00	29.47	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	21,853	0	30,992	0.00	18.99	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				0.00	1,112.83	27.00
28.00 Observation Bed Days		879	5,564			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	111	205			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: 150034

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

Worksheet S-3
Part I
Date/Time Prepared:
3/8/2016 1:03 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	4,716	628	9,840	1.00
2.00 HMO and other (see instructions)			1,192	735		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	4,716	628	9,840	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	455	18	601	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 150034		Period: From 07/01/2013 To 06/30/2014		Worksheet S-3 Part II Date/Time Prepared: 3/8/2016 1:03 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	61,100,721	4,813	61,105,534	2,314,694.00	26.40	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		2,946,391	0	2,946,391	100,804.00	29.23	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		2,345,427	0	2,345,427	33,954.00	69.08	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		697,637	0	697,637	4,314.00	161.71	13.00
14.00	Home office salaries & wage-related costs		10,088,055	0	10,088,055	256,305.00	39.36	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)		16,155,732	0	16,155,732			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		761,018	0	761,018			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	864,594	0	864,594	26,188.00	33.01	26.00
27.00	Administrative & General	5.00	5,899,553	4,813	5,904,366	287,269.00	20.55	27.00
28.00	Administrative & General under contract (see inst.)		1,606,051	0	1,606,051	11,679.00	137.52	28.00
29.00	Maintenance & Repairs	6.00	1,190,163	0	1,190,163	40,893.00	29.10	29.00
30.00	Operation of Plant	7.00	874,225	0	874,225	45,011.00	19.42	30.00
31.00	Laundry & Linen Service	8.00	74,282	0	74,282	5,892.00	12.61	31.00
32.00	Housekeeping	9.00	1,699,072	0	1,699,072	106,731.00	15.92	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,776,833	-1,123,408	653,425	38,496.00	16.97	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	1,123,408	1,123,408	66,198.00	16.97	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,076,111	0	2,076,111	61,510.00	33.75	38.00
39.00	Central Services and Supply	14.00	399,527	17,851	417,378	17,995.00	23.19	39.00
40.00	Pharmacy	15.00	2,232,515	-424,994	1,807,521	62,751.00	28.80	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150034

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

Worksheet S-3
Part II
Date/Time Prepared:
3/8/2016 1:03 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 35,707	0	35,707	1,254.00	28.47	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: 150034

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

Worksheet S-3
Part III
Date/Time Prepared:
3/8/2016 1:03 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)	62,706,772	4,813	62,711,585	2,326,373.00	26.96	1.00
2.00	Excluded area salaries (see instructions)	2,946,391	0	2,946,391	100,804.00	29.23	2.00
3.00	Subtotal salaries (line 1 minus line 2)	59,760,381	4,813	59,765,194	2,225,569.00	26.85	3.00
4.00	Subtotal other wages & related costs (see inst.)	13,131,119	0	13,131,119	294,573.00	44.58	4.00
5.00	Subtotal wage-related costs (see inst.)	16,155,732	0	16,155,732	0.00	27.03	5.00
6.00	Total (sum of lines 3 thru 5)	89,047,232	4,813	89,052,045	2,520,142.00	35.34	6.00
7.00	Total overhead cost (see instructions)	18,728,633	-402,330	18,326,303	771,867.00	23.74	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 150034	Period: From 07/01/2013 To 06/30/2014	Worksheet S-3 Part IV Date/Time Prepared: 3/8/2016 1:03 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	381,461	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	2,478,573	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)	8,423,576	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	707,273	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	52,840	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)	257,911	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	217,952	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	3,484,252	17.00
18.00	Medicare Taxes - Employers Portion Only	786,188	18.00
19.00	Unemployment Insurance	73,260	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	53,464	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	16,916,750	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COST	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 150034	Period: From 07/01/2013 To 06/30/2014	Worksheet S-3 Part V Date/Time Prepared: 3/8/2016 1:03 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	2,345,427	0	1.00
2.00	Hospital	2,345,427	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 150034 Component CCN: 157313		Period: From 07/01/2013 To 06/30/2014		Worksheet S-4 Date/Time Prepared: 3/8/2016 1:03 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County	LAKE				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	3,157	0	697	3,854	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	592.00	0.00	392.00	982.00	2.00
		Number of Employees (Full Time Equivalent)					
		Enter the number of hours in your normal work week			Staff	Contract	Total
		0			1.00	2.00	3.00
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00			0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)				0.50	0.00	4.00
5.00	Other Administrative Personnel				9.55	0.00	5.00
6.00	Direct Nursing Service				5.69	0.00	6.00
7.00	Nursing Supervisor				0.00	0.00	7.00
8.00	Physical Therapy Service				0.00	3.86	8.00
9.00	Physical Therapy Supervisor				0.00	0.00	9.00
10.00	Occupational Therapy Service				0.00	0.93	10.00
11.00	Occupational Therapy Supervisor				0.00	0.00	11.00
12.00	Speech Pathology Service				0.00	0.10	12.00
13.00	Speech Pathology Supervisor				0.00	0.00	13.00
14.00	Medical Social Service				0.02	0.00	14.00
15.00	Medical Social Service Supervisor				0.00	0.00	15.00
16.00	Home Health Aide				3.24	0.00	16.00
17.00	Home Health Aide Supervisor				0.00	0.00	17.00
18.00	Other (specify)				0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.				1		19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	23844					20.00
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	8,513	2,355	166	109	11,143	21.00
22.00	Skilled Nursing Visit Charges	1,353,567	374,445	26,394	17,331	1,771,737	22.00
23.00	Physical Therapy Visits	5,181	465	28	45	5,719	23.00
24.00	Physical Therapy Visit Charges	957,745	86,025	5,180	8,325	1,057,275	24.00
25.00	Occupational Therapy Visits	1,312	166	1	1	1,480	25.00
26.00	Occupational Therapy Visit Charges	241,795	30,710	185	185	272,875	26.00
27.00	Speech Pathology Visits	250	42	0	0	292	27.00
28.00	Speech Pathology Visit Charges	46,250	7,770	0	0	54,020	28.00
29.00	Medical Social Service Visits	10	2	0	1	13	29.00
30.00	Medical Social Service Visit Charges	2,110	422	0	211	2,743	30.00
31.00	Home Health Aide Visits	2,560	590	5	51	3,206	31.00
32.00	Home Health Aide Visit Charges	304,640	70,210	595	6,069	381,514	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	17,826	3,620	200	207	21,853	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	2,906,107	569,582	32,354	32,121	3,540,164	35.00
36.00	Total Number of Episodes (standard/non outlier)	767		75	10	852	36.00
37.00	Total Number of Outlier Episodes		73		2	75	37.00
38.00	Total Non-Routine Medical Supply Charges	195,850	76,351	3,237	1,628	277,066	38.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 150034

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

Worksheet S-7

Date/Time Prepared:
3/8/2016 1:03 pm

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

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

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 150034

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

Worksheet S-7

Date/Time Prepared:
3/8/2016 1:03 pm

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

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150034	Period: From 07/01/2013 To 06/30/2014	Worksheet S-10 Date/Time Prepared: 3/8/2016 1:03 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)		0.266526		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		7,289,039		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		67,428,047		6.00
7.00	Medicaid cost (line 1 times line 6)		17,971,328		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)		10,682,289		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		19,007		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		10,682,289		19.00
				1.00	
				2.00	
				3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	16,289,213	0	16,289,213	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	4,341,499	0	4,341,499	21.00
22.00	Partial payment by patients approved for charity care	80,402	0	80,402	22.00
23.00	Cost of charity care (line 21 minus line 22)	4,261,097	0	4,261,097	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)			9,654,570	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			564,761	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			9,089,809	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			2,422,670	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			6,683,767	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			17,366,056	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 150034	Period: From 07/01/2013 To 06/30/2014	Worksheet A Date/Time Prepared: 3/8/2016 1:03 pm		
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (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 CAP REL COSTS-BLDG & FIXT		0	0	7,450,333	7,450,333	1.00	
2.00 00200 CAP REL COSTS-MVBLE EQUIP		0	0	6,978,894	6,978,894	2.00	
3.00 00300 OTHER CAP REL COSTS		0	0	0	0	3.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	78,580	67,039	145,619	15,373,206	15,518,825	4.00	
4.01 00401 MAINTENANCE OF PERSONNEL	786,014	309,031	1,095,045	-665	1,094,380	4.01	
5.01 00540 NON-PATIENT TELEPHONES	-4,813	0	-4,813	0	-4,813	5.01	
5.02 00560 PURCHASING, RECEIVING & STORES	347,167	202,880	550,047	-117,045	433,002	5.02	
5.03 00570 PATIENT REGISTRATION	1,456,167	64,791	1,520,958	-74	1,520,884	5.03	
5.04 00580 PATIENT ACCOUNTING	0	6,620	6,620	-6,620	0	5.04	
5.05 00590 ADMINISTRATIVE & GENERAL	4,101,032	79,364,071	83,465,103	-29,384,043	54,081,060	5.05	
6.00 00600 MAINTENANCE & REPAIRS	1,190,163	7,135,786	8,325,949	-188,803	8,137,146	6.00	
7.00 00700 OPERATION OF PLANT	874,225	736,839	1,611,064	170,727	1,781,791	7.00	
8.00 00800 LAUNDRY & LINEN SERVICE	74,282	602,705	676,987	0	676,987	8.00	
9.00 00900 HOUSEKEEPING	1,699,072	505,643	2,204,715	0	2,204,715	9.00	
10.00 01000 DIETARY	1,776,833	1,554,907	3,331,740	-2,113,388	1,218,352	10.00	
11.00 01100 CAFETERIA	0	0	0	2,106,503	2,106,503	11.00	
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00	
13.00 01300 NURSING ADMINISTRATION	2,076,111	1,135,847	3,211,958	0	3,211,958	13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	399,527	263,877	663,404	25,733	689,137	14.00	
15.00 01500 PHARMACY	2,232,515	10,206,087	12,438,602	-9,512,339	2,926,263	15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	35,707	47,569	83,276	0	83,276	16.00	
17.00 01700 SOCIAL SERVICE	0	971	971	-971	0	17.00	
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	15,482,270	2,102,642	17,584,912	277,211	17,862,123	30.00	
31.00 03100 INTENSIVE CARE UNIT	2,448,700	542,838	2,991,538	-104,930	2,886,608	31.00	
41.00 04100 SUBPROVIDER - IIRF	1,582,793	766,067	2,348,860	-21,774	2,327,086	41.00	
43.00 04300 NURSERY	0	0	0	0	0	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	4,239,376	20,571,841	24,811,217	-15,515,705	9,295,512	50.00	
51.00 05100 RECOVERY ROOM	1,220,021	83,479	1,303,500	0	1,303,500	51.00	
53.00 05300 ANESTHESIOLOGY	0	3,642,341	3,642,341	-80,844	3,561,497	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,073,268	910,332	3,983,600	-244,200	3,739,400	54.00	
54.01 03630 RADIOLOGY - ULTRASOUND	731,852	205,429	937,281	-64,570	872,711	54.01	
56.00 05600 RADIOISOTOPE	361,209	377,471	738,680	-333,790	404,890	56.00	
57.00 05700 CT SCAN	654,028	266,893	920,921	-63,402	857,519	57.00	
59.00 05900 CARDIAC CATHETERIZATION	1,139,552	2,930,959	4,070,511	-2,641,450	1,429,061	59.00	
60.00 06000 LABORATORY	3,284,585	3,372,627	6,657,212	-810	6,656,402	60.00	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	203,450	1,235,099	1,438,549	0	1,438,549	62.00	
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30	
65.00 06500 RESPIRATORY THERAPY	1,796,071	299,950	2,096,021	-102,588	1,993,433	65.00	
66.00 06600 PHYSICAL THERAPY	0	1,936,997	1,936,997	-1,993	1,935,004	66.00	
67.00 06700 OCCUPATIONAL THERAPY	166,858	840,155	1,007,013	-2,564	1,004,449	67.00	
68.00 06800 SPEECH PATHOLOGY	0	284,948	284,948	0	284,948	68.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	561,301	4,183,001	4,744,302	-4,269,094	475,208	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	8,395,992	8,395,992	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	15,370,366	15,370,366	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	9,533,796	9,533,796	73.00	
74.00 07400 RENAL DIALYSIS	0	694,819	694,819	0	694,819	74.00	
76.97 07697 CARDIAC REHABILITATION	585,808	51,002	636,810	-5,952	630,858	76.97	
76.98 07698 HYPERBARIIC OXYGEN THERAPY	0	0	0	0	0	76.98	
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	1,787,145	814,882	2,602,027	-30,261	2,571,766	90.00	
91.00 09100 EMERGENCY	3,296,254	903,900	4,200,154	-22,370	4,177,784	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00	
OTHER REIMBURSABLE COST CENTERS							
101.00 10100 HOME HEALTH AGENCY	1,363,598	892,602	2,256,200	-38,013	2,218,187	101.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	61,100,721	150,114,937	211,215,658	814,503	212,030,161	118.00
NONREIMBURSABLE COST CENTERS							
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	31,425	31,425	-2,426	28,999	192.00	
194.00 07950 OTHER NON-REIMBURSEABLE COST CENTER	0	1,040,460	1,040,460	-812,077	228,383	194.00	
194.01 07951 OTHER NONREIMBURSABLE	0	0	0	0	0	194.01	
200.00	TOTAL (SUM OF LINES 118-199)	61,100,721	151,186,822	212,287,543	0	212,287,543	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150034

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

Worksheet A
Date/Time Prepared:
3/8/2016 1:03 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-1,295,361	6,154,972	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,919,506	9,898,400	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-334	15,518,491	4.00
4.01	00401	MAINTENANCE OF PERSONNEL	-530	1,093,850	4.01
5.01	00540	NON-PATIENT TELEPHONES	588,929	584,116	5.01
5.02	00560	PURCHASING, RECEIVING & STORES	0	433,002	5.02
5.03	00570	PATIENT REGISTRATION	0	1,520,884	5.03
5.04	00580	PATIENT ACCOUNTING	0	0	5.04
5.05	00590	ADMINISTRATIVE & GENERAL	-28,447,071	25,633,989	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	8,137,146	6.00
7.00	00700	OPERATION OF PLANT	0	1,781,791	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	676,987	8.00
9.00	00900	HOUSEKEEPING	0	2,204,715	9.00
10.00	01000	DIETARY	-5,200	1,213,152	10.00
11.00	01100	CAFETERIA	-757,436	1,349,067	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-11,032	3,200,926	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	689,137	14.00
15.00	01500	PHARMACY	-14,163	2,912,100	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,861,562	1,944,838	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-89,774	17,772,349	30.00
31.00	03100	INTENSIVE CARE UNIT	-54,728	2,831,880	31.00
41.00	04100	SUBPROVIDER - IRF	0	2,327,086	41.00
43.00	04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,903	9,293,609	50.00
51.00	05100	RECOVERY ROOM	0	1,303,500	51.00
53.00	05300	ANESTHESIOLOGY	-3,072,050	489,447	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-18,022	3,721,378	54.00
54.01	03630	RADIOLOGY - ULTRASOUND	0	872,711	54.01
56.00	05600	RADIOISOTOPE	0	404,890	56.00
57.00	05700	CT SCAN	0	857,519	57.00
59.00	05900	CARDIAC CATHETERIZATION	-44,583	1,384,478	59.00
60.00	06000	LABORATORY	-63,316	6,593,086	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,438,549	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	-18,534	1,974,899	65.00
66.00	06600	PHYSICAL THERAPY	0	1,935,004	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,004,449	67.00
68.00	06800	SPEECH PATHOLOGY	0	284,948	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-11,902	463,306	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,395,992	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	15,370,366	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-1,776	9,532,020	73.00
74.00	07400	RENAL DIALYSIS	0	694,819	74.00
76.97	07697	CARDIAC REHABILITATION	-50,884	579,974	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-231,890	2,339,876	90.00
91.00	09100	EMERGENCY	-99,234	4,078,550	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	-2,911	2,215,276	101.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1-117)	-28,922,637	183,107,524	118.00
NONREIMBURSABLE COST CENTERS					
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	28,999	192.00
194.00	07950	OTHER NON-REIMBURSABLE COST CENTER	0	228,383	194.00
194.01	07951	OTHER NONREIMBURSABLE	0	0	194.01
200.00		TOTAL (SUM OF LINES 118-199)	-28,922,637	183,364,906	200.00

COST CENTERS USED IN COST REPORT	Provider CCN: 150034	Period: From 07/01/2013 To 06/30/2014	Worksheet Non-CMS W Date/Time Prepared: 3/8/2016 1:03 pm
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Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
	1.00	2.00	
GENERAL SERVICE COST CENTERS			
1.00 CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00 CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00 OTHER CAP REL COSTS	00300		3.00
4.00 EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
4.01 MAINTENANCE OF PERSONNEL	00401		4.01
5.01 NON-PATIENT TELEPHONES	00540	NONPATIENT TELEPHONES	5.01
5.02 PURCHASING, RECEIVING & STORES	00560	PURCHASING RECEIVING AND STORES	5.02
5.03 PATIENT REGISTRATION	00570	ADMINISTRATIVE	5.03
5.04 PATIENT ACCOUNTING	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.04
5.05 ADMINISTRATIVE & GENERAL	00590		5.05
6.00 MAINTENANCE & REPAIRS	00600		6.00
7.00 OPERATION OF PLANT	00700		7.00
8.00 LAUNDRY & LINEN SERVICE	00800		8.00
9.00 HOUSEKEEPING	00900		9.00
10.00 DIETARY	01000		10.00
11.00 CAFETERIA	01100		11.00
12.00 MAINTENANCE OF PERSONNEL	01200		12.00
13.00 NURSING ADMINISTRATION	01300		13.00
14.00 CENTRAL SERVICES & SUPPLY	01400		14.00
15.00 PHARMACY	01500		15.00
16.00 MEDICAL RECORDS & LIBRARY	01600		16.00
17.00 SOCIAL SERVICE	01700		17.00
19.00 NONPHYSICIAN ANESTHETISTS	01900		19.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	03000		30.00
31.00 INTENSIVE CARE UNIT	03100		31.00
41.00 SUBPROVIDER - IRF	04100		41.00
43.00 NURSERY	04300		43.00
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	05000		50.00
51.00 RECOVERY ROOM	05100		51.00
53.00 ANESTHESIOLOGY	05300		53.00
54.00 RADIOLOGY-DIAGNOSTIC	05400		54.00
54.01 RADIOLOGY - ULTRASOUND	03630	ULTRASOUND	54.01
56.00 RADIOISOTOPE	05600		56.00
57.00 CT SCAN	05700		57.00
59.00 CARDIAC CATHETERIZATION	05900		59.00
60.00 LABORATORY	06000		60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELL	06200		62.00
62.30 BLOOD CLOTTING FOR HEMOPHILIACS	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	62.30
65.00 RESPIRATORY THERAPY	06500		65.00
66.00 PHYSICAL THERAPY	06600		66.00
67.00 OCCUPATIONAL THERAPY	06700		67.00
68.00 SPEECH PATHOLOGY	06800		68.00
70.00 ELECTROENCEPHALOGRAPHY	07000		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	07100		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00 DRUGS CHARGED TO PATIENTS	07300		73.00
74.00 RENAL DIALYSIS	07400		74.00
76.97 CARDIAC REHABILITATION	07697	CARDIAC REHABILITATION	76.97
76.98 HYPERBARIC OXYGEN THERAPY	07698	HYPERBARIC OXYGEN THERAPY	76.98
76.99 LI THOTRI PSY	07699	LI THOTRI PSY	76.99
OUTPATIENT SERVICE COST CENTERS			
90.00 CLINIC	09000		90.00
91.00 EMERGENCY	09100		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
OTHER REIMBURSABLE COST CENTERS			
101.00 HOME HEALTH AGENCY	10100		101.00
SPECIAL PURPOSE COST CENTERS			
118.00 SUBTOTALS (SUM OF LINES 1-117)			118.00
NONREIMBURSABLE COST CENTERS			
192.00 PHYSICIANS' PRIVATE OFFICES	19200		192.00
194.00 OTHER NON-REIMBURSEABLE COST CENTER	07950		194.00
194.01 OTHER NONREIMBURSABLE	07951		194.01
200.00 TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS

Provider CCN: 150034

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

Worksheet A-6
Date/Time Prepared:
3/8/2016 1:03 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - MEDICAL SUPPLY RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	8,006,243	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	15,370,366	2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	389,749	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
	TOTALS		0	23,766,358	
B - RECLASS DEPRECIATION EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,587,178	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	5,580,716	2.00
	TOTALS		0	10,167,894	
C - RECLASS MINOR SOCIAL SERVICE COSTS					
1.00	ADMINISTRATIVE & GENERAL	5.05	0	971	1.00
2.00	ADMINISTRATIVE & GENERAL	5.05	0	6,620	2.00
	TOTALS		0	7,591	
D - RECLASS NEGATIVE TELEPHONE SAL COST					
1.00	NON-PATIENT TELEPHONES	5.01	4,813	0	1.00
	TOTALS		4,813	0	
F - CAFETERIA EXPENSES RECLASS					
1.00	CAFETERIA	11.00	1,123,408	983,095	1.00
	TOTALS		1,123,408	983,095	
G - UNASSIGNED BENEFITS RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	15,408,456	1.00
	TOTALS		0	15,408,456	
H - UTILITIES EXPENSE RECLASS					
1.00	OPERATION OF PLANT	7.00	0	464,763	1.00
2.00	ADMINISTRATIVE & GENERAL	5.05	0	133,094	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
	TOTALS		0	597,857	
I - INTEREST EXPENSE RECLASS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,405,486	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	195,372	2.00
	TOTALS		0	1,600,858	
J - PHARMACY RECLASS EXPENSE					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	9,533,796	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
	TOTALS		0	9,533,796	
L - BUILDING RENT EXPENSE RECLASS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,296,077	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

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
TOTALS			0	1,296,077	
M - EQUIPMENT RENT EXPENSE RECLASS					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,202,806	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
TOTALS			0	1,202,806	
O - RECLASS PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	161,592	1.00
TOTALS			0	161,592	
P - RECLASS IV COSTS					
1.00	ADULTS & PEDIATRICS	30.00	333,620	147,294	1.00
2.00	INTENSIVE CARE UNIT	31.00	12,495	5,516	2.00
3.00	ADULTS & PEDIATRICS	30.00	11,347	5,010	3.00
4.00	OPERATING ROOM	50.00	9,137	4,034	4.00
5.00	CLINIC	90.00	20,782	9,175	5.00
6.00	EMERGENCY	91.00	19,762	8,725	6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	17,851	7,882	7.00
TOTALS			424,994	187,636	
500.00	Grand Total: Increases		1,553,215	64,914,016	500.00

RECLASSIFICATIONS

Provider CCN: 150034

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

Worksheet A-6
Date/Time Prepared:
3/8/2016 1:03 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - MEDICAL SUPPLY RECLASS							
1.00		0.00	0	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.05	0	1,267,799	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	218,345	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	120,480	0		4.00
5.00	SUBPROVIDER - IRF	41.00	0	20,800	0		5.00
6.00	OPERATING ROOM	50.00	0	15,257,687	0		6.00
7.00	CARDIAC CATHETERIZATION	59.00	0	2,585,708	0		7.00
8.00	ELECTROENCEPHALOGRAPHY	70.00	0	4,265,416	0		8.00
9.00	EMERGENCY	91.00	0	30,123	0		9.00
	TOTALS		0	23,766,358			
B - RECLASS DEPRECIATION EXPENSE							
1.00	ADMINISTRATIVE & GENERAL	5.05	0	10,167,894	9		1.00
2.00		0.00	0	0	9		2.00
	TOTALS		0	10,167,894			
C - RECLASS MINOR SOCIAL SERVICE COSTS							
1.00	SOCIAL SERVICE	17.00	0	971	0		1.00
2.00	PATIENT ACCOUNTING	5.04	0	6,620	0		2.00
	TOTALS		0	7,591			
D - RECLASS NEGATIVE TELEPHONE SAL COST							
1.00	NON-PATIENT TELEPHONES	5.01	0	4,813	0		1.00
	TOTALS		0	4,813			
F - CAFETERIA EXPENSES RECLASS							
1.00	DIETARY	10.00	1,123,408	983,095	0		1.00
	TOTALS		1,123,408	983,095			
G - UNASSIGNED BENEFITS RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.05	0	15,408,456	0		1.00
	TOTALS		0	15,408,456			
H - UTILITIES EXPENSE RECLASS							
1.00		0.00	0	0	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,238	0		2.00
3.00	CARDIAC REHABILITATION	76.97	0	3,947	0		3.00
4.00	RESPIRATORY THERAPY	65.00	0	11,043	0		4.00
5.00	HOME HEALTH AGENCY	101.00	0	2,206	0		5.00
6.00	OTHER NON-REIMBURSEABLE COST CENTER	194.00	0	165,938	0		6.00
7.00	MAINTENANCE & REPAIRS	6.00	0	119,521	0		7.00
8.00	OPERATION OF PLANT	7.00	0	293,964	0		8.00
	TOTALS		0	597,857			
I - INTEREST EXPENSE RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.05	0	1,600,858	11		1.00
2.00		0.00	0	0	11		2.00
	TOTALS		0	1,600,858			
J - PHARMACY RECLASS EXPENSE							
1.00	PHARMACY	15.00	0	8,897,584	0		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	35,250	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	555	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	203	0		4.00
5.00	SUBPROVIDER - IRF	41.00	0	64	0		5.00
6.00	OPERATING ROOM	50.00	0	32,434	0		6.00
7.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	2,426	0		7.00
8.00	ANESTHESIOLOGY	53.00	0	80,844	0		8.00
9.00	CARDIAC CATHETERIZATION	59.00	0	1,498	0		9.00
10.00	CT SCAN	57.00	0	1,539	0		10.00
11.00	RADIOISOTOPE	56.00	0	324,356	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,869	0		12.00
13.00	RESPIRATORY THERAPY	65.00	0	53,643	0		13.00
14.00	LABORATORY	60.00	0	810	0		14.00
15.00	OCCUPATIONAL THERAPY	67.00	0	1,719	0		15.00
16.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,084	0		16.00
17.00	CARDIAC REHABILITATION	76.97	0	1,520	0		17.00
18.00	CLINIC	90.00	0	3,457	0		18.00
19.00	EMERGENCY	91.00	0	20,734	0		19.00
20.00	ADMINISTRATIVE & GENERAL	5.05	0	3,001	0		20.00
21.00	MAINTENANCE & REPAIRS	6.00	0	47,333	0		21.00
22.00	PURCHASING, RECEIVING & STORES	5.02	0	18,873	0		22.00
	TOTALS		0	9,533,796			
L - BUILDING RENT EXPENSE RECLASS							
1.00		0.00	0	0	10		1.00
2.00	OTHER NON-REIMBURSEABLE COST CENTER	194.00	0	645,915	0		2.00
3.00	HOME HEALTH AGENCY	101.00	0	35,807	0		3.00
4.00	ADMINISTRATIVE & GENERAL	5.05	0	614,355	0		4.00

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
TOTALS						0	1,296,077
M - EQUIPMENT RENT EXPENSE RECLASS							
1.00	MAINTENANCE OF PERSONNEL	4.01	0	665	10	1.00	
2.00	PURCHASING, RECEIVING & STORES	5.02	0	98,172	0	2.00	
3.00	PATIENT REGISTRATION	5.03	0	74	0	3.00	
4.00	ADMINISTRATIVE & GENERAL	5.05	0	300,773	0	4.00	
5.00	MAINTENANCE & REPAIRS	6.00	0	21,949	0	5.00	
6.00	OPERATION OF PLANT	7.00	0	72	0	6.00	
7.00	DIETARY	10.00	0	6,885	0	7.00	
8.00	PHARMACY	15.00	0	2,125	0	8.00	
9.00	ADULTS & PEDIATRICS	30.00	0	1,160	0	9.00	
10.00	INTENSIVE CARE UNIT	31.00	0	2,258	0	10.00	
11.00	SUBPROVIDER - IRF	41.00	0	910	0	11.00	
12.00	OPERATING ROOM	50.00	0	238,755	0	12.00	
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	239,093	0	13.00	
14.00	RADIOLOGY - ULTRASOUND	54.01	0	64,570	0	14.00	
15.00	RADIOISOTOPE	56.00	0	9,434	0	15.00	
16.00	CT SCAN	57.00	0	61,863	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0	54,244	0	17.00	
18.00	CARDIAC REHABILITATION	76.97	0	485	0	18.00	
19.00	RESPIRATORY THERAPY	65.00	0	37,902	0	19.00	
20.00	PHYSICAL THERAPY	66.00	0	1,993	0	20.00	
21.00	OCCUPATIONAL THERAPY	67.00	0	845	0	21.00	
22.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,594	0	22.00	
23.00	CLINIC	90.00	0	56,761	0	23.00	
24.00	OTHER NON-REIMBURSEABLE COST CENTER	194.00	0	224	0	24.00	
TOTALS						0	1,202,806
O - RECLASS PROPERTY INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.05	0	161,592	12	1.00	
TOTALS						0	161,592
P - RECLASS IV COSTS							
1.00	PHARMACY	15.00	424,994	187,636	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
5.00		0.00	0	0	0	5.00	
6.00		0.00	0	0	0	6.00	
7.00		0.00	0	0	0	7.00	
TOTALS						424,994	187,636
500.00	Grand Total: Decreases					1,548,402	64,918,829

RECLASSIFICATIONS

Provider CCN: 150034

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
3/8/2016 1:03 pm

Increases					Decreases				
Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
A - MEDICAL SUPPLY RECLASS									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	8,006,243		0	0	0	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	15,370,366	ADMINISTRATIVE & GENERAL	5.05	0	1,267,799	2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	389,749	ADULTS & PEDIATRICS	30.00	0	218,345	3.00
4.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	120,480	4.00
5.00		0.00	0	0	SUBPROVIDER - IIRF	41.00	0	20,800	5.00
6.00		0.00	0	0	OPERATING ROOM	50.00	0	15,257,687	6.00
7.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	2,585,708	7.00
8.00		0.00	0	0	ELECTROENCEPHALOGRAPHY	70.00	0	4,265,416	8.00
9.00		0.00	0	0	EMERGENCY	91.00	0	30,123	9.00
	TOTALS		0	23,766,358	TOTALS		0	23,766,358	
B - RECLASS DEPRECIATION EXPENSE									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,587,178	ADMINISTRATIVE & GENERAL	5.05	0	10,167,894	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	5,580,716		0.00	0	0	2.00
	TOTALS		0	10,167,894	TOTALS		0	10,167,894	
C - RECLASS MINOR SOCIAL SERVICE COSTS									
1.00	ADMINISTRATIVE & GENERAL	5.05	0	971	SOCIAL SERVICE	17.00	0	971	1.00
2.00	ADMINISTRATIVE & GENERAL	5.05	0	6,620	PATIENT ACCOUNTING	5.04	0	6,620	2.00
	TOTALS		0	7,591	TOTALS		0	7,591	
D - RECLASS NEGATIVE TELEPHONE SAL COST									
1.00	NON-PATIENT TELEPHONES	5.01	4,813	0	NON-PATIENT TELEPHONES	5.01	0	4,813	1.00
	TOTALS		4,813	0	TOTALS		0	4,813	
F - CAFETERIA EXPENSES RECLASS									
1.00	CAFETERIA	11.00	1,123,408	983,095	DIETARY	10.00	1,123,408	983,095	1.00
	TOTALS		1,123,408	983,095	TOTALS		1,123,408	983,095	
G - UNASSIGNED BENEFITS RECLASS									
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	15,408,456	ADMINISTRATIVE & GENERAL	5.05	0	15,408,456	1.00
	TOTALS		0	15,408,456	TOTALS		0	15,408,456	
H - UTILITIES EXPENSE RECLASS									
1.00	OPERATION OF PLANT	7.00	0	464,763		0.00	0	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.05	0	133,094	RADIOLOGY-DIAGNOSTIC	54.00	0	1,238	2.00
3.00		0.00	0	0	CARDIAC REHABILITATION	76.97	0	3,947	3.00
4.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	11,043	4.00
5.00		0.00	0	0	HOME HEALTH AGENCY	101.00	0	2,206	5.00
6.00		0.00	0	0	OTHER NON-REIMBURSEABLE COST CENTER	194.00	0	165,938	6.00
7.00		0.00	0	0	MAINTENANCE & REPAIRS	6.00	0	119,521	7.00
8.00		0.00	0	0	OPERATION OF PLANT	7.00	0	293,964	8.00
	TOTALS		0	597,857	TOTALS		0	597,857	
I - INTEREST EXPENSE RECLASS									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,405,486	ADMINISTRATIVE & GENERAL	5.05	0	1,600,858	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	195,372		0.00	0	0	2.00
	TOTALS		0	1,600,858	TOTALS		0	1,600,858	
J - PHARMACY RECLASS EXPENSE									
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	9,533,796	PHARMACY	15.00	0	8,897,584	1.00
2.00		0.00	0	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	35,250	2.00
3.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	555	3.00
4.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	203	4.00
5.00		0.00	0	0	SUBPROVIDER - IIRF	41.00	0	64	5.00
6.00		0.00	0	0	OPERATING ROOM	50.00	0	32,434	6.00
7.00		0.00	0	0	PHYSICIANS' PRIVATE OFFICES	192.00	0	2,426	7.00
8.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	80,844	8.00
9.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	1,498	9.00
10.00		0.00	0	0	CT SCAN	57.00	0	1,539	10.00
11.00		0.00	0	0	RADIOISOTOPE	56.00	0	324,356	11.00

RECLASSIFICATIONS

Provider CCN: 150034

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
3/8/2016 1:03 pm

Increases					Decreases						
Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other				
2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00				
12.00	0.00	0	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	3,869	12.00		
13.00	0.00	0	0	0	RESPIRATORY THERAPY	65.00	0	53,643	13.00		
14.00	0.00	0	0	0	LABORATORY	60.00	0	810	14.00		
15.00	0.00	0	0	0	OCCUPATIONAL THERAPY	67.00	0	1,719	15.00		
16.00	0.00	0	0	0	ELECTROENCEPHALOGRAPHY	70.00	0	2,084	16.00		
17.00	0.00	0	0	0	CARDIAC REHABILITATION	76.97	0	1,520	17.00		
18.00	0.00	0	0	0	CLINIC	90.00	0	3,457	18.00		
19.00	0.00	0	0	0	EMERGENCY	91.00	0	20,734	19.00		
20.00	0.00	0	0	0	ADMINISTRATIVE & GENERAL	5.05	0	3,001	20.00		
21.00	0.00	0	0	0	MAINTENANCE & REPAIRS	6.00	0	47,333	21.00		
22.00	0.00	0	0	0	PURCHASING, RECEIVING & STORES	5.02	0	18,873	22.00		
TOTALS				0	9,533,796	TOTALS				0	9,533,796
L - BUILDING RENT EXPENSE RECLASS											
1.00	1.00	0	1,296,077	0.00	0	0	0	0	1.00		
2.00	0.00	0	0	0	OTHER NON-REIMBURSEABLE COST CENTER	194.00	0	645,915	2.00		
3.00	0.00	0	0	0	HOME HEALTH AGENCY	101.00	0	35,807	3.00		
4.00	0.00	0	0	0	ADMINISTRATIVE & GENERAL	5.05	0	614,355	4.00		
TOTALS				0	1,296,077	TOTALS				0	1,296,077
M - EQUIPMENT RENT EXPENSE RECLASS											
1.00	2.00	0	1,202,806	4.01	0	0	665	1.00			
2.00	0.00	0	0	0	PURCHASING, RECEIVING & STORES	5.02	0	98,172	2.00		
3.00	0.00	0	0	0	PATIENT REGISTRATION	5.03	0	74	3.00		
4.00	0.00	0	0	0	ADMINISTRATIVE & GENERAL	5.05	0	300,773	4.00		
5.00	0.00	0	0	0	MAINTENANCE & REPAIRS	6.00	0	21,949	5.00		
6.00	0.00	0	0	0	OPERATION OF PLANT	7.00	0	72	6.00		
7.00	0.00	0	0	0	DIETARY	10.00	0	6,885	7.00		
8.00	0.00	0	0	0	PHARMACY	15.00	0	2,125	8.00		
9.00	0.00	0	0	0	ADULTS & PEDIATRICS	30.00	0	1,160	9.00		
10.00	0.00	0	0	0	INTENSIVE CARE UNIT	31.00	0	2,258	10.00		
11.00	0.00	0	0	0	SUBPROVIDER - IIRF	41.00	0	910	11.00		
12.00	0.00	0	0	0	OPERATING ROOM	50.00	0	238,755	12.00		
13.00	0.00	0	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	239,093	13.00		
14.00	0.00	0	0	0	RADIOLOGY - ULTRASOUND	54.01	0	64,570	14.00		
15.00	0.00	0	0	0	RADIOISOTOPE	56.00	0	9,434	15.00		
16.00	0.00	0	0	0	CT SCAN	57.00	0	61,863	16.00		
17.00	0.00	0	0	0	CARDIAC CATHETERIZATION	59.00	0	54,244	17.00		
18.00	0.00	0	0	0	CARDIAC REHABILITATION	76.97	0	485	18.00		
19.00	0.00	0	0	0	RESPIRATORY THERAPY	65.00	0	37,902	19.00		
20.00	0.00	0	0	0	PHYSICAL THERAPY	66.00	0	1,993	20.00		
21.00	0.00	0	0	0	OCCUPATIONAL THERAPY	67.00	0	845	21.00		
22.00	0.00	0	0	0	ELECTROENCEPHALOGRAPHY	70.00	0	1,594	22.00		
23.00	0.00	0	0	0	CLINIC	90.00	0	56,761	23.00		
24.00	0.00	0	0	0	OTHER NON-REIMBURSEABLE COST CENTER	194.00	0	224	24.00		
TOTALS				0	1,202,806	TOTALS				0	1,202,806
O - RECLASS PROPERTY INSURANCE											
1.00	1.00	0	161,592	5.05	0	0	161,592	1.00			
TOTALS				0	161,592	TOTALS				0	161,592
P - RECLASS IV COSTS											
1.00	30.00	333,620	147,294	15.00	424,994	187,636	1.00				
2.00	31.00	12,495	5,516	0.00	0	0	2.00				
3.00	30.00	11,347	5,010	0.00	0	0	3.00				
4.00	50.00	9,137	4,034	0.00	0	0	4.00				
5.00	90.00	20,782	9,175	0.00	0	0	5.00				
6.00	91.00	19,762	8,725	0.00	0	0	6.00				
7.00	14.00	17,851	7,882	0.00	0	0	7.00				
TOTALS				424,994	187,636	TOTALS				424,994	187,636

Provider CCN: 150034

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
3/8/2016 1:03 pm

Increases					Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
500.00	Grand Total : Increases		1,553,215	64,914,016	Grand Total : Decreases		1,548,402	64,918,829	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150034

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

Worksheet A-7
Part I
Date/Time Prepared:
3/8/2016 1:03 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,025,911	1,607,000	0	1,607,000	0 1.00
2.00	Land Improvements	5,420,550	5,232	0	5,232	0 2.00
3.00	Buildings and Fixtures	92,853,801	2,254,844	0	2,254,844	8,235 3.00
4.00	Building Improvements	16,899,235	2,435,497	0	2,435,497	2,900 4.00
5.00	Fixed Equipment	0	0	0	0	0 5.00
6.00	Movable Equipment	95,784,191	1,226,393	0	1,226,393	1,037,815 6.00
7.00	HIT designated Assets	0	0	0	0	0 7.00
8.00	Subtotal (sum of lines 1-7)	211,983,688	7,528,966	0	7,528,966	1,048,950 8.00
9.00	Reconciling Items	0	0	0	0	0 9.00
10.00	Total (line 8 minus line 9)	211,983,688	7,528,966	0	7,528,966	1,048,950 10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,632,911	0			1.00
2.00	Land Improvements	5,425,782	0			2.00
3.00	Buildings and Fixtures	95,100,410	0			3.00
4.00	Building Improvements	19,331,832	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	95,972,769	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	218,463,704	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	218,463,704	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150034

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

Worksheet A-7
Part II
Date/Time Prepared:
3/8/2016 1:03 pm

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150034

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

Worksheet A-7
Part III
Date/Time Prepared:
3/8/2016 1:03 pm

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	122,490,935	0	122,490,935	0.560692	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	95,972,769	0	95,972,769	0.439308	0	2.00
3.00	Total (sum of lines 1-2)	218,463,704	0	218,463,704	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	4,697,303	1,296,077	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	8,695,595	1,202,806	2.00
3.00	Total (sum of lines 1-2)	0	0	0	13,392,898	2,498,883	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	161,592	0	0	6,154,972	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	-1	0	0	0	9,898,400	2.00
3.00	Total (sum of lines 1-2)	-1	161,592	0	0	16,053,372	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.	
				Cost Center	Line #		
				1.00	2.00		
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-1,405,486	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-195,373	CAP REL COSTS-MVBLE EQUIP	2.00	11	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	B	-366	ADMINISTRATIVE & GENERAL	5.05	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	-19,574	CAP REL COSTS-MVBLE EQUIP	2.00	9	7.00
8.00	Television and radio service (chapter 21)	A	-8,317	CAP REL COSTS-MVBLE EQUIP	2.00	9	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-348,319			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	-495,144			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-757,436	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-5,200	DIETARY	10.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	A	-49,496	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	417,599	CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	OFFSET CRNA/ANESTHESIOLOGIST FEE	A	-3,072,050	ANESTHESIOLOGY	53.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150034

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

Worksheet A-8

Date/Time Prepared:
3/8/2016 1:03 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center	Line #	Wkst. A-7 Ref.
			1.00	2.00	3.00
33.01 AHA LIFE 1991 PHILIPS EQ	A	5,750	CAP REL COSTS-MVBLE EQUIP	2.00	9 33.01
33.07 1990 ASSETS-INSTALLMENTS	A	-2,309	CAP REL COSTS-MVBLE EQUIP	2.00	9 33.07
34.00 PHOTOGRAPHIC FEES	B	-2,284	RADIOLOGY-DIAGNOSTIC	54.00	0 34.00
34.03 OFFSET OTHER OP REV	B	-98,538	EMERGENCY	91.00	0 34.03
34.04 OFFSET LAMAZE CLASS REVENUE	B	-530	MAINTENANCE OF PERSONNEL	4.01	0 34.04
34.06 OFFSET OTHER REV	B	-270	ADMINISTRATIVE & GENERAL	5.05	0 34.06
35.00 ADVERTISING OFFSET	A	-737,328	ADMINISTRATIVE & GENERAL	5.05	0 35.00
36.00 OFFSET RECRUITING EXPENSE	A	-25	ADMINISTRATIVE & GENERAL	5.05	0 36.00
37.00 OTHER OP REV/EP	B	-4,846	ELECTROENCEPHALOGRAPHY	70.00	0 37.00
38.00 OFFSET LAB INCOME	B	-56,886	LABORATORY	60.00	0 38.00
39.00 OFFSET HHA PR COSTS	A	-2,911	HOME HEALTH AGENCY	101.00	0 39.00
40.00 OTHER INCOME OFFSET	B	-20,400	ADMINISTRATIVE & GENERAL	5.05	0 40.00
41.00 OTHER REVENUE	B	-1,969	CLINIC	90.00	0 41.00
41.01 OFFSET PAIN CLINIC INCOME	B	-465	CLINIC	90.00	0 41.01
41.03 OFFSET OTHER INCOME	B	-255	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 41.03
42.00 OFFSET REV COMMERCE BANK	B	-82,261	ADMINISTRATIVE & GENERAL	5.05	0 42.00
42.01 OFFSET PHO REVENUE	B	-33,700	ADMINISTRATIVE & GENERAL	5.05	0 42.01
42.03 OTHER INCOME	B	-47,742	ADMINISTRATIVE & GENERAL	5.05	0 42.03
42.06 OFFSET OTHER OP REV	B	-144	DRUGS CHARGED TO PATIENTS	73.00	0 42.06
43.00 OFFSET OTHER INCOME	B	-696	EMERGENCY	91.00	0 43.00
43.03 OFFSET CONTRIBUTION EXPENSE	A	-100,978	ADMINISTRATIVE & GENERAL	5.05	0 43.03
44.00 PHONE OFFSET	A	-80,843	NON-PATIENT TELEPHONES	5.01	0 44.00
44.01 OFFSET VARIOUS TAXES	A	-109,479	ADMINISTRATIVE & GENERAL	5.05	0 44.01
45.00 OTHER INCOME OFFSET	B	-9,100	ADMINISTRATIVE & GENERAL	5.05	0 45.00
45.08 OFFSET GOLF OUTING EXPENSES	A	-6,866	ADMINISTRATIVE & GENERAL	5.05	0 45.08
46.00 OTHER INCOME RESP THERAPY	B	-8,992	RESPIRATORY THERAPY	65.00	0 46.00
46.01 OFFSET CARDIAC INCOME	B	-50,884	CARDIAC REHABILITATION	76.97	0 46.01
46.02 OFFSET PHYSICIAN MALP COST	A	-11,412	ADMINISTRATIVE & GENERAL	5.05	0 46.02
47.00 OTHER INCOME OFFSET	B	-79	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 47.00
48.00 PHYSICIAN ADJUSTMENTS	A	-151,691	ADMINISTRATIVE & GENERAL	5.05	0 48.00
48.01 PHYSICIAN ADJUSTMENT	A	10,288	NURSING ADMINISTRATIVE	13.00	0 48.01
48.02 PHYSICIAN ADJUSTMENT	A	-86,105	ADULTS & PEDIATRICS	30.00	0 48.02
48.03 PHYSICIAN ADJUSTMENT	A	-46,846	INTENSIVE CARE UNIT	31.00	0 48.03
48.04 PHYSICIAN ADJUSTMENT	A	3,598	OPERATING ROOM	50.00	0 48.04
48.05 PHYSICIAN ADJUSTMENT	A	-3,921	RADIOLOGY-DIAGNOSTIC	54.00	0 48.05
48.06 PHYSICIAN ADJUSTMENT	A	-42,965	CARDIAC CATHETERIZATION	59.00	0 48.06
48.07 PHYSICIAN ADJUSTMENT	A	1,667	LABORATORY	60.00	0 48.07
48.08 PHYSICIAN ADJUSTMENT	A	-1,697	RESPIRATORY THERAPY	65.00	0 48.08
48.09 PHYSICIAN ADJUSTMENT	A	-2,033	ELECTROENCEPHALOGRAPHY	70.00	0 48.09
48.10 PHYSICIAN ADJUSTMENT	A	-1,632	DRUGS CHARGED TO PATIENTS	73.00	0 48.10
48.11 PHYSICIAN ADJUSTMENT	A	-72,468	CLINIC	90.00	0 48.11
49.00 PROVIDER TAX	A	-16,298,108	ADMINISTRATIVE & GENERAL	5.05	0 49.00
49.01 OFFSET PHYSICIAN CORP ALLOCATION	A	-4,825,120	ADMINISTRATIVE & GENERAL	5.05	0 49.01
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-28,922,637			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: 150034

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

Worksheet A-8-1

Date/Time Prepared:
3/8/2016 1:03 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	5.05	ADMINISTRATIVE & GENERAL	ADMINISTRATIVE	15,256,368	21,164,197 1.00
2.00	1.00	CAP REL COSTS-BLDG & FIXT	DEP INT	159,621	0 2.00
3.00	2.00	CAP REL COSTS-MVBLE EQUIP	EQ DEPR	2,721,730	0 3.00
3.01	5.01	NON-PATIENT TELEPHONES	TELECOMMUNICATIONS	669,772	0 3.01
3.02	16.00	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS	1,861,562	0 3.02
4.00	0.00			0	0 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			20,669,053	21,164,197 5.00

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

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

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

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

6.00	B	CFNI	100.00	0.00	6.00
7.00			0.00	0.00	7.00
8.00			0.00	0.00	8.00
9.00			0.00	0.00	9.00
10.00			0.00	0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

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

Provider CCN: 150034

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

Worksheet A-8-1

Date/Time Prepared:
3/8/2016 1:03 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	-5,907,829	0		1.00
2.00	159,621	9		2.00
3.00	2,721,730	9		3.00
3.01	669,772	0		3.01
3.02	1,861,562	0		3.02
4.00	0	0		4.00
5.00	-495,144			5.00

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150034

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

Worksheet A-8-2

Date/Time Prepared:
3/8/2016 1:03 pm

Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00 ADULTS & PEDIATRICS	6,395	0	6,395	177,200	32	1.00
2.00	31.00 INTENSIVE CARE UNIT	12,738	0	12,738	177,200	57	2.00
3.00	54.00 RADIOLOGY-DIAGNOSTIC	19,413	0	19,413	200,000	79	3.00
4.00	59.00 CARDIAC CATHETERIZATION	2,868	0	2,868	200,000	13	4.00
5.00	15.00 PHARMACY	35,035	0	35,035	177,200	245	5.00
6.00	65.00 RESPIRATORY THERAPY	21,220	0	21,220	177,200	157	6.00
7.00	60.00 LABORATORY	25,000	0	25,000	215,700	163	7.00
8.00	70.00 ELECTROENCEPHALOGRAPHY	16,950	0	16,950	177,200	140	8.00
9.00	90.00 CLINIC	208,615	15,181	193,434	177,200	606	9.00
10.00	50.00 OPERATING ROOM	11,931	0	11,931	215,700	62	10.00
11.00	13.00 NURSING ADMINISTRATION	65,705	0	65,705	177,200	521	11.00
12.00	5.05 ADMINISTRATIVE & GENERAL	289,349	8,144	281,205	177,200	2,171	12.00
200.00		715,219	23,325	691,894		4,246	200.00

Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00 ADULTS & PEDIATRICS	2,726	136	0	0	0	1.00
2.00	31.00 INTENSIVE CARE UNIT	4,856	243	0	0	0	2.00
3.00	54.00 RADIOLOGY-DIAGNOSTIC	7,596	380	0	0	0	3.00
4.00	59.00 CARDIAC CATHETERIZATION	1,250	63	0	0	0	4.00
5.00	15.00 PHARMACY	20,872	1,044	0	0	0	5.00
6.00	65.00 RESPIRATORY THERAPY	13,375	669	0	0	0	6.00
7.00	60.00 LABORATORY	16,903	845	0	0	0	7.00
8.00	70.00 ELECTROENCEPHALOGRAPHY	11,927	596	0	0	0	8.00
9.00	90.00 CLINIC	51,627	2,581	0	0	0	9.00
10.00	50.00 OPERATING ROOM	6,430	322	0	0	0	10.00
11.00	13.00 NURSING ADMINISTRATION	44,385	2,219	0	0	0	11.00
12.00	5.05 ADMINISTRATIVE & GENERAL	184,953	9,248	0	0	0	12.00
200.00		366,900	18,346	0	0	0	200.00

Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
1.00	2.00	15.00	16.00	17.00	18.00	
1.00	30.00 ADULTS & PEDIATRICS	0	2,726	3,669	3,669	1.00
2.00	31.00 INTENSIVE CARE UNIT	0	4,856	7,882	7,882	2.00
3.00	54.00 RADIOLOGY-DIAGNOSTIC	0	7,596	11,817	11,817	3.00
4.00	59.00 CARDIAC CATHETERIZATION	0	1,250	1,618	1,618	4.00
5.00	15.00 PHARMACY	0	20,872	14,163	14,163	5.00
6.00	65.00 RESPIRATORY THERAPY	0	13,375	7,845	7,845	6.00
7.00	60.00 LABORATORY	0	16,903	8,097	8,097	7.00
8.00	70.00 ELECTROENCEPHALOGRAPHY	0	11,927	5,023	5,023	8.00
9.00	90.00 CLINIC	0	51,627	141,807	156,988	9.00
10.00	50.00 OPERATING ROOM	0	6,430	5,501	5,501	10.00
11.00	13.00 NURSING ADMINISTRATION	0	44,385	21,320	21,320	11.00
12.00	5.05 ADMINISTRATIVE & GENERAL	0	184,953	96,252	104,396	12.00
200.00		0	366,900	324,994	348,319	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150034

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

Worksheet B
Part I
Date/Time Prepared:
3/8/2016 1:03 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	MAINTENANCE OF PERSONNEL	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	6,154,972	6,154,972			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	9,898,400		9,898,400		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	15,518,491	3,368	5,416	15,527,275	4.00
4.01 00401	MAINTENANCE OF PERSONNEL	1,093,850	53,461	85,976	199,988	4.01
5.01 00540	NON-PATIENT TELEPHONES	584,116	25,495	41,002	0	5.01
5.02 00560	PURCHASING, RECEIVING & STORES	433,002	55,186	88,749	88,331	5.02
5.03 00570	PATIENT REGISTRATION	1,520,884	24,307	39,090	370,497	5.03
5.04 00580	PATIENT ACCOUNTING	0	0	0	0	5.04
5.05 00590	ADMINISTRATIVE & GENERAL	25,633,989	444,852	715,409	1,043,438	5.05
6.00 00600	MAINTENANCE & REPAIRS	8,137,146	11,198	18,008	302,817	6.00
7.00 00700	OPERATION OF PLANT	1,781,791	1,521,749	2,447,272	222,432	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	676,987	11,804	18,983	18,900	8.00
9.00 00900	HOUSEKEEPING	2,204,715	44,792	72,034	432,300	9.00
10.00 01000	DIETARY	1,213,152	133,676	214,977	166,253	10.00
11.00 01100	CAFETERIA	1,349,067	0	0	285,832	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	3,200,926	30,110	48,422	528,231	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	689,137	0	0	106,195	14.00
15.00 01500	PHARMACY	2,912,100	43,370	69,748	459,893	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,944,838	39,781	63,976	9,085	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	17,772,349	1,030,954	1,657,975	4,026,975	30.00
31.00 03100	INTENSIVE CARE UNIT	2,831,880	77,581	124,766	626,209	31.00
41.00 04100	SUBPROVIDER - IIRF	2,327,086	133,233	214,265	402,715	41.00
43.00 04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	9,293,609	386,986	622,350	1,080,962	50.00
51.00 05100	RECOVERY ROOM	1,303,500	47,658	76,644	310,414	51.00
53.00 05300	ANESTHESIOLOGY	489,447	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,721,378	324,728	522,226	781,941	54.00
54.01 03630	RADIOLOGY - ULTRASOUND	872,711	16,139	25,954	186,207	54.01
56.00 05600	RADIOISOTOPE	404,890	38,453	61,840	91,903	56.00
57.00 05700	CT SCAN	857,519	26,183	42,107	166,406	57.00
59.00 05900	CARDIAC CATHETERIZATION	1,384,478	35,085	56,424	289,940	59.00
60.00 06000	LABORATORY	6,593,086	128,094	206,001	835,707	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,438,549	10,394	16,715	51,764	62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00 06500	RESPIRATORY THERAPY	1,974,899	35,680	57,380	456,980	65.00
66.00 06600	PHYSICAL THERAPY	1,935,004	168,866	271,569	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	1,004,449	24,621	39,596	42,454	67.00
68.00 06800	SPEECH PATHOLOGY	284,948	0	0	0	68.00
70.00 07000	ELECTROENCEPHALOGRAPHY	463,306	40,189	64,632	142,813	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,395,992	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	15,370,366	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	9,532,020	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	694,819	0	0	0	74.00
76.97 07697	CARDIAC REHABILITATION	579,974	75,076	120,737	149,049	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	2,339,876	70,159	112,829	459,996	90.00
91.00 09100	EMERGENCY	4,078,550	174,098	279,983	843,704	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	2,215,276	24,470	39,352	346,944	101.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	183,107,524	5,311,796	8,542,407	15,527,275	118.00
NONREIMBURSABLE COST CENTERS						
192.00 19200	PHYSICIANS' PRIVATE OFFICES	28,999	315,895	508,022	0	192.00
194.00 07950	OTHER NON-REIMBURSEABLE COST CENTER	228,383	494,654	795,501	0	194.00
194.01 07951	OTHER NONREIMBURSABLE	0	32,627	52,470	0	194.01
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	183,364,906	6,154,972	9,898,400	15,527,275	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150034

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

Worksheet B Part I Date/Time Prepared: 3/8/2016 1:03 pm

Cost Center Description			NON-PATIENT TELEPHONES	PURCHASING, RECEIVING & STORES	PATIENT REGISTRATION	PATIENT ACCOUNTING	Subtotal	
			5.01	5.02	5.03	5.04	5A.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	MAINTENANCE OF PERSONNEL						4.01
5.01	00540	NON-PATIENT TELEPHONES	650,613					5.01
5.02	00560	PURCHASING, RECEIVING & STORES	4,414	682,346				5.02
5.03	00570	PATIENT REGISTRATION	17,656	11,825	2,038,369			5.03
5.04	00580	PATIENT ACCOUNTING	0	0	0	0		5.04
5.05	00590	ADMINISTRATIVE & GENERAL	68,857	22,869	0	0	28,042,584	5.05
6.00	00600	MAINTENANCE & REPAIRS	7,945	104,238	0	0	8,606,967	6.00
7.00	00700	OPERATION OF PLANT	23,835	35,521	0	0	6,060,795	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	6,793	0	0	737,154	8.00
9.00	00900	HOUSEKEEPING	2,648	63,671	0	0	2,887,012	9.00
10.00	01000	DIETARY	16,773	42,517	0	0	1,811,465	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,676,357	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	6,179	1,579	0	0	3,853,974	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	66,656	0	0	873,258	14.00
15.00	01500	PHARMACY	15,890	1,490	0	0	3,541,800	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	30,897	149	0	0	2,089,508	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
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	127,124	47,905	186,490	0	25,218,820	30.00
31.00	03100	INTENSIVE CARE UNIT	11,476	3,072	21,170	0	3,743,384	31.00
41.00	04100	SUBPROVIDER - IIRF	12,359	6,594	16,042	0	3,150,691	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	48,553	178,815	218,768	0	11,920,517	50.00
51.00	05100	RECOVERY ROOM	4,414	1,152	19,807	0	1,787,250	51.00
53.00	05300	ANESTHESIOLOGY	0	1,244	47,646	0	538,337	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	37,077	11,740	173,298	0	5,642,419	54.00
54.01	03630	RADIOLOGY - ULTRASOUND	4,414	4,950	37,744	0	1,158,164	54.01
56.00	05600	RADIOISOTOPE	14,125	2,617	22,954	0	642,202	56.00
57.00	05700	CT SCAN	8,828	1,009	150,975	0	1,265,665	57.00
59.00	05900	CARDIAC CATHETERIZATION	12,359	4,242	87,644	0	1,890,133	59.00
60.00	06000	LABORATORY	21,187	30,126	297,468	0	8,197,687	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	5,297	1,666	13,998	0	1,542,214	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	6,179	2,768	55,974	0	2,627,644	65.00
66.00	06600	PHYSICAL THERAPY	35,311	4,056	38,100	0	2,456,606	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,179	977	16,741	0	1,135,017	67.00
68.00	06800	SPEECH PATHOLOGY	1,766	93	3,350	0	290,157	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	22,952	2,670	49,697	0	798,155	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	61,406	0	8,457,398	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	118,020	0	15,488,386	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	211,208	0	9,743,228	73.00
74.00	07400	RENAL DIALYSIS	0	0	8,481	0	703,300	74.00
76.97	07697	CARDIAC REHABILITATION	0	1,687	4,266	0	942,541	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	21,187	3,248	22,481	0	3,066,010	90.00
91.00	09100	EMERGENCY	17,656	7,757	142,677	0	5,615,082	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	15,007	4,059	11,964	0	2,681,814	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	628,544	679,755	2,038,369	0	180,883,695	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	15,890	775	0	0	869,581	192.00
194.00	07950	OTHER NON-REIMBURSABLE COST CENTER	6,179	1,816	0	0	1,526,533	194.00
194.01	07951	OTHER NONREIMBURSABLE	0	0	0	0	85,097	194.01
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)	650,613	682,346	2,038,369	0	183,364,906	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150034

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

Worksheet B
Part I
Date/Time Prepared:
3/8/2016 1:03 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.05	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	MAINTENANCE OF PERSONNEL						4.01
5.01	00540	NON-PATIENT TELEPHONES						5.01
5.02	00560	PURCHASING, RECEIVING & STORES						5.02
5.03	00570	PATIENT REGISTRATION						5.03
5.04	00580	PATIENT ACCOUNTING						5.04
5.05	00590	ADMINISTRATIVE & GENERAL	28,042,584					5.05
6.00	00600	MAINTENANCE & REPAIRS	1,553,936	10,160,903				6.00
7.00	00700	OPERATION OF PLANT	1,094,240	3,249,394	10,404,429			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	133,089	27,653	30,586	928,482		8.00
9.00	00900	HOUSEKEEPING	521,233	104,935	116,062	4,469	3,633,711	9.00
10.00	01000	DIETARY	327,049	313,166	346,375	0	167,866	10.00
11.00	01100	CAFETERIA	302,656	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	695,812	70,539	78,019	0	37,811	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	157,661	0	0	0	0	14.00
15.00	01500	PHARMACY	639,451	96,690	112,379	0	51,829	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	377,248	93,196	103,079	0	49,956	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
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,553,179	2,415,241	2,671,368	497,929	1,294,647	30.00
31.00	03100	INTENSIVE CARE UNIT	675,846	181,752	201,026	16,299	97,425	31.00
41.00	04100	SUBPROVIDER - IIRF	568,838	312,128	345,228	72,145	167,310	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,152,178	686,578	1,002,744	87,376	368,027	50.00
51.00	05100	RECOVERY ROOM	322,677	51,266	123,490	25,962	27,480	51.00
53.00	05300	ANESTHESIOLOGY	97,194	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,018,705	222,426	841,422	52,741	119,227	54.00
54.01	03630	RADIOLOGY - ULTRASOUND	209,100	29,264	41,817	0	15,686	54.01
56.00	05600	RADIOISOTOPE	115,946	90,084	99,637	9,254	48,288	56.00
57.00	05700	CT SCAN	228,508	28,363	67,844	0	15,203	57.00
59.00	05900	CARDIAC CATHETERIZATION	341,252	79,356	90,911	18,523	42,537	59.00
60.00	06000	LABORATORY	1,480,043	214,100	331,913	1,386	114,764	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	278,437	24,350	26,932	0	13,052	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	474,405	83,587	92,451	0	44,805	65.00
66.00	06600	PHYSICAL THERAPY	443,525	111,732	437,559	13,510	59,892	66.00
67.00	06700	OCCUPATIONAL THERAPY	204,921	3,085	63,798	5,936	1,653	67.00
68.00	06800	SPEECH PATHOLOGY	52,386	0	0	1,187	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	144,102	94,152	104,136	13,488	50,468	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,526,932	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,796,335	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,759,081	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	126,977	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	170,170	4,122	194,534	2,560	2,210	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	553,550	120,467	181,793	7,876	64,574	90.00
91.00	09100	EMERGENCY	1,013,769	407,863	451,115	97,060	218,627	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	484,185	0	63,406	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	27,594,616	9,115,489	8,219,624	927,701	3,073,337	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	156,998	0	818,536	0	0	192.00
194.00	07950	OTHER NON-REIMBURSEABLE COST CENTER	275,606	1,045,414	1,281,728	781	560,374	194.00
194.01	07951	OTHER NONREIMBURSABLE	15,364	0	84,541	0	0	194.01
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)	28,042,584	10,160,903	10,404,429	928,482	3,633,711	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150034

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

Worksheet B
Part I
Date/Time Prepared:
3/8/2016 1:03 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	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	MAINTENANCE OF PERSONNEL						4.01
5.01	00540	NON-PATIENT TELEPHONES						5.01
5.02	00560	PURCHASING, RECEIVING & STORES						5.02
5.03	00570	PATIENT REGISTRATION						5.03
5.04	00580	PATIENT ACCOUNTING						5.04
5.05	00590	ADMINISTRATIVE & GENERAL						5.05
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	2,965,921					10.00
11.00	01100	CAFETERIA	0	1,979,013				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	71,699	0	4,807,854		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	20,974	0	0	1,051,893	14.00
15.00	01500	PHARMACY	0	73,154	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,455	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
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,434,192	686,802	0	2,624,968	0	30.00
31.00	03100	INTENSIVE CARE UNIT	144,078	87,896	0	335,907	0	31.00
41.00	04100	SUBPROVIDER - IRF	287,108	71,457	0	273,098	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	168,373	0	643,481	0	50.00
51.00	05100	RECOVERY ROOM	0	44,033	0	168,274	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	130,329	0	0	0	54.00
54.01	03630	RADIOLOGY - ULTRASOUND	0	18,695	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	10,087	0	0	0	56.00
57.00	05700	CT SCAN	0	23,520	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	37,147	0	0	0	59.00
60.00	06000	LABORATORY	0	160,080	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	7,129	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	70,317	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	6,886	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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	22,138	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	371,607	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	680,286	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	21,871	0	83,567	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	67,432	0	0	0	90.00
91.00	09100	EMERGENCY	100,543	131,493	0	502,528	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	46,046	0	176,031	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,965,921	1,979,013	0	4,807,854	1,051,893	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	OTHER NON-REIMBURSABLE COST CENTER	0	0	0	0	0	194.00
194.01	07951	OTHER NONREIMBURSABLE	0	0	0	0	0	194.01
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)	2,965,921	1,979,013	0	4,807,854	1,051,893	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150034

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

Worksheet B
Part I
Date/Time Prepared:
3/8/2016 1:03 pm

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	
		15.00	16.00	17.00	19.00	24.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
4.01	00401						4.01
5.01	00540						5.01
5.02	00560						5.02
5.03	00570						5.03
5.04	00580						5.04
5.05	00590						5.05
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	4,515,303					15.00
16.00	01600	0	2,714,442				16.00
17.00	01700	0	0	0			17.00
19.00	01900	0	0	0	0		19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	248,330	0	0	42,645,476	30.00
31.00	03100	0	28,190	0	0	5,511,803	31.00
41.00	04100	0	21,362	0	0	5,269,365	41.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	291,311	0	0	17,320,585	50.00
51.00	05100	0	26,375	0	0	2,576,807	51.00
53.00	05300	0	63,446	0	0	698,977	53.00
54.00	05400	0	230,764	0	0	8,258,033	54.00
54.01	03630	0	50,260	0	0	1,522,986	54.01
56.00	05600	0	30,566	0	0	1,046,064	56.00
57.00	05700	0	201,038	0	0	1,830,141	57.00
59.00	05900	0	116,707	0	0	2,616,566	59.00
60.00	06000	0	396,261	0	0	10,896,234	60.00
62.00	06200	0	18,640	0	0	1,910,754	62.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	0	74,535	0	0	3,467,744	65.00
66.00	06600	0	50,733	0	0	3,580,443	66.00
67.00	06700	0	22,292	0	0	1,436,702	67.00
68.00	06800	0	4,460	0	0	348,190	68.00
70.00	07000	0	66,176	0	0	1,292,815	70.00
71.00	07100	0	81,768	0	0	10,437,705	71.00
72.00	07200	0	157,155	0	0	19,122,162	72.00
73.00	07300	4,515,303	281,244	0	0	16,298,856	73.00
74.00	07400	0	11,293	0	0	841,570	74.00
76.97	07697	0	5,681	0	0	1,427,256	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	29,935	0	0	4,091,637	90.00
91.00	09100	0	189,989	0	0	8,728,069	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	0	15,931	0	0	3,467,413	101.00
SPECIAL PURPOSE COST CENTERS							
118.00		4,515,303	2,714,442	0	0	176,644,353	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	0	0	0	0	1,845,115	192.00
194.00	07950	0	0	0	0	4,690,436	194.00
194.01	07951	0	0	0	0	185,002	194.01
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		4,515,303	2,714,442	0	0	183,364,906	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150034	Period: From 07/01/2013 To 06/30/2014	Worksheet B Part I Date/Time Prepared: 3/8/2016 1:03 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	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
4.01	00401	MAINTENANCE OF PERSONNEL		4.01
5.01	00540	NON-PATIENT TELEPHONES		5.01
5.02	00560	PURCHASING, RECEIVING & STORES		5.02
5.03	00570	PATIENT REGISTRATION		5.03
5.04	00580	PATIENT ACCOUNTING		5.04
5.05	00590	ADMINISTRATIVE & GENERAL		5.05
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
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	42,645,476
31.00	03100	INTENSIVE CARE UNIT	0	5,511,803
41.00	04100	SUBPROVIDER - I RF	0	5,269,365
43.00	04300	NURSERY	0	0
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	17,320,585
51.00	05100	RECOVERY ROOM	0	2,576,807
53.00	05300	ANESTHESIOLOGY	0	698,977
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	8,258,033
54.01	03630	RADIOLOGY - ULTRASOUND	0	1,522,986
56.00	05600	RADIOISOTOPE	0	1,046,064
57.00	05700	CT SCAN	0	1,830,141
59.00	05900	CARDIAC CATHETERIZATION	0	2,616,566
60.00	06000	LABORATORY	0	10,896,234
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,910,754
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0
65.00	06500	RESPIRATORY THERAPY	0	3,467,744
66.00	06600	PHYSICAL THERAPY	0	3,580,443
67.00	06700	OCCUPATIONAL THERAPY	0	1,436,702
68.00	06800	SPEECH PATHOLOGY	0	348,190
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,292,815
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	10,437,705
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	19,122,162
73.00	07300	DRUGS CHARGED TO PATIENTS	0	16,298,856
74.00	07400	RENAL DIALYSIS	0	841,570
76.97	07697	CARDIAC REHABILITATION	0	1,427,256
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0
76.99	07699	LITHOTRIpsy	0	0
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	4,091,637
91.00	09100	EMERGENCY	0	8,728,069
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	
OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY	0	3,467,413
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	176,644,353
NONREIMBURSABLE COST CENTERS				
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,845,115
194.00	07950	OTHER NON-REIMBURSEABLE COST CENTER	0	4,690,436
194.01	07951	OTHER NONREIMBURSABLE	0	185,002
200.00		Cross Foot Adjustments	0	0
201.00		Negative Cost Centers	0	0
202.00		TOTAL (sum lines 118-201)	0	183,364,906

COST ALLOCATION STATISTICS

Provider CCN: 150034

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

Worksheet Non-CMS W

Date/Time Prepared:
3/8/2016 1:03 pm

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
	GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	S	GROSS SALARIES	4.00
4.01	MAINTENANCE OF PERSONNEL	3	NUMBER OF FTES	4.01
5.01	NON-PATIENT TELEPHONES	4	NUMBER OF PHONES	5.01
5.02	PURCHASING, RECEIVING & STORES	5	SUPPLY EXPENSE	5.02
5.03	PATIENT REGISTRATION	C	GROSS REVENUE	5.03
5.04	PATIENT ACCOUNTING	6	GROSS REVENUE	5.04
5.05	ADMINISTRATIVE & GENERAL	-1	ACCUM COST	5.05
6.00	MAINTENANCE & REPAIRS	7	SQUARE FEET	6.00
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	8.00
9.00	HOUSEKEEPING	7	SQUARE FEET	9.00
10.00	DIETARY	9	MEALS SERVED	10.00
11.00	CAFETERIA	3	NUMBER OF FTES	11.00
12.00	MAINTENANCE OF PERSONNEL	10	NUMBER HOUSED	12.00
13.00	NURSING ADMINISTRATION	11	NURSING HOURS	13.00
14.00	CENTRAL SERVICES & SUPPLY	12	SUPPLY EXPENSE	14.00
15.00	PHARMACY	13	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	C	GROSS REVENUE	16.00
17.00	SOCIAL SERVICE	14	TIME SPENT	17.00
19.00	NONPHYSICIAN ANESTHETISTS	15	ASSIGNED TIME	19.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150034

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

Worksheet B
Part II
Date/Time Prepared:
3/8/2016 1:03 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	3,368	5,416	8,784	4.00
4.01 00401	MAINTENANCE OF PERSONNEL	0	53,461	85,976	139,437	4.01
5.01 00540	NON-PATIENT TELEPHONES	0	25,495	41,002	66,497	5.01
5.02 00560	PURCHASING, RECEIVING & STORES	0	55,186	88,749	143,935	5.02
5.03 00570	PATIENT REGISTRATION	0	24,307	39,090	63,397	5.03
5.04 00580	PATIENT ACCOUNTING	0	0	0	0	5.04
5.05 00590	ADMINISTRATIVE & GENERAL	0	444,852	715,409	1,160,261	5.05
6.00 00600	MAINTENANCE & REPAIRS	0	11,198	18,008	29,206	6.00
7.00 00700	OPERATION OF PLANT	0	1,521,749	2,447,272	3,969,021	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	11,804	18,983	30,787	8.00
9.00 00900	HOUSEKEEPING	0	44,792	72,034	116,826	9.00
10.00 01000	DIETARY	0	133,676	214,977	348,653	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	30,110	48,422	78,532	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00 01500	PHARMACY	0	43,370	69,748	113,118	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	39,781	63,976	103,757	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,030,954	1,657,975	2,688,929	30.00
31.00 03100	INTENSIVE CARE UNIT	0	77,581	124,766	202,347	31.00
41.00 04100	SUBPROVIDER - I RF	0	133,233	214,265	347,498	41.00
43.00 04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	386,986	622,350	1,009,336	50.00
51.00 05100	RECOVERY ROOM	0	47,658	76,644	124,302	51.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	324,728	522,226	846,954	54.00
54.01 03630	RADIOLOGY - ULTRASOUND	0	16,139	25,954	42,093	54.01
56.00 05600	RADIOISOTOPE	0	38,453	61,840	100,293	56.00
57.00 05700	CT SCAN	0	26,183	42,107	68,290	57.00
59.00 05900	CARDIAC CATHETERIZATION	0	35,085	56,424	91,509	59.00
60.00 06000	LABORATORY	0	128,094	206,001	334,095	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	10,394	16,715	27,109	62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00 06500	RESPIRATORY THERAPY	0	35,680	57,380	93,060	65.00
66.00 06600	PHYSICAL THERAPY	0	168,866	271,569	440,435	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	24,621	39,596	64,217	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	40,189	64,632	104,821	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
76.97 07697	CARDIAC REHABILITATION	0	75,076	120,737	195,813	76.97
76.98 07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	70,159	112,829	182,988	90.00
91.00 09100	EMERGENCY	0	174,098	279,983	454,081	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0			0	92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0	24,470	39,352	63,822	101.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	5,311,796	8,542,407	13,854,203	118.00
NONREIMBURSABLE COST CENTERS						
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	315,895	508,022	823,917	192.00
194.00 07950	OTHER NON-REIMBURSEABLE COST CENTER	0	494,654	795,501	1,290,155	194.00
194.01 07951	OTHER NONREIMBURSABLE	0	32,627	52,470	85,097	194.01
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	6,154,972	9,898,400	16,053,372	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150034

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

Worksheet B
Part II
Date/Time Prepared:
3/8/2016 1:03 pm

Cost Center Description			MAINTENANCE OF PERSONNEL	NON-PATIENT TELEPHONES	PURCHASING, RECEIVING & STORES	PATIENT REGISTRATION	PATIENT ACCOUNTING	
			4.01	5.01	5.02	5.03	5.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	MAINTENANCE OF PERSONNEL	139,550					4.01
5.01	00540	NON-PATIENT TELEPHONES	0	66,497				5.01
5.02	00560	PURCHASING, RECEIVING & STORES	1,233	451	145,669			5.02
5.03	00570	PATIENT REGISTRATION	5,268	1,805	2,524	73,204		5.03
5.04	00580	PATIENT ACCOUNTING	0	0	0	0	0	5.04
5.05	00590	ADMINISTRATIVE & GENERAL	11,019	7,038	4,882	0	0	5.05
6.00	00600	MAINTENANCE & REPAIRS	2,494	812	22,253	0	0	6.00
7.00	00700	OPERATION OF PLANT	2,745	2,436	7,583	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	359	0	1,450	0	0	8.00
9.00	00900	HOUSEKEEPING	6,509	271	13,593	0	0	9.00
10.00	01000	DIETARY	2,348	1,714	9,077	0	0	10.00
11.00	01100	CAFETERIA	4,037	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,751	632	337	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,097	0	14,230	0	0	14.00
15.00	01500	PHARMACY	3,827	1,624	318	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	76	3,158	32	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
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	35,933	12,992	10,227	6,669	0	30.00
31.00	03100	INTENSIVE CARE UNIT	4,599	1,173	656	757	0	31.00
41.00	04100	SUBPROVIDER - IRF	3,738	1,263	1,408	574	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,809	4,962	38,172	7,823	0	50.00
51.00	05100	RECOVERY ROOM	2,304	451	246	708	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	266	1,704	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,819	3,790	2,506	6,197	0	54.00
54.01	03630	RADIOLOGY - ULTRASOUND	978	451	1,057	1,350	0	54.01
56.00	05600	RADIOISOTOPE	528	1,444	559	821	0	56.00
57.00	05700	CT SCAN	1,231	902	215	5,399	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	1,943	1,263	906	3,134	0	59.00
60.00	06000	LABORATORY	8,375	2,165	6,431	10,948	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	373	541	356	501	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	3,679	632	591	2,002	0	65.00
66.00	06600	PHYSICAL THERAPY	360	3,609	866	1,362	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	632	209	599	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	180	20	120	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,158	2,346	570	1,777	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	2,196	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,220	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	7,553	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	303	0	74.00
76.97	07697	CARDIAC REHABILITATION	1,144	0	360	153	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,528	2,165	693	804	0	90.00
91.00	09100	EMERGENCY	6,879	1,805	1,656	5,102	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	2,409	1,534	867	428	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	139,550	64,241	145,116	73,204	0	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,624	165	0	0	192.00
194.00	07950	OTHER NON-REIMBURSABLE COST CENTER	0	632	388	0	0	194.00
194.01	07951	OTHER NONREIMBURSABLE	0	0	0	0	0	194.01
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)	139,550	66,497	145,669	73,204	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150034	Period: From 07/01/2013 To 06/30/2014	Worksheet B Part II Date/Time Prepared: 3/8/2016 1:03 pm				
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.05	6.00	7.00	8.00	9.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
4.01	00401	MAINTENANCE OF PERSONNEL					4.01	
5.01	00540	NON-PATIENT TELEPHONES					5.01	
5.02	00560	PURCHASING, RECEIVING & STORES					5.02	
5.03	00570	PATIENT REGISTRATION					5.03	
5.04	00580	PATIENT ACCOUNTING					5.04	
5.05	00590	ADMINISTRATIVE & GENERAL	1,183,791				5.05	
6.00	00600	MAINTENANCE & REPAIRS	65,602	120,538			6.00	
7.00	00700	OPERATION OF PLANT	46,195	38,546	4,066,652		7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	5,619	328	11,955	50,509	8.00	
9.00	00900	HOUSEKEEPING	22,005	1,245	45,364	243	206,301	9.00
10.00	01000	DIETARY	13,807	3,715	135,384	0	9,530	10.00
11.00	01100	CAFETERIA	12,777	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	29,375	837	30,494	0	2,147	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,656	0	0	0	0	14.00
15.00	01500	PHARMACY	26,996	1,147	43,924	0	2,943	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	15,926	1,106	40,289	0	2,836	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
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	192,140	28,652	1,044,127	27,088	73,503	30.00
31.00	03100	INTENSIVE CARE UNIT	28,532	2,156	78,572	887	5,531	31.00
41.00	04100	SUBPROVIDER - IIRF	24,015	3,703	134,935	3,925	9,499	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	90,858	8,145	391,930	4,753	20,894	50.00
51.00	05100	RECOVERY ROOM	13,622	608	48,267	1,412	1,560	51.00
53.00	05300	ANESTHESIOLOGY	4,103	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	43,007	2,639	328,876	2,869	6,769	54.00
54.01	03630	RADIOLOGY - ULTRASOUND	8,828	347	16,345	0	891	54.01
56.00	05600	RADIOISOTOPE	4,895	1,069	38,944	503	2,742	56.00
57.00	05700	CT SCAN	9,647	336	26,517	0	863	57.00
59.00	05900	CARDIAC CATHETERIZATION	14,407	941	35,533	1,008	2,415	59.00
60.00	06000	LABORATORY	62,483	2,540	129,731	75	6,516	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	11,755	289	10,527	0	741	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	20,028	992	36,135	0	2,544	65.00
66.00	06600	PHYSICAL THERAPY	18,724	1,325	171,023	735	3,400	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,651	37	24,936	323	94	67.00
68.00	06800	SPEECH PATHOLOGY	2,212	0	0	65	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,084	1,117	40,702	734	2,865	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	64,462	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	118,052	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	74,263	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	5,361	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	7,184	49	76,035	139	125	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	23,369	1,429	71,055	428	3,666	90.00
91.00	09100	EMERGENCY	42,798	4,838	176,322	5,280	12,412	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	20,441	0	24,783	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,164,879	108,136	3,212,705	50,467	174,486	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,628	0	319,931	0	0	192.00
194.00	07950	OTHER NON-REIMBURSEABLE COST CENTER	11,635	12,402	500,973	42	31,815	194.00
194.01	07951	OTHER NONREIMBURSABLE	649	0	33,043	0	0	194.01
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)	1,183,791	120,538	4,066,652	50,509	206,301	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150034	Period: From 07/01/2013 To 06/30/2014	Worksheet B Part II Date/Time Prepared: 3/8/2016 1:03 pm
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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						1.00
2.00	00200						2.00
4.00	00400						4.00
4.01	00401						4.01
5.01	00540						5.01
5.02	00560						5.02
5.03	00570						5.03
5.04	00580						5.04
5.05	00590						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	524,322					10.00
11.00	01100	0	16,976				11.00
12.00	01200	0	0	0			12.00
13.00	01300	0	615	0	147,019		13.00
14.00	01400	0	180	0	0	22,223	14.00
15.00	01500	0	628	0	0	0	15.00
16.00	01600	0	12	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	430,322	5,891	0	80,268	0	30.00
31.00	03100	25,470	754	0	10,272	0	31.00
41.00	04100	50,756	613	0	8,351	0	41.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	1,444	0	19,677	0	50.00
51.00	05100	0	378	0	5,146	0	51.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	1,118	0	0	0	54.00
54.01	03630	0	160	0	0	0	54.01
56.00	05600	0	87	0	0	0	56.00
57.00	05700	0	202	0	0	0	57.00
59.00	05900	0	319	0	0	0	59.00
60.00	06000	0	1,373	0	0	0	60.00
62.00	06200	0	61	0	0	0	62.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	0	603	0	0	0	65.00
66.00	06600	0	59	0	0	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
70.00	07000	0	190	0	0	0	70.00
71.00	07100	0	0	0	0	7,850	71.00
72.00	07200	0	0	0	0	14,373	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
76.97	07697	0	188	0	2,555	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	578	0	0	0	90.00
91.00	09100	17,774	1,128	0	15,367	0	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	0	395	0	5,383	0	101.00
SPECIAL PURPOSE COST CENTERS							
118.00		524,322	16,976	0	147,019	22,223	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		524,322	16,976	0	147,019	22,223	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150034	Period: From 07/01/2013 To 06/30/2014	Worksheet B Part II Date/Time Prepared: 3/8/2016 1:03 pm
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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	
		15.00	16.00	17.00	19.00	24.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
4.01	00401	MAINTENANCE OF PERSONNEL					4.01
5.01	00540	NON-PATIENT TELEPHONES					5.01
5.02	00560	PURCHASING, RECEIVING & STORES					5.02
5.03	00570	PATIENT REGISTRATION					5.03
5.04	00580	PATIENT ACCOUNTING					5.04
5.05	00590	ADMINISTRATIVE & GENERAL					5.05
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	194,785				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	167,197			16.00
17.00	01700	SOCIAL SERVICE	0	0	0		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	15,278	0	4,654,294	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,734	0	363,794	31.00
41.00	04100	SUBPROVIDER - IRF	0	1,314	0	591,820	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	17,922	0	1,625,337	50.00
51.00	05100	RECOVERY ROOM	0	1,623	0	200,803	51.00
53.00	05300	ANESTHESIOLOGY	0	3,903	0	9,976	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	14,197	0	1,266,184	54.00
54.01	03630	RADIOLOGY - ULTRASOUND	0	3,092	0	75,697	54.01
56.00	05600	RADIOISOTOPE	0	1,881	0	153,818	56.00
57.00	05700	CT SCAN	0	12,369	0	126,065	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	7,180	0	160,722	59.00
60.00	06000	LABORATORY	0	24,576	0	589,781	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,147	0	53,429	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	4,586	0	165,111	65.00
66.00	06600	PHYSICAL THERAPY	0	3,121	0	645,019	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,371	0	101,093	67.00
68.00	06800	SPEECH PATHOLOGY	0	274	0	2,871	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,071	0	166,516	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,031	0	79,539	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	9,669	0	146,314	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	194,785	17,303	0	293,904	73.00
74.00	07400	RENAL DIALYSIS	0	695	0	6,359	74.00
76.97	07697	CARDIAC REHABILITATION	0	349	0	284,178	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRI PSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	1,842	0	292,805	90.00
91.00	09100	EMERGENCY	0	11,689	0	757,609	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	980	0	121,238	101.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	194,785	167,197	0	12,934,276	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	1,152,265	192.00
194.00	07950	OTHER NON-REIMBURSABLE COST CENTER	0	0	0	1,848,042	194.00
194.01	07951	OTHER NONREIMBURSABLE	0	0	0	118,789	194.01
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	194,785	167,197	0	16,053,372	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150034	Period: From 07/01/2013 To 06/30/2014	Worksheet B Part II Date/Time Prepared: 3/8/2016 1:03 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	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
4.01	00401	MAINTENANCE OF PERSONNEL		4.01
5.01	00540	NON-PATIENT TELEPHONES		5.01
5.02	00560	PURCHASING, RECEIVING & STORES		5.02
5.03	00570	PATIENT REGISTRATION		5.03
5.04	00580	PATIENT ACCOUNTING		5.04
5.05	00590	ADMINISTRATIVE & GENERAL		5.05
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
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
41.00	04100	SUBPROVIDER - I RF	0	41.00
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
54.01	03630	RADIOLOGY - ULTRASOUND	0	54.01
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699	LITHOTRIpsy	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	90.00
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	92.00
OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	118.00
NONREIMBURSABLE COST CENTERS				
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
194.00	07950	OTHER NON-REIMBURSEABLE COST CENTER	0	194.00
194.01	07951	OTHER NONREIMBURSABLE	0	194.01
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118-201)	0	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150034

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

Worksheet B-1

Date/Time Prepared: 3/8/2016 1:03 pm

Cost Center Description	CAPITAL RELATED COSTS					EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	MAINTENANCE OF PERSONNEL (NUMBER OF FTES)	NON-PATIENT TELEPHONES (NUMBER OF PHONES)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)							
	1.00	2.00	4.00	4.01	5.01				
GENERAL SERVICE COST CENTERS									
1.00 00100	CAP REL COSTS-BLDG & FIXT	528,217							1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		528,217						2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	289	289	61,026,954					4.00
4.01 00401	MAINTENANCE OF PERSONNEL	4,588	4,588	786,014	110,006				4.01
5.01 00540	NON-PATIENT TELEPHONES	2,188	2,188	0	0			737	5.01
5.02 00560	PURCHASING, RECEIVING & STORES	4,736	4,736	347,167	972			5	5.02
5.03 00570	PATIENT REGISTRATION	2,086	2,086	1,456,167	4,153			20	5.03
5.04 00580	PATIENT ACCOUNTING	0	0	0	0			0	5.04
5.05 00590	ADMINISTRATIVE & GENERAL	38,177	38,177	4,101,032	8,686			78	5.05
6.00 00600	MAINTENANCE & REPAIRS	961	961	1,190,163	1,966			9	6.00
7.00 00700	OPERATION OF PLANT	130,596	130,596	874,225	2,164			27	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,013	1,013	74,282	283			0	8.00
9.00 00900	HOUSEKEEPING	3,844	3,844	1,699,072	5,131			3	9.00
10.00 01000	DIETARY	11,472	11,472	653,425	1,851			19	10.00
11.00 01100	CAFETERIA	0	0	1,123,408	3,182			0	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0			0	12.00
13.00 01300	NURSING ADMINISTRATION	2,584	2,584	2,076,111	2,957			7	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	417,378	865			0	14.00
15.00 01500	PHARMACY	3,722	3,722	1,807,521	3,017			18	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,414	3,414	35,707	60			35	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
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00 03000	ADULTS & PEDIATRICS	88,476	88,476	15,827,237	28,325			144	30.00
31.00 03100	INTENSIVE CARE UNIT	6,658	6,658	2,461,195	3,625			13	31.00
41.00 04100	SUBPROVIDER - IIRF	11,434	11,434	1,582,793	2,947			14	41.00
43.00 04300	NURSERY	0	0	0	0			0	43.00
ANCILLARY SERVICE COST CENTERS									
50.00 05000	OPERATING ROOM	33,211	33,211	4,248,513	6,944			55	50.00
51.00 05100	RECOVERY ROOM	4,090	4,090	1,220,021	1,816			5	51.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0			0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	27,868	27,868	3,073,268	5,375			42	54.00
54.01 03630	RADIOLOGY - ULTRASOUND	1,385	1,385	731,852	771			5	54.01
56.00 05600	RADIOISOTOPE	3,300	3,300	361,209	416			16	56.00
57.00 05700	CT SCAN	2,247	2,247	654,028	970			10	57.00
59.00 05900	CARDIAC CATHETERIZATION	3,011	3,011	1,139,552	1,532			14	59.00
60.00 06000	LABORATORY	10,993	10,993	3,284,585	6,602			24	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	892	892	203,450	294			6	62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0			0	62.30
65.00 06500	RESPIRATORY THERAPY	3,062	3,062	1,796,071	2,900			7	65.00
66.00 06600	PHYSICAL THERAPY	14,492	14,492	0	284			40	66.00
67.00 06700	OCCUPATIONAL THERAPY	2,113	2,113	166,858	0			7	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0			2	68.00
70.00 07000	ELECTROENCEPHALOGRAPHY	3,449	3,449	561,301	913			26	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0			0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0			0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0			0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0			0	74.00
76.97 07697	CARDIAC REHABILITATION	6,443	6,443	585,808	902			0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0			0	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0			0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00 09000	CLINIC	6,021	6,021	1,807,927	2,781			24	90.00
91.00 09100	EMERGENCY	14,941	14,941	3,316,016	5,423			20	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)								92.00
OTHER REIMBURSABLE COST CENTERS									
101.00 10100	HOME HEALTH AGENCY	2,100	2,100	1,363,598	1,899			17	101.00
SPECIAL PURPOSE COST CENTERS									
118.00	SUBTOTALS (SUM OF LINES 1-117)	455,856	455,856	61,026,954	110,006			712	118.00
NONREIMBURSABLE COST CENTERS									
192.00 19200	PHYSICIANS' PRIVATE OFFICES	27,110	27,110	0	0			18	192.00
194.00 07950	OTHER NON-REIMBURSEABLE COST CENTER	42,451	42,451	0	0			7	194.00
194.01 07951	OTHER NONREIMBURSABLE	2,800	2,800	0	0			0	194.01
200.00	Cross Foot Adjustments								200.00
201.00	Negative Cost Centers								201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	6,154,972	9,898,400	15,527,275	1,433,275			650,613	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	11.652355	18.739268	0.254433	13.029062			882.785617	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150034

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

Worksheet B-1

Date/Time Prepared:
3/8/2016 1:03 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	MAINTENANCE OF PERSONNEL (NUMBER OF FTES)	NON-PATIENT TELEPHONES (NUMBER OF PHONES)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00				
204.00	Cost to be allocated (per Wkst. B, Part II)			8,784	139,550	66,497	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000144	1.268567	90.226594	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150034

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

Worksheet B-1
Date/Time Prepared: 3/8/2016 1:03 pm

Cost Center Description			PURCHASING, RECEIVING & STORES (SUPPLY EXPENSE)	PATIENT REGISTRATION (GROSS REVENUE)	PATIENT ACCOUNTING (GROSS REVENUE)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
			5.02	5.03	5.04	5A.05	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	MAINTENANCE OF PERSONNEL						4.01
5.01	00540	NON-PATIENT TELEPHONES						5.01
5.02	00560	PURCHASING, RECEIVING & STORES	2,278,872					5.02
5.03	00570	PATIENT REGISTRATION	39,491	662,765,219				5.03
5.04	00580	PATIENT ACCOUNTING	0	0	0			5.04
5.05	00590	ADMINISTRATIVE & GENERAL	76,376	0	0	-28,042,584	155,322,322	5.05
6.00	00600	MAINTENANCE & REPAIRS	348,131	0	0	0	8,606,967	6.00
7.00	00700	OPERATION OF PLANT	118,633	0	0	0	6,060,795	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	22,688	0	0	0	737,154	8.00
9.00	00900	HOUSEKEEPING	212,644	0	0	0	2,887,012	9.00
10.00	01000	DIETARY	141,996	0	0	0	1,811,465	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,676,357	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	5,274	0	0	0	3,853,974	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	222,615	0	0	0	873,258	14.00
15.00	01500	PHARMACY	4,977	0	0	0	3,541,800	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	498	0	0	0	2,089,508	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
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	159,991	60,627,421	0	0	25,218,820	30.00
31.00	03100	INTENSIVE CARE UNIT	10,259	6,882,409	0	0	3,743,384	31.00
41.00	04100	SUBPROVIDER - IIRF	22,023	5,215,281	0	0	3,150,691	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	597,203	71,120,781	0	0	11,920,517	50.00
51.00	05100	RECOVERY ROOM	3,848	6,439,097	0	0	1,787,250	51.00
53.00	05300	ANESTHESIOLOGY	4,154	15,489,659	0	0	538,337	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	39,209	56,338,796	0	0	5,642,419	54.00
54.01	03630	RADIOLOGY - ULTRASOUND	16,532	12,270,607	0	0	1,158,164	54.01
56.00	05600	RADIOISOTOPE	8,739	7,462,435	0	0	642,202	56.00
57.00	05700	CT SCAN	3,371	49,081,459	0	0	1,265,665	57.00
59.00	05900	CARDIAC CATHETERIZATION	14,167	28,492,845	0	0	1,890,133	59.00
60.00	06000	LABORATORY	100,613	96,803,541	0	0	8,197,687	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	5,564	4,550,703	0	0	1,542,214	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	9,243	18,196,952	0	0	2,627,644	65.00
66.00	06600	PHYSICAL THERAPY	13,546	12,386,096	0	0	2,456,606	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,264	5,442,412	0	0	1,135,017	67.00
68.00	06800	SPEECH PATHOLOGY	311	1,088,929	0	0	290,157	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,916	16,156,283	0	0	798,155	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	19,962,955	0	0	8,457,398	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	38,367,848	0	0	15,488,386	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	68,663,053	0	0	9,743,228	73.00
74.00	07400	RENAL DIALYSIS	0	2,757,004	0	0	703,300	74.00
76.97	07697	CARDIAC REHABILITATION	5,634	1,386,878	0	0	942,541	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	10,846	7,308,471	0	0	3,066,010	90.00
91.00	09100	EMERGENCY	25,908	46,383,968	0	0	5,615,082	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	13,556	3,889,336	0	0	2,681,814	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,270,220	662,765,219	0	-28,042,584	152,841,111	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,588	0	0	0	869,581	192.00
194.00	07950	OTHER NON-REIMBURSEABLE COST CENTER	6,064	0	0	0	1,526,533	194.00
194.01	07951	OTHER NONREIMBURSABLE	0	0	0	0	85,097	194.01
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)	682,346	2,038,369	0		28,042,584	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.299423	0.003076	0.000000		0.180544	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	145,669	73,204	0		1,183,791	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150034

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

Worksheet B-1

Date/Time Prepared:
3/8/2016 1:03 pm

Cost Center Description		PURCHASING, RECEIVING & STORES (SUPPLY EXPENSE)	PATIENT REGISTRATION (GROSS REVENUE)	PATIENT ACCOUNTING (GROSS REVENUE)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
		5.02	5.03	5.04	5A.05	5.05	
205.00	Unit cost multiplier (Wkst. B, Part II)	0.063922	0.000110	0.000000		0.007622	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150034

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

Worksheet B-1
Date/Time Prepared:
3/8/2016 1:03 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
4.01	00401						4.01
5.01	00540						5.01
5.02	00560						5.02
5.03	00570						5.03
5.04	00580						5.04
5.05	00590						5.05
6.00	00600	372,218					6.00
7.00	00700	119,033	344,596				7.00
8.00	00800	1,013	1,013	1,105,690			8.00
9.00	00900	3,844	3,844	5,322	248,328		9.00
10.00	01000	11,472	11,472	0	11,472	283,072	10.00
11.00	01100	0	0	0	0	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	2,584	2,584	0	2,584	0	13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	3,542	3,722	0	3,542	0	15.00
16.00	01600	3,414	3,414	0	3,414	0	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	88,476	88,476	592,964	88,476	232,323	30.00
31.00	03100	6,658	6,658	19,410	6,658	13,751	31.00
41.00	04100	11,434	11,434	85,915	11,434	27,402	41.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	25,151	33,211	104,052	25,151	0	50.00
51.00	05100	1,878	4,090	30,917	1,878	0	51.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	8,148	27,868	62,807	8,148	0	54.00
54.01	03630	1,072	1,385	0	1,072	0	54.01
56.00	05600	3,300	3,300	11,020	3,300	0	56.00
57.00	05700	1,039	2,247	0	1,039	0	57.00
59.00	05900	2,907	3,011	22,058	2,907	0	59.00
60.00	06000	7,843	10,993	1,650	7,843	0	60.00
62.00	06200	892	892	0	892	0	62.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	3,062	3,062	0	3,062	0	65.00
66.00	06600	4,093	14,492	16,088	4,093	0	66.00
67.00	06700	113	2,113	7,069	113	0	67.00
68.00	06800	0	0	1,414	0	0	68.00
70.00	07000	3,449	3,449	16,062	3,449	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
76.97	07697	151	6,443	3,048	151	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	4,413	6,021	9,379	4,413	0	90.00
91.00	09100	14,941	14,941	115,585	14,941	9,596	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	0	2,100	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
118.00		333,922	272,235	1,104,760	210,032	283,072	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	0	27,110	0	0	0	192.00
194.00	07950	38,296	42,451	930	38,296	0	194.00
194.01	07951	0	2,800	0	0	0	194.01
200.00							200.00
201.00							201.00
202.00		10,160,903	10,404,429	928,482	3,633,711	2,965,921	202.00
203.00		27.298258	30.193122	0.839731	14.632708	10.477621	203.00
204.00		120,538	4,066,652	50,509	206,301	524,322	204.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 150034			Period: From 07/01/2013 To 06/30/2014		Worksheet B-1 Date/Time Prepared: 3/8/2016 1:03 pm	
Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)		
		6.00	7.00	8.00	9.00	10.00		
205.00	Unit cost multiplier (Wkst. B, Part II)	0.323837	11.801216	0.045681	0.830760	1.852257	205.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150034

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

Worksheet B-1

Date/Time Prepared:
3/8/2016 1:03 pm

Cost Center Description			CAFETERIA (NUMBER OF FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (SUPPLY EXPENSE)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	MAINTENANCE OF PERSONNEL						4.01
5.01	00540	NON-PATIENT TELEPHONES						5.01
5.02	00560	PURCHASING, RECEIVING & STORES						5.02
5.03	00570	PATIENT REGISTRATION						5.03
5.04	00580	PATIENT ACCOUNTING						5.04
5.05	00590	ADMINISTRATIVE & GENERAL						5.05
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	81,618					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	2,957	0	1,079,091			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	865	0	0	23,766,358		14.00
15.00	01500	PHARMACY	3,017	0	0	0	10,000	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	60	0	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
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	28,325	0	589,157	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,625	0	75,392	0	0	31.00
41.00	04100	SUBPROVIDER - I R F	2,947	0	61,295	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,944	0	144,425	0	0	50.00
51.00	05100	RECOVERY ROOM	1,816	0	37,768	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,375	0	0	0	0	54.00
54.01	03630	RADIOLOGY - ULTRASOUND	771	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	416	0	0	0	0	56.00
57.00	05700	CT SCAN	970	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	1,532	0	0	0	0	59.00
60.00	06000	LABORATORY	6,602	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	294	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	2,900	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	284	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
70.00	07000	ELECTROENCEPHALOGRAPHY	913	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	8,395,992	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	15,370,366	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	10,000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	902	0	18,756	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,781	0	0	0	0	90.00
91.00	09100	EMERGENCY	5,423	0	112,789	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	1,899	0	39,509	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	81,618	0	1,079,091	23,766,358	10,000	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	OTHER NON-REIMBURSEABLE COST CENTER	0	0	0	0	0	194.00
194.01	07951	OTHER NONREIMBURSABLE	0	0	0	0	0	194.01
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)	1,979,013	0	4,807,854	1,051,893	4,515,303	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	24.247262	0.000000	4.455467	0.044260	451.530300	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	16,976	0	147,019	22,223	194,785	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150034

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

Worksheet B-1

Date/Time Prepared:
3/8/2016 1:03 pm

Cost Center Description		CAFETERIA (NUMBER OF FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (SUPPLY EXPENSE)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	0.207993	0.000000	0.136243	0.000935	19.478500	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150034

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

Worksheet B-1
Date/Time Prepared:
3/8/2016 1:03 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
4.01	00401				4.01
5.01	00540				5.01
5.02	00560				5.02
5.03	00570				5.03
5.04	00580				5.04
5.05	00590				5.05
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				15.00
16.00	01600	662,765,219			16.00
17.00	01700	0	0		17.00
19.00	01900	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	60,627,421	0	0	30.00
31.00	03100	6,882,409	0	0	31.00
41.00	04100	5,215,281	0	0	41.00
43.00	04300	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	71,120,781	0	0	50.00
51.00	05100	6,439,097	0	0	51.00
53.00	05300	15,489,659	0	0	53.00
54.00	05400	56,338,796	0	0	54.00
54.01	03630	12,270,607	0	0	54.01
56.00	05600	7,462,435	0	0	56.00
57.00	05700	49,081,459	0	0	57.00
59.00	05900	28,492,845	0	0	59.00
60.00	06000	96,803,541	0	0	60.00
62.00	06200	4,550,703	0	0	62.00
62.30	06250	0	0	0	62.30
65.00	06500	18,196,952	0	0	65.00
66.00	06600	12,386,096	0	0	66.00
67.00	06700	5,442,412	0	0	67.00
68.00	06800	1,088,929	0	0	68.00
70.00	07000	16,156,283	0	0	70.00
71.00	07100	19,962,955	0	0	71.00
72.00	07200	38,367,848	0	0	72.00
73.00	07300	68,663,053	0	0	73.00
74.00	07400	2,757,004	0	0	74.00
76.97	07697	1,386,878	0	0	76.97
76.98	07698	0	0	0	76.98
76.99	07699	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	7,308,471	0	0	90.00
91.00	09100	46,383,968	0	0	91.00
92.00	09200				92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	3,889,336	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
118.00		662,765,219	0	0	118.00
NONREIMBURSABLE COST CENTERS					
192.00	19200	0	0	0	192.00
194.00	07950	0	0	0	194.00
194.01	07951	0	0	0	194.01
200.00					200.00
201.00					201.00
202.00		2,714,442	0	0	202.00
203.00		0.004096	0.000000	0.000000	203.00
204.00		167,197	0	0	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150034

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

Worksheet B-1
Date/Time Prepared:
3/8/2016 1:03 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000252	0.000000	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150034	Period: From 07/01/2013 To 06/30/2014	Worksheet C Part I Date/Time Prepared: 3/8/2016 1:03 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	42,645,476		42,645,476	3,669	42,649,145	30.00
31.00 03100 INTENSIVE CARE UNIT	5,511,803		5,511,803	7,882	5,519,685	31.00
41.00 04100 SUBPROVIDER - I RF	5,269,365		5,269,365	0	5,269,365	41.00
43.00 04300 NURSERY	0		0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	17,320,585		17,320,585	5,501	17,326,086	50.00
51.00 05100 RECOVERY ROOM	2,576,807		2,576,807	0	2,576,807	51.00
53.00 05300 ANESTHESIOLOGY	698,977		698,977	0	698,977	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	8,258,033		8,258,033	11,817	8,269,850	54.00
54.01 03630 RADIOLOGY - ULTRASOUND	1,522,986		1,522,986	0	1,522,986	54.01
56.00 05600 RADIOISOTOPE	1,046,064		1,046,064	0	1,046,064	56.00
57.00 05700 CT SCAN	1,830,141		1,830,141	0	1,830,141	57.00
59.00 05900 CARDIAC CATHETERIZATION	2,616,566		2,616,566	1,618	2,618,184	59.00
60.00 06000 LABORATORY	10,896,234		10,896,234	8,097	10,904,331	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	1,910,754		1,910,754	0	1,910,754	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	3,467,744	0	3,467,744	7,845	3,475,589	65.00
66.00 06600 PHYSICAL THERAPY	3,580,443	0	3,580,443	0	3,580,443	66.00
67.00 06700 OCCUPATIONAL THERAPY	1,436,702	0	1,436,702	0	1,436,702	67.00
68.00 06800 SPEECH PATHOLOGY	348,190	0	348,190	0	348,190	68.00
70.00 07000 ELECTROENCEPHALOGRAPHY	1,292,815		1,292,815	5,023	1,297,838	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	10,437,705		10,437,705	0	10,437,705	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	19,122,162		19,122,162	0	19,122,162	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	16,298,856		16,298,856	0	16,298,856	73.00
74.00 07400 RENAL DIALYSIS	841,570		841,570	0	841,570	74.00
76.97 07697 CARDIAC REHABILITATION	1,427,256		1,427,256	0	1,427,256	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99 07699 LI THOTRI PSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	4,091,637		4,091,637	141,807	4,233,444	90.00
91.00 09100 EMERGENCY	8,728,069		8,728,069	0	8,728,069	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	4,786,487		4,786,487		4,786,487	92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100 HOME HEALTH AGENCY	3,467,413		3,467,413		3,467,413	101.00
200.00 Subtotal (see instructions)	181,430,840	0	181,430,840	193,259	181,624,099	200.00
201.00 Less Observation Beds	4,786,487		4,786,487		4,786,487	201.00
202.00 Total (see instructions)	176,644,353	0	176,644,353	193,259	176,837,612	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150034		Period: From 07/01/2013 To 06/30/2014		Worksheet C Part I Date/Time Prepared: 3/8/2016 1:03 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	49,589,458		49,589,458			30.00
31.00	03100	INTENSIVE CARE UNIT	6,882,409		6,882,409			31.00
41.00	04100	SUBPROVIDER - IRF	5,215,281		5,215,281			41.00
43.00	04300	NURSERY	0		0			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	27,814,031	43,306,750	71,120,781	0.243538	0.000000	50.00
51.00	05100	RECOVERY ROOM	2,975,519	3,463,578	6,439,097	0.400181	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	5,833,548	9,656,111	15,489,659	0.045125	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,064,699	44,274,097	56,338,796	0.146578	0.000000	54.00
54.01	03630	RADIOLOGY - ULTRASOUND	2,724,340	9,546,267	12,270,607	0.124117	0.000000	54.01
56.00	05600	RADIOISOTOPE	2,587,869	4,874,566	7,462,435	0.140177	0.000000	56.00
57.00	05700	CT SCAN	16,355,300	32,726,159	49,081,459	0.037288	0.000000	57.00
59.00	05900	CARDIAC CATHETERIZATION	14,135,740	14,357,105	28,492,845	0.091832	0.000000	59.00
60.00	06000	LABORATORY	33,672,248	63,131,293	96,803,541	0.112560	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,033,192	1,517,511	4,550,703	0.419881	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	16,842,687	1,354,265	18,196,952	0.190567	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	6,481,277	5,904,819	12,386,096	0.289070	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,380,639	1,061,773	5,442,412	0.263983	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	875,991	212,938	1,088,929	0.319755	0.000000	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,442,796	10,713,487	16,156,283	0.080019	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,417,100	7,545,855	19,962,955	0.522854	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	29,421,262	8,946,586	38,367,848	0.498390	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	37,445,103	31,217,950	68,663,053	0.237374	0.000000	73.00
74.00	07400	RENAL DIALYSIS	2,658,904	98,100	2,757,004	0.305248	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	413,528	973,350	1,386,878	1.029114	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0.000000	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	474,747	6,833,724	7,308,471	0.559849	0.000000	90.00
91.00	09100	EMERGENCY	14,958,205	31,425,763	46,383,968	0.188170	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,043,098	9,994,865	11,037,963	0.433639	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	3,889,336	3,889,336			101.00
200.00		Subtotal (see instructions)	315,738,971	347,026,248	662,765,219			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	315,738,971	347,026,248	662,765,219			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150034	Period: From 07/01/2013 To 06/30/2014	Worksheet C Part I Date/Time Prepared: 3/8/2016 1:03 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.243615		50.00
51.00	05100 RECOVERY ROOM	0.400181		51.00
53.00	05300 ANESTHESIOLOGY	0.045125		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.146788		54.00
54.01	03630 RADIOLOGY - ULTRASOUND	0.124117		54.01
56.00	05600 RADIOISOTOPE	0.140177		56.00
57.00	05700 CT SCAN	0.037288		57.00
59.00	05900 CARDIAC CATHETERIZATION	0.091889		59.00
60.00	06000 LABORATORY	0.112644		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.419881		62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500 RESPIRATORY THERAPY	0.190998		65.00
66.00	06600 PHYSICAL THERAPY	0.289070		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.263983		67.00
68.00	06800 SPEECH PATHOLOGY	0.319755		68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.080330		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.522854		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.498390		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.237374		73.00
74.00	07400 RENAL DIALYSIS	0.305248		74.00
76.97	07697 CARDIAC REHABILITATION	1.029114		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.579252		90.00
91.00	09100 EMERGENCY	0.188170		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.433639		92.00
OTHER REIMBURSABLE COST CENTERS				
101.00	10100 HOME HEALTH AGENCY			101.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150034		Period: From 07/01/2013 To 06/30/2014		Worksheet D Part I Date/Time Prepared: 3/8/2016 1:03 pm	
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	PPS Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	4,654,294	0	4,654,294	49,577	93.88	30.00
31.00	INTENSIVE CARE UNIT	363,794		363,794	3,690	98.59	31.00
41.00	SUBPROVIDER - IRF	591,820	0	591,820	6,390	92.62	41.00
43.00	NURSERY	0		0	1,017	0.00	43.00
200.00	Total (lines 30-199)	5,609,908		5,609,908	60,674		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	23,297	2,187,122				
31.00	INTENSIVE CARE UNIT	1,960	193,236				
41.00	SUBPROVIDER - IRF	4,753	440,223				
43.00	NURSERY	0	0				
200.00	Total (lines 30-199)	30,010	2,820,581				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150034	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part II Date/Time Prepared: 3/8/2016 1:03 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,625,337	71,120,781	0.022853	12,465,584	284,876	50.00
51.00	05100 RECOVERY ROOM	200,803	6,439,097	0.031185	1,314,394	40,989	51.00
53.00	05300 ANESTHESIOLOGY	9,976	15,489,659	0.000644	2,530,703	1,630	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,266,184	56,338,796	0.022474	5,606,736	126,006	54.00
54.01	03630 RADIOLOGY - ULTRASOUND	75,697	12,270,607	0.006169	1,403,100	8,656	54.01
56.00	05600 RADIOISOTOPE	153,818	7,462,435	0.020612	1,290,942	26,609	56.00
57.00	05700 CT SCAN	126,065	49,081,459	0.002568	7,587,286	19,484	57.00
59.00	05900 CARDIAC CATHETERIZATION	160,722	28,492,845	0.005641	8,407,530	47,427	59.00
60.00	06000 LABORATORY	589,781	96,803,541	0.006093	17,066,692	103,987	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	53,429	4,550,703	0.011741	1,598,042	18,763	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	165,111	18,196,952	0.009074	9,371,302	85,035	65.00
66.00	06600 PHYSICAL THERAPY	645,019	12,386,096	0.052076	2,000,753	104,191	66.00
67.00	06700 OCCUPATIONAL THERAPY	101,093	5,442,412	0.018575	819,013	15,213	67.00
68.00	06800 SPEECH PATHOLOGY	2,871	1,088,929	0.002637	239,061	630	68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	166,516	16,156,283	0.010307	1,987,169	20,482	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	79,539	19,962,955	0.003984	6,063,426	24,157	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	146,314	38,367,848	0.003813	13,632,801	51,982	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	293,904	68,663,053	0.004280	18,205,552	77,920	73.00
74.00	07400 RENAL DIALYSIS	6,359	2,757,004	0.002306	1,407,633	3,246	74.00
76.97	07697 CARDIAC REHABILITATION	284,178	1,386,878	0.204905	245,382	50,280	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	292,805	7,308,471	0.040064	119,345	4,781	90.00
91.00	09100 EMERGENCY	757,609	46,383,968	0.016333	7,264,319	118,648	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	522,349	11,037,963	0.047323	649,672	30,744	92.00
200.00	Total (lines 50-199)	7,725,479	597,188,735		121,276,437	1,265,736	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150034	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part III Date/Time Prepared: 3/8/2016 1:03 pm
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Cost Center Description			Title XVIII				Hospital		PPS	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)			
			1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0		0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0		0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0		0	41.00
43.00	04300	NURSERY	0	0	0	0	0		0	43.00
200.00		Total (lines 30-199)	0	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)	PSA Adj. Nursing School			
			6.00	7.00	8.00	9.00	11.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	49,577	0.00	23,297	0	0		0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,690	0.00	1,960	0	0		0	31.00
41.00	04100	SUBPROVIDER - IRF	6,390	0.00	4,753	0	0		0	41.00
43.00	04300	NURSERY	1,017	0.00	0	0	0		0	43.00
200.00		Total (lines 30-199)	60,674		30,010	0	0		0	200.00
Cost Center Description			PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost						
			12.00	13.00						
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0	0						31.00
41.00	04100	SUBPROVIDER - IRF	0	0						41.00
43.00	04300	NURSERY	0	0						43.00
200.00		Total (lines 30-199)	0	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150034	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 3/8/2016 1:03 pm
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Cost Center Description		Title XVIII				Hospital	PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	03630	RADIOLOGY - ULTRASOUND	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150034

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

Worksheet D
Part IV
Date/Time Prepared:
3/8/2016 1:03 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	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	71,120,781	0.000000	0.000000	12,465,584	50.00
51.00	05100	RECOVERY ROOM	0	6,439,097	0.000000	0.000000	1,314,394	51.00
53.00	05300	ANESTHESIOLOGY	0	15,489,659	0.000000	0.000000	2,530,703	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	56,338,796	0.000000	0.000000	5,606,736	54.00
54.01	03630	RADIOLOGY - ULTRASOUND	0	12,270,607	0.000000	0.000000	1,403,100	54.01
56.00	05600	RADIOISOTOPE	0	7,462,435	0.000000	0.000000	1,290,942	56.00
57.00	05700	CT SCAN	0	49,081,459	0.000000	0.000000	7,587,286	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	28,492,845	0.000000	0.000000	8,407,530	59.00
60.00	06000	LABORATORY	0	96,803,541	0.000000	0.000000	17,066,692	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	4,550,703	0.000000	0.000000	1,598,042	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	18,196,952	0.000000	0.000000	9,371,302	65.00
66.00	06600	PHYSICAL THERAPY	0	12,386,096	0.000000	0.000000	2,000,753	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,442,412	0.000000	0.000000	819,013	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,088,929	0.000000	0.000000	239,061	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	16,156,283	0.000000	0.000000	1,987,169	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	19,962,955	0.000000	0.000000	6,063,426	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	38,367,848	0.000000	0.000000	13,632,801	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	68,663,053	0.000000	0.000000	18,205,552	73.00
74.00	07400	RENAL DIALYSIS	0	2,757,004	0.000000	0.000000	1,407,633	74.00
76.97	07697	CARDIAC REHABILITATION	0	1,386,878	0.000000	0.000000	245,382	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	7,308,471	0.000000	0.000000	119,345	90.00
91.00	09100	EMERGENCY	0	46,383,968	0.000000	0.000000	7,264,319	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	11,037,963	0.000000	0.000000	649,672	92.00
200.00		Total (lines 50-199)	0	597,188,735			121,276,437	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150034	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 3/8/2016 1:03 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PPS
Title VIII		11.00	12.00	13.00	21.00	22.00	
Hospital							
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	14,109,146	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	909,425	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	3,235,330	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	14,520,567	0	0	0	54.00
54.01	03630 RADIOLOGY - ULTRASOUND	0	1,822,921	0	0	0	54.01
56.00	05600 RADIOISOTOPE	0	1,821,707	0	0	0	56.00
57.00	05700 CT SCAN	0	10,649,011	0	0	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	6,888,878	0	0	0	59.00
60.00	06000 LABORATORY	0	5,365,979	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	287,103	0	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	358,490	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	200	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	3,628,950	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,248,208	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	4,119,161	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	12,250,234	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	12,564	0	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	547,137	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	2,850,369	0	0	0	90.00
91.00	09100 EMERGENCY	0	5,683,827	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	2,470,453	0	0	0	92.00
200.00	Total (lines 50-199)	0	94,779,660	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150034	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 3/8/2016 1:03 pm
	Title XVIII	Hospital	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost		
	23.00	24.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 03630 RADIOLOGY - ULTRASOUND	0	0		54.01
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
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
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99 07699 LI THOTRI PSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00 Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150034	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 3/8/2016 1:03 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	0.243538	14,109,146	0	0	3,436,113	50.00
51.00	05100	RECOVERY ROOM	0.400181	909,425	0	0	363,935	51.00
53.00	05300	ANESTHESIOLOGY	0.045125	3,235,330	0	0	145,994	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.146578	14,520,567	0	0	2,128,396	54.00
54.01	03630	RADIOLOGY - ULTRASOUND	0.124117	1,822,921	0	0	226,255	54.01
56.00	05600	RADIOISOTOPE	0.140177	1,821,707	0	0	255,361	56.00
57.00	05700	CT SCAN	0.037288	10,649,011	0	0	397,080	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.091832	6,888,878	0	0	632,619	59.00
60.00	06000	LABORATORY	0.112560	5,365,979	309	0	603,995	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.419881	287,103	0	0	120,549	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.190567	358,490	0	0	68,316	65.00
66.00	06600	PHYSICAL THERAPY	0.289070	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.263983	200	0	0	53	67.00
68.00	06800	SPEECH PATHOLOGY	0.319755	0	0	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.080019	3,628,950	0	0	290,385	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.522854	3,248,208	0	0	1,698,339	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.498390	4,119,161	0	0	2,052,949	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.237374	12,250,234	0	123,567	2,907,887	73.00
74.00	07400	RENAL DIALYSIS	0.305248	12,564	0	0	3,835	74.00
76.97	07697	CARDIAC REHABILITATION	1.029114	547,137	0	0	563,066	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.559849	2,850,369	0	0	1,595,776	90.00
91.00	09100	EMERGENCY	0.188170	5,683,827	0	0	1,069,526	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.433639	2,470,453	0	0	1,071,285	92.00
200.00		Subtotal (see instructions)		94,779,660	309	123,567	19,631,714	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		94,779,660	309	123,567	19,631,714	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150034	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 3/8/2016 1:03 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	03630 RADIOLOGY - ULTRASOUND	0	0	54.01
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	35	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
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
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	29,332	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00	Subtotal (see instructions)	35	29,332	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	35	29,332	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150034 Component CCN: 15T034		Period: From 07/01/2013 To 06/30/2014		Worksheet D Part II Date/Time Prepared: 3/8/2016 1:03 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	1,625,337	71,120,781	0.022853	139,485	3,188	50.00
51.00	05100	RECOVERY ROOM	200,803	6,439,097	0.031185	18,852	588	51.00
53.00	05300	ANESTHESIOLOGY	9,976	15,489,659	0.000644	24,350	16	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,266,184	56,338,796	0.022474	186,190	4,184	54.00
54.01	03630	RADIOLOGY - ULTRASOUND	75,697	12,270,607	0.006169	14,665	90	54.01
56.00	05600	RADIOISOTOPE	153,818	7,462,435	0.020612	24,672	509	56.00
57.00	05700	CT SCAN	126,065	49,081,459	0.002568	176,695	454	57.00
59.00	05900	CARDIAC CATHETERIZATION	160,722	28,492,845	0.005641	90,657	511	59.00
60.00	06000	LABORATORY	589,781	96,803,541	0.006093	887,624	5,408	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	53,429	4,550,703	0.011741	55,920	657	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	165,111	18,196,952	0.009074	397,767	3,609	65.00
66.00	06600	PHYSICAL THERAPY	645,019	12,386,096	0.052076	2,310,072	120,299	66.00
67.00	06700	OCCUPATIONAL THERAPY	101,093	5,442,412	0.018575	2,224,716	41,324	67.00
68.00	06800	SPEECH PATHOLOGY	2,871	1,088,929	0.002637	331,435	874	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	166,516	16,156,283	0.010307	3,560	37	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	79,539	19,962,955	0.003984	480,860	1,916	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	146,314	38,367,848	0.003813	6,708	26	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	293,904	68,663,053	0.004280	1,948,122	8,338	73.00
74.00	07400	RENAL DIALYSIS	6,359	2,757,004	0.002306	313,428	723	74.00
76.97	07697	CARDIAC REHABILITATION	284,178	1,386,878	0.204905	53	11	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	292,805	7,308,471	0.040064	0	0	90.00
91.00	09100	EMERGENCY	757,609	46,383,968	0.016333	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	11,037,963	0.000000	0	0	92.00
200.00		Total (lines 50-199)	7,203,130	597,188,735		9,635,831	192,762	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150034 Component CCN: 15T034	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 3/8/2016 1:03 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	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	03630	RADIOLOGY - ULTRASOUND	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150034 Component CCN: 15T034	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 3/8/2016 1:03 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges	
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	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	71,120,781	0.000000	0.000000	139,485	50.00
51.00 05100 RECOVERY ROOM	0	6,439,097	0.000000	0.000000	18,852	51.00
53.00 05300 ANESTHESIOLOGY	0	15,489,659	0.000000	0.000000	24,350	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	56,338,796	0.000000	0.000000	186,190	54.00
54.01 03630 RADIOLOGY - ULTRASOUND	0	12,270,607	0.000000	0.000000	14,665	54.01
56.00 05600 RADIOISOTOPE	0	7,462,435	0.000000	0.000000	24,672	56.00
57.00 05700 CT SCAN	0	49,081,459	0.000000	0.000000	176,695	57.00
59.00 05900 CARDIAC CATHETERIZATION	0	28,492,845	0.000000	0.000000	90,657	59.00
60.00 06000 LABORATORY	0	96,803,541	0.000000	0.000000	887,624	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	4,550,703	0.000000	0.000000	55,920	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	18,196,952	0.000000	0.000000	397,767	65.00
66.00 06600 PHYSICAL THERAPY	0	12,386,096	0.000000	0.000000	2,310,072	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	5,442,412	0.000000	0.000000	2,224,716	67.00
68.00 06800 SPEECH PATHOLOGY	0	1,088,929	0.000000	0.000000	331,435	68.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	16,156,283	0.000000	0.000000	3,560	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	19,962,955	0.000000	0.000000	480,860	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	38,367,848	0.000000	0.000000	6,708	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	68,663,053	0.000000	0.000000	1,948,122	73.00
74.00 07400 RENAL DIALYSIS	0	2,757,004	0.000000	0.000000	313,428	74.00
76.97 07697 CARDIAC REHABILITATION	0	1,386,878	0.000000	0.000000	53	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	7,308,471	0.000000	0.000000	0	90.00
91.00 09100 EMERGENCY	0	46,383,968	0.000000	0.000000	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	11,037,963	0.000000	0.000000	0	92.00
200.00 Total (lines 50-199)	0	597,188,735			9,635,831	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150034 Component CCN: 15T034	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 3/8/2016 1:03 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	1,720	0	0	0	54.00
54.01 03630 RADIOLOGY - ULTRASOUND	0	0	0	0	0	54.01
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
59.00 05900 CARDIAC CATHETERIZATION	0	1,000	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
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
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	552	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	840	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	18,951	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	10,800	0	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	33,863	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150034 Component CCN: 15T034	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 3/8/2016 1:03 pm
Title XVII I		Subprovider - IRF	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . AI I Other Medical Education Cost	
	23.00	24.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 03630 RADIOLOGY - ULTRASOUND	0	0	54.01
56.00 05600 RADIOISOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
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
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00 Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150034 Component CCN: 15T034	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 3/8/2016 1:03 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)			
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0.243538	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.400181	0	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0.045125	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.146578	1,720	0	0	252	54.00	54.00
54.01 03630 RADIOLOGY - ULTRASOUND	0.124117	0	0	0	0	54.01	54.01
56.00 05600 RADIOISOTOPE	0.140177	0	0	0	0	56.00	56.00
57.00 05700 CT SCAN	0.037288	0	0	0	0	57.00	57.00
59.00 05900 CARDIAC CATHETERIZATION	0.091832	1,000	0	0	92	59.00	59.00
60.00 06000 LABORATORY	0.112560	0	0	0	0	60.00	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.419881	0	0	0	0	62.00	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30	62.30
65.00 06500 RESPIRATORY THERAPY	0.190567	0	0	0	0	65.00	65.00
66.00 06600 PHYSICAL THERAPY	0.289070	0	0	0	0	66.00	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.263983	0	0	0	0	67.00	67.00
68.00 06800 SPEECH PATHOLOGY	0.319755	0	0	0	0	68.00	68.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.080019	0	0	0	0	70.00	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.522854	552	0	0	289	71.00	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.498390	840	0	0	419	72.00	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.237374	18,951	0	6,509	4,498	73.00	73.00
74.00 07400 RENAL DIALYSIS	0.305248	10,800	0	0	3,297	74.00	74.00
76.97 07697 CARDIAC REHABILITATION	1.029114	0	0	0	0	76.97	76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	0.000000	0	0	0	0	76.98	76.98
76.99 07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0.559849	0	0	0	0	90.00	90.00
91.00 09100 EMERGENCY	0.188170	0	0	0	0	91.00	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.433639	0	0	0	0	92.00	92.00
200.00 Subtotal (see instructions)		33,863	0	6,509	8,847	200.00	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00	201.00
202.00 Net Charges (line 200 +/- line 201)		33,863	0	6,509	8,847	202.00	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150034 Component CCN: 15T034	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 3/8/2016 1:03 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 03630 RADIOLOGY - ULTRASOUND	0	0		54.01
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
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
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	1,545		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	0		76.98
76.99 07699 LI THOTRI PSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00 Subtotal (see instructions)	0	1,545		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	1,545		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150034	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1 Date/Time Prepared: 3/8/2016 1:03 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)		49,577	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		49,577	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)		44,013	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)		23,297	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)		42,649,145	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)		42,649,145	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)		42,649,145	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)		860.26	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		20,041,477	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)		20,041,477	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150034		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 3/8/2016 1:03 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	5,519,685	3,690	1,495.85	1,960	2,931,866		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					28,010,812		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					50,984,155		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,380,358		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,265,736		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					3,646,094		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					47,338,061		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					5,564		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					860.26		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					4,786,487		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150034		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1 Date/Time Prepared: 3/8/2016 1:03 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	4,654,294	42,649,145	0.109130	4,786,487	522,349	90.00
91.00	Nursing School cost	0	42,649,145	0.000000	4,786,487	0	91.00
92.00	Allied health cost	0	42,649,145	0.000000	4,786,487	0	92.00
93.00	All other Medical Education	0	42,649,145	0.000000	4,786,487	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150034	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1
		Component CCN: 15T034		Date/Time Prepared: 3/8/2016 1:03 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)		6,390	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		6,390	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)		6,390	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		4,753	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)		5,269,365	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		5,269,365	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)		5,269,365	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)		824.63	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,919,466	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)		3,919,466	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150034		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1	
		Component CCN: 15T034				Date/Time Prepared: 3/8/2016 1:03 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	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					2,463,839		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					6,383,305		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)					440,223		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					192,762		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					632,985		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					5,750,320		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150034 Component CCN: 15T034		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1 Date/Time Prepared: 3/8/2016 1:03 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	591,820	5,269,365	0.112313	0	0	90.00
91.00	Nursing School cost	0	5,269,365	0.000000	0	0	91.00
92.00	Allied health cost	0	5,269,365	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,269,365	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150034	Period: From 07/01/2013 To 06/30/2014	Worksheet D-3 Date/Time Prepared: 3/8/2016 1:03 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		24,695,937	30.00
31.00	03100	INTENSIVE CARE UNIT		3,809,624	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.243615	12,465,584	50.00
51.00	05100	RECOVERY ROOM	0.400181	1,314,394	51.00
53.00	05300	ANESTHESIOLOGY	0.045125	2,530,703	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.146788	5,606,736	54.00
54.01	03630	RADIOLOGY - ULTRASOUND	0.124117	1,403,100	54.01
56.00	05600	RADIOISOTOPE	0.140177	1,290,942	56.00
57.00	05700	CT SCAN	0.037288	7,587,286	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.091889	8,407,530	59.00
60.00	06000	LABORATORY	0.112644	17,066,692	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.419881	1,598,042	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.190998	9,371,302	65.00
66.00	06600	PHYSICAL THERAPY	0.289070	2,000,753	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.263983	819,013	67.00
68.00	06800	SPEECH PATHOLOGY	0.319755	239,061	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.080330	1,987,169	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.522854	6,063,426	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.498390	13,632,801	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.237374	18,205,552	73.00
74.00	07400	RENAL DIALYSIS	0.305248	1,407,633	74.00
76.97	07697	CARDIAC REHABILITATION	1.029114	245,382	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.579252	119,345	90.00
91.00	09100	EMERGENCY	0.188170	7,264,319	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.433639	649,672	92.00
200.00		Total (sum of lines 50-94 and 96-98)		121,276,437	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)		121,276,437	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150034 Component CCN: 15T034	Period: From 07/01/2013 To 06/30/2014	Worksheet D-3 Date/Time Prepared: 3/8/2016 1:03 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
41.00	04100 SUBPROVIDER - IRF		3,749,350	41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.243615	139,485	50.00
51.00	05100 RECOVERY ROOM	0.400181	18,852	51.00
53.00	05300 ANESTHESIOLOGY	0.045125	24,350	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.146788	186,190	54.00
54.01	03630 RADIOLOGY - ULTRASOUND	0.124117	14,665	54.01
56.00	05600 RADIOISOTOPE	0.140177	24,672	56.00
57.00	05700 CT SCAN	0.037288	176,695	57.00
59.00	05900 CARDIAC CATHETERIZATION	0.091889	90,657	59.00
60.00	06000 LABORATORY	0.112644	887,624	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.419881	55,920	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.190998	397,767	65.00
66.00	06600 PHYSICAL THERAPY	0.289070	2,310,072	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.263983	2,224,716	67.00
68.00	06800 SPEECH PATHOLOGY	0.319755	331,435	68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.080330	3,560	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.522854	480,860	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.498390	6,708	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.237374	1,948,122	73.00
74.00	07400 RENAL DIALYSIS	0.305248	313,428	74.00
76.97	07697 CARDIAC REHABILITATION	1.029114	53	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.579252	0	90.00
91.00	09100 EMERGENCY	0.188170	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.433639	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		9,635,831	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)		9,635,831	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150034	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part A Date/Time Prepared: 3/8/2016 1:03 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)		10,209,349		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		31,703,818		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)		716,220		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)		159.76		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: 150034	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part A Date/Time Prepared: 3/8/2016 1:03 pm	
		Title XVIII	Hospital	PPS	
		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)		4.43		30.00
31.00	Percentage of Medicaid patient days (see instructions)		12.10		31.00
32.00	Sum of lines 30 and 31		16.53		32.00
33.00	Allowable disproportionate share percentage (see instructions)		3.49		33.00
34.00	Disproportionate share adjustment (see instructions)		632,922		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)				0.000201237 35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)				1,820,463 35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)				1,361,606 35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,361,606		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)		44,623,915		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)		44,623,915		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,550,516		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		6,068		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		48,180,499		59.00
60.00	Primary payer payments		47,889		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		48,132,610		61.00
62.00	Deductibles billed to program beneficiaries		3,752,096		62.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150034	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part A Date/Time Prepared: 3/8/2016 1:03 pm
		Title XVIII	Hospital	PPS

		0	Prior to October 1 1.00	1.01	On/After October 1 2.00	
63.00	Coinurance billed to program beneficiaries		232,280			63.00
64.00	Allowable bad debts (see instructions)		371,891			64.00
65.00	Adjusted reimbursable bad debts (see instructions)		241,729			65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		40,634			66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		44,389,963			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	ADD BACK GME REIMBURSEMENT		0			70.00
70.01	OTHER ADJ (NO DESC ENTERED)		0			70.01
70.02	OTHER ADJUSTMENTS PER PSR		0			70.02
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)		126,751			70.93
70.94	HRR adjustment amount (see instructions)		-330,140			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)		44,186,574			71.00
71.01	Sequestration adjustment (see instructions)		883,731			71.01
72.00	Interim payments		43,060,385			72.00
73.00	Tentative settlement (for contractor use only)		275,300			73.00
74.00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)		-32,842			74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0			75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)						
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		693,970			90.00
91.00	Capital outlier from Wkst. L, Pt. 1, line 2		88,585			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: 150034	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part A Date/Time Prepared: 3/8/2016 1:03 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

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 150034		Period: From 07/01/2013 To 06/30/2014		Worksheet DSH	
		Title XVIII		Hospital		Date/Time Prepared: 3/8/2016 1:03 pm	
		PPS					
	Original .mcx Values	Adjusted .mcx Values	HFS Look Up	Override Value	Revised Value		
	1.00	2.00	3.00	4.00	5.00		
CALCULATION OF THE DSH PAYMENT PERCENTAGE							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	4.81	4.43	4.43	0.00	4.43	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	12.14	12.10			12.10	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	16.95	16.53			16.53	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	Urban	Urban			Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	159.76	159.76			159.76	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	3.77	0.00			0.00	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes	Yes			Yes	7.00
8.00	S-2, Line 22	Yes	Yes			Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes	Yes			No	9.00
10.00	S-2, Line 45	Yes	Yes			Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes	Yes			Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	4.81	4.43	4.43	0.00	4.43	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	Yes	Yes			Yes	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	2.91	2.33	2.33	0.00	2.33	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	3,741	3,732			3,732	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	685	699			699	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	33	33			33	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	100	71			71	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	1,384	1,384			1,384	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	0	0			0	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	5,943	5,919			5,919	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	48,720	48,720			48,720	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	217	205			205	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	48,937	48,925			48,925	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	12.14	12.10			12.10	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 150034		Period: From 07/01/2013 To 06/30/2014		Worksheet DSH Date/Time Prepared: 3/8/2016 1:03 pm	
		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	False	0.00	False	0.00	False	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	True	3.77	True	3.49	True	29.00
30.00	Line 28 or 29 as applicable		3.77		3.49		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		0.00		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
DETERMINATION OF PROVIDER TYPE							
32.00	Does the hospital qualify under the Pickle amendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False	False			False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False	False			False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False	False			False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False	False			False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban	Urban			Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 150034	Period: From 07/01/2013 To 06/30/2014	Worksheet DSH Date/Time Prepared: 3/8/2016 1:03 pm
		Title XVIII	Hospital	PPS

		Revised Percentage 6.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE			
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	0.00	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	3.49	29.00
30.00	Line 28 or 29 as applicable	3.49	30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	0.00	31.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150034

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
3/8/2016 1:03 pm

		Title XVIII		Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
	0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	10,209,349	0	10,209,349	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	31,703,818	0	0	31,703,818	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	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	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	716,220	0	157,093	559,126	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	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	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	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	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	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	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0349	0.0349	0.0349	0.0349	10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	632,922	0	356,306	276,616	11.00
11.01	Uncompensated care payments	36.00	1,361,606	0	0	1,361,606	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	12.00
13.00	Subtotal (see instructions)	47.00	44,623,915	0	10,722,748	33,901,167	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	44,623,915	0	10,722,748	33,901,167	15.00
16.00	Payment for inpatient program capital	50.00	3,550,516	0	864,096	2,686,420	16.00
17.00	Special add-on payments for new technologies	54.00	6,068	0	6,068	0	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150034

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
3/8/2016 1:03 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	11,592,912	36,587,587	48,180,499	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	3,345,422	0	811,891	2,533,532	3,345,423	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	91,015	0	24,520	66,494	91,014	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	0.0341	0.0341	0.0341	0.0341		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	114,079	0	27,685	86,394	114,079	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,550,516	0	864,096	2,686,420	3,550,516	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: 150034	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part B Date/Time Prepared: 3/8/2016 1:03 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		29,367	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		19,631,714	2.00
3.00	PPS payments		19,732,581	3.00
4.00	Outlier payment (see instructions)		10,519	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		29,367	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		123,876	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		123,876	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)		123,876	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		94,509	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)		29,367	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)		19,743,100	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)		4,234,242	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		15,538,225	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)		15,538,225	30.00
31.00	Primary payer payments		6,468	31.00
32.00	Subtotal (line 30 minus line 31)		15,531,757	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)		491,668	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		319,584	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		152,526	36.00
37.00	Subtotal (see instructions)		15,851,341	37.00
38.00	MSP-LCC reconciliation amount from PS&R		431	38.00
39.00	FDO LOSS		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)		4,000	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		15,850,910	40.00
40.01	Sequestration adjustment (see instructions)		317,018	40.01
41.00	Interim payments		15,540,229	41.00
42.00	Tentative settlement (for contractors use only)		39,697	42.00
43.00	Balance due provider/program (see instructions)		-46,034	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)		10,519	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
			Overrides	
			1.00	
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0.112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150034	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part B Date/Time Prepared: 3/8/2016 1:03 pm
		Component CCN: 15T034	Title XVII I	Subprovider - IRF PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		1,545	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		8,847	2.00
3.00	PPS payments		7,302	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		1,545	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		6,509	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		6,509	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		6,509	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		4,964	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		1,545	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)		7,302	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		1,279	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		7,568	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)		7,568	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		7,568	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)		7,568	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)		7,568	40.00
40.01	Sequestration adjustment (see instructions)		151	40.01
41.00	Interim payments		7,242	41.00
42.00	Tentative settlement (for contractors use only)		176	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
				Overrides
				1.00
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)		0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150034

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

Worksheet E-1
Part I
Date/Time Prepared:
3/8/2016 1:03 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		43,060,385		15,494,929	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0	02/11/2014	45,300	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		45,300	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)		43,060,385		15,540,229	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	01/27/2015	275,300	01/27/2015	39,697	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)		275,300		39,697	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		32,842		46,034	6.02	
7.00	Total Medicare program liability (see instructions)		43,302,843		15,533,892	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor	Wisconsin Physician Services		08001	03/08/2016	8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150034
Component CCN: 15T034

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

Worksheet E-1
Part I
Date/Time Prepared:
3/8/2016 1:03 pm
PPS

Title XVIII

Subprovider -
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		7,130,390		7,242	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		7,130,390		7,242	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	01/27/2015	63,326	01/27/2015	176	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)		63,326		176	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		11,730		1	6.02
7.00	Total Medicare program liability (see instructions)		7,181,986		7,417	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				1.00	2.00	
8.00	Name of Contractor	Wisconsin Physician Services		08001	03/08/2016	8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 150034	Period: From 07/01/2013 To 06/30/2014	Worksheet E-1 Part II Date/Time Prepared: 3/8/2016 1:03 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14		9,840	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		25,257	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		6,834	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		47,703	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		662,765,219	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		16,289,213	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)		1,933,678	8.00
9.00	Sequestration adjustment amount (see instructions)		38,674	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		1,895,004	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		1,895,004	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)		0	32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0 108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150034 Component CCN: 15T034	Period: From 07/01/2013 To 06/30/2014	Worksheet E-3 Part III Date/Time Prepared: 3/8/2016 1:03 pm
		Title XVIIII	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)	7,136,289	0	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0233		2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	184,830	0	3.00
4.00	Outlier Payments	132,750		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)	17.506849		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)	7,453,869		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)	7,453,869		17.00
18.00	Primary payer payments	0		18.00
19.00	Subtotal (line 17 less line 18).	7,453,869		19.00
20.00	Deductibles	54,880		20.00
21.00	Subtotal (line 19 minus line 20)	7,398,989		21.00
22.00	Coinurance	73,880		22.00
23.00	Subtotal (line 21 minus line 22)	7,325,109		23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	5,304		24.00
25.00	Adjusted reimbursable bad debts (see instructions)	3,448		25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	94		26.00
27.00	Subtotal (sum of lines 23 and 25)	7,328,557		27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)	0		28.00
29.00	Other pass through costs (see instructions)	0		29.00
30.00	Outlier payments reconciliation	0		30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)	0		31.50
31.99	Recovery of Accelerated Depreciation	0		31.99
32.00	Total amount payable to the provider (see instructions)	7,328,557		32.00
32.01	Sequestration adjustment (see instructions)	146,571		32.01
33.00	Interim payments	7,130,390		33.00
34.00	Tentative settlement (for contractor use only)	63,326		34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 33, and 34)	-11,730		35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0		36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4	132,750		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: 150034

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

Worksheet G

Date/Time Prepared:
3/8/2016 1:03 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	6,361,000	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	29,625,000	0	0	0	4.00
5.00	Other receivable	60,000	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	5,551,000	0	0	0	7.00
8.00	Prepaid expenses	1,429,000	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	330,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	43,356,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	115,775,000	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	115,775,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	4,274,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	4,274,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	163,405,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	9,304,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	6,576,000	0	0	0	38.00
39.00	Payroll taxes payable	5,046,000	0	0	0	39.00
40.00	Notes and loans payable (short term)	764,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	8,299,000	0	0	0	43.00
44.00	Other current liabilities	5,599,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	35,588,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	401,000	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	15,378,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	15,779,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	51,367,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	112,038,000				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	112,038,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	163,405,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150034

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

Worksheet G-1

Date/Time Prepared:
3/8/2016 1:03 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		97,247,023		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		14,790,977			2.00
3.00	Total (sum of line 1 and line 2)		112,038,000		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	TRANSFER OF FUNDS	0		0		5.00
6.00		0		0		6.00
7.00	RELEASE RESTRICTED ASSETS	0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		112,038,000		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		112,038,000		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00	TRANSFER OF FUNDS		0			5.00
6.00			0			6.00
7.00	RELEASE RESTRICTED ASSETS		0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150034

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
3/8/2016 1:03 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	51,644,951		51,644,951	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	5,319,833		5,319,833	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	56,964,784		56,964,784	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	7,353,650		7,353,650	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	7,353,650		7,353,650	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	64,318,434		64,318,434	17.00
18.00	Ancillary services	238,623,511		238,623,511	18.00
19.00	Outpatient services	12,797,141	343,144,061	355,941,202	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		3,889,336	3,889,336	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	315,739,086	347,033,397	662,772,483	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		212,287,543		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00	BAD DEBTS	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)		212,287,543		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 150034	Period: From 07/01/2013 To 06/30/2014	Worksheet G-3 Date/Time Prepared: 3/8/2016 1:03 pm
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	662,772,483	1.00
2.00	Less contractual allowances and discounts on patients' accounts	439,393,529	2.00
3.00	Net patient revenues (line 1 minus line 2)	223,378,954	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	212,287,543	4.00
5.00	Net income from service to patients (line 3 minus line 4)	11,091,411	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	53,375	6.00
7.00	Income from investments	254,523	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	82,627	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	757,436	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	5,200	21.00
22.00	Rental of hospital space	1,259,371	22.00
23.00	Governmental appropriations	885,272	23.00
24.00	OTHER OPERATING INCOME	251,735	24.00
24.01	CARDIO INCOME	50,884	24.01
24.02	RELEASED TEMP ASSETS	-2,874	24.02
24.03	POB REVENUES	0	24.03
24.04	THERAPY INCOME	0	24.04
24.05	LAMAZE CLASSES	99,067	24.05
24.06	PHOTOGRAPHIC FEES	2,750	24.06
24.07	GAIN ON SALE OF ASSETS	200	24.07
24.08	ROUNDING	0	24.08
25.00	Total other income (sum of lines 6-24)	3,699,566	25.00
26.00	Total (line 5 plus line 25)	14,790,977	26.00
27.00	ROUNDING	0	27.00
27.01	LOSS ON SALE OF ASSETS	0	27.01
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)	14,790,977	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150034

Period: From 07/01/2013

Worksheet H

HHA CCN: 157313

To 06/30/2014

Date/Time Prepared: 3/8/2016 1:03 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	515,213	0	0	0	72,748	587,961	5.00
HHA REIMBURSABLE SERVICES							
6.00	763,043	0	56,357	0	0	819,400	6.00
7.00	0	0	0	478,161	0	478,161	7.00
8.00	0	0	0	114,581	0	114,581	8.00
9.00	0	0	0	25,380	0	25,380	9.00
10.00	1,579	0	0	0	0	1,579	10.00
11.00	83,763	0	13,228	0	0	96,991	11.00
12.00	0	0	0	0	132,147	132,147	12.00
13.00	0	0	0	0	0	0	13.00
14.00	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	0	0	0	0	0	23.00
24.00	1,363,598	0	69,585	618,122	204,895	2,256,200	24.00
	Reclassifi cation	Reclassifi ed Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	0	0	0	0			1.00
2.00	0	0	0	0			2.00
3.00	0	0	0	0			3.00
4.00	0	0	0	0			4.00
5.00	-38,013	549,948	-2,911	547,037			5.00
HHA REIMBURSABLE SERVICES							
6.00	0	819,400	0	819,400			6.00
7.00	0	478,161	0	478,161			7.00
8.00	0	114,581	0	114,581			8.00
9.00	0	25,380	0	25,380			9.00
10.00	0	1,579	0	1,579			10.00
11.00	0	96,991	0	96,991			11.00
12.00	0	132,147	0	132,147			12.00
13.00	0	0	0	0			13.00
14.00	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0			15.00
16.00	0	0	0	0			16.00
17.00	0	0	0	0			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	0	0	0	0			23.00
24.00	-38,013	2,218,187	-2,911	2,215,276			24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.
 3/8/2016 1:03 pm F:\My Documents\Fi eld Fi nal s\150034 063014\150034.06302014.F0.mcax
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COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 150034	Period: From 07/01/2013 To 06/30/2014	Worksheet H-1 Part I Date/Time Prepared: 3/8/2016 1:03 pm
		HHA CCN: 157313	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	547,037	0	0	0	547,037	5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	819,400	0	0	0	819,400	6.00	
7.00	Physical Therapy	478,161	0	0	0	478,161	7.00	
8.00	Occupational Therapy	114,581	0	0	0	114,581	8.00	
9.00	Speech Pathology	25,380	0	0	0	25,380	9.00	
10.00	Medical Social Services	1,579	0	0	0	1,579	10.00	
11.00	Home Health Aide	96,991	0	0	0	96,991	11.00	
12.00	Supplies (see instructions)	132,147	0	0	0	132,147	12.00	
13.00	Drugs	0	0	0	0	0	13.00	
14.00	DME	0	0	0	0	0	14.00	
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00	
22.00	Homemaker Service	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)	2,215,276	0	0	0	2,215,276	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	547,037					5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	266,775	1,086,175				6.00	
7.00	Physical Therapy	155,676	633,837				7.00	
8.00	Occupational Therapy	37,304	151,885				8.00	
9.00	Speech Pathology	8,263	33,643				9.00	
10.00	Medical Social Services	514	2,093				10.00	
11.00	Home Health Aide	31,578	128,569				11.00	
12.00	Supplies (see instructions)	46,927	179,074				12.00	
13.00	Drugs	0	0				13.00	
14.00	DME	0	0				14.00	
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0				15.00	
16.00	Respiratory Therapy	0	0				16.00	
17.00	Private Duty Nursing	0	0				17.00	
18.00	Clinic	0	0				18.00	
19.00	Health Promotion Activities	0	0				19.00	
20.00	Day Care Program	0	0				20.00	
21.00	Home Delivered Meals Program	0	0				21.00	
22.00	Homemaker Service	0	0				22.00	
23.00	All Others (specify)	0	0				23.00	
24.00	Total (sum of lines 1-23)		2,215,276				24.00	

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 150034

Period: From 07/01/2013

Worksheet H-1

HHA CCN: 157313

To 06/30/2014

Part II
Date/Time Prepared:
3/8/2016 1:03 pm

Home Health Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
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	-547,037	1,680,230
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	819,400
7.00	Physical Therapy	0	0	0	0	0	478,161
8.00	Occupational Therapy	0	0	0	0	0	114,581
9.00	Speech Pathology	0	0	0	0	0	25,380
10.00	Medical Social Services	0	0	0	0	0	1,579
11.00	Home Health Aide	0	0	0	0	0	96,991
12.00	Supplies (see instructions)	0	0	0	0	11,991	144,138
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-535,046	1,680,230
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	0	547,037
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.325573

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150034

Period: From 07/01/2013

Worksheet H-2 Part I

HHA CCN: 157313

To 06/30/2014

Date/Time Prepared: 3/8/2016 1:03 pm

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	MAINTENANCE OF PERSONNEL	NON-PATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP				
		1.00	2.00				
1.00 Administrative and General	0	24,470	39,352	346,944	24,742	15,007	1.00
2.00 Skilled Nursing Care	1,086,175	0	0	0	0	0	2.00
3.00 Physical Therapy	633,837	0	0	0	0	0	3.00
4.00 Occupational Therapy	151,885	0	0	0	0	0	4.00
5.00 Speech Pathology	33,643	0	0	0	0	0	5.00
6.00 Medical Social Services	2,093	0	0	0	0	0	6.00
7.00 Home Health Aide	128,569	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	179,074	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)	2,215,276	24,470	39,352	346,944	24,742	15,007	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 & STORES	PATIENT REGISTRATION	PATIENT ACCOUNTING	Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	
	5.02	5.03	5.04	5A.04	5.05	6.00	
1.00 Administrative and General	4,059	11,964	0	466,538	84,231	0	1.00
2.00 Skilled Nursing Care	0	0	0	1,086,175	196,102	0	2.00
3.00 Physical Therapy	0	0	0	633,837	114,435	0	3.00
4.00 Occupational Therapy	0	0	0	151,885	27,422	0	4.00
5.00 Speech Pathology	0	0	0	33,643	6,074	0	5.00
6.00 Medical Social Services	0	0	0	2,093	378	0	6.00
7.00 Home Health Aide	0	0	0	128,569	23,212	0	7.00
8.00 Supplies (see instructions)	0	0	0	179,074	32,331	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)	4,059	11,964	0	2,681,814	484,185	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.				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: 150034

Period: From 07/01/2013

Worksheet H-2

HHA CCN: 157313

To 06/30/2014

Part I
Date/Time Prepared:
3/8/2016 1:03 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	63,406	0	0	0	46,046	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)	63,406	0	0	0	46,046	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	176,031	0	0	15,931	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	176,031	0	0	15,931	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: 150034	Period: From 07/01/2013 To 06/30/2014	Worksheet H-2 Part I Date/Time Prepared: 3/8/2016 1:03 pm
		HHA CCN: 157313	Home Health Agency I	PPS

Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdwn Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
	24.00	25.00	26.00	27.00	28.00		
1.00 Administrative and General	852,183	0	852,183				1.00
2.00 Skilled Nursing Care	1,282,277	0	1,282,277	417,836	1,700,113		2.00
3.00 Physical Therapy	748,272	0	748,272	243,827	992,099		3.00
4.00 Occupational Therapy	179,307	0	179,307	58,428	237,735		4.00
5.00 Speech Pathology	39,717	0	39,717	12,942	52,659		5.00
6.00 Medical Social Services	2,471	0	2,471	805	3,276		6.00
7.00 Home Health Aide	151,781	0	151,781	49,458	201,239		7.00
8.00 Supplies (see instructions)	211,405	0	211,405	68,887	280,292		8.00
9.00 Drugs	0	0	0	0	0		9.00
10.00 DME	0	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0	0		13.00
14.00 Clinic	0	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0	0		19.00
20.00 Total (sum of lines 1-19) (2)	3,467,413	0	3,467,413	852,183	3,467,413		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.				0.325854			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: 150034
HHA CCN: 157313

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

Worksheet H-2
Part II
Date/Time Prepared: 3/8/2016 1:03 pm

Home Health Agency I

PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	MAINTENANCE OF PERSONNEL (NUMBER OF FTES)	NON-PATIENT TELEPHONES (NUMBER OF PHONES)	PURCHASING, RECEIVING & STORES (SUPPLY EXPENSE)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00					
1.00 Administrative and General	2,100	2,100	1,363,598	1,899	17	13,556	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)	2,100	2,100	1,363,598	1,899	17	13,556	20.00
21.00 Total cost to be allocated	24,470	39,352	346,944	24,742	15,007	4,059	21.00
22.00 Unit cost multiplier	11.652381	18.739048	0.254433	13.028963	882.764706	0.299425	22.00
Cost Center Description	PATIENT REGISTRATION (GROSS REVENUE)	PATIENT ACCOUNTING (GROSS REVENUE)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
	5.03	5.04	5A.05	5.05	6.00	7.00	
1.00 Administrative and General	3,889,336	0	0	466,538	0	2,100	1.00
2.00 Skilled Nursing Care	0	0	0	1,086,175	0	0	2.00
3.00 Physical Therapy	0	0	0	633,837	0	0	3.00
4.00 Occupational Therapy	0	0	0	151,885	0	0	4.00
5.00 Speech Pathology	0	0	0	33,643	0	0	5.00
6.00 Medical Social Services	0	0	0	2,093	0	0	6.00
7.00 Home Health Aide	0	0	0	128,569	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	179,074	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	3,889,336	0	0	2,681,814	0	2,100	20.00
21.00 Total cost to be allocated	11,964	0	0	484,185	0	63,406	21.00
22.00 Unit cost multiplier	0.003076	0.000000	0	0.180544	0.000000	30.193333	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 150034 HHA CCN: 157313	Period: From 07/01/2013 To 06/30/2014	Worksheet H-2 Part II Date/Time Prepared: 3/8/2016 1:03 pm PPS
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Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (NUMBER OF FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (NURSING HOURS)	
	8.00	9.00	10.00	11.00	12.00	13.00	
1.00 Administrative and General	0	0	0	1,899	0	39,509	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	0	0	1,899	0	39,509	20.00
21.00 Total cost to be allocated	0	0	0	46,046	0	176,031	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	24.247499	0.000000	4.455466	22.00
Cost Center Description	CENTRAL SERVICES & SUPPLY (SUPPLY EXPENSE)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)		
	14.00	15.00	16.00	17.00	19.00		
1.00 Administrative and General	0	0	3,889,336	0	0		1.00
2.00 Skilled Nursing Care	0	0	0	0	0		2.00
3.00 Physical Therapy	0	0	0	0	0		3.00
4.00 Occupational Therapy	0	0	0	0	0		4.00
5.00 Speech Pathology	0	0	0	0	0		5.00
6.00 Medical Social Services	0	0	0	0	0		6.00
7.00 Home Health Aide	0	0	0	0	0		7.00
8.00 Supplies (see instructions)	0	0	0	0	0		8.00
9.00 Drugs	0	0	0	0	0		9.00
10.00 DME	0	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0	0		13.00
14.00 Clinic	0	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0	0		19.00
20.00 Total (sum of lines 1-19)	0	0	3,889,336	0	0		20.00
21.00 Total cost to be allocated	0	0	15,931	0	0		21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.004096	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150034 HHA CCN: 157313	Period: From 07/01/2013 To 06/30/2014	Worksheet H-3 Part I Date/Time Prepared: 3/8/2016 1:03 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 Visits	Average Cost Per Visit (col. 3 ÷ col. 4)
	0	1.00	2.00	3.00	4.00	5.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	1,700,113		1,700,113	16,417	103.56	1.00
2.00	Physical Therapy	3.00	992,099	0	992,099	8,187	121.18	2.00
3.00	Occupational Therapy	4.00	237,735	0	237,735	1,986	119.71	3.00
4.00	Speech Pathology	5.00	52,659	0	52,659	527	99.92	4.00
5.00	Medical Social Services	6.00	3,276		3,276	21	156.00	5.00
6.00	Home Health Aide	7.00	201,239		201,239	3,854	52.22	6.00
7.00	Total (sum of lines 1-6)		3,187,121	0	3,187,121	30,992		7.00

Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits		Ratio (col. 3 ÷ col. 4)
				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		23844	2,246	8,897		8.00
9.00	Physical Therapy		23844	1,231	4,488		9.00
10.00	Occupational Therapy		23844	347	1,133		10.00
11.00	Speech Pathology		23844	28	264		11.00
12.00	Medical Social Services		23844	4	9		12.00
13.00	Home Health Aide		23844	593	2,613		13.00
14.00	Total (sum of lines 8-13)			4,449	17,404		14.00

Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (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	280,292	117,258	397,550	224,265	1.772680	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

Cost Center Description	Part A	Program Visits		Cost of Services	Part B	Ratio (col. 3 ÷ col. 4)
		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	2,246	8,897		232,596	921,373	1.00
2.00	Physical Therapy	1,231	4,488		149,173	543,856	2.00
3.00	Occupational Therapy	347	1,133		41,539	135,631	3.00
4.00	Speech Pathology	28	264		2,798	26,379	4.00
5.00	Medical Social Services	4	9		624	1,404	5.00
6.00	Home Health Aide	593	2,613		30,966	136,451	6.00
7.00	Total (sum of lines 1-6)	4,449	17,404		457,696	1,765,094	7.00

Cost Center Description	6.00	7.00	8.00	9.00	10.00	11.00
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Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
9.00	Physical Therapy						9.00
10.00	Occupational Therapy						10.00
11.00	Speech Pathology						11.00
12.00	Medical Social Services						12.00
13.00	Home Health Aide						13.00
14.00	Total (sum of lines 8-13)						14.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 150034 HHA CCN: 157313	Period: From 07/01/2013 To 06/30/2014	Worksheet H-3 Part I Date/Time Prepared: 3/8/2016 1:03 pm	
				Title XVIII	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	
	6.00	7.00	8.00	9.00	10.00	11.00	
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies		0		0	15.00	
16.00	Cost of Drugs		0		0	16.00	
Cost Center Description		Total Program Cost (sum of col s. 9-10)					
		12.00					
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	1,153,969					1.00
2.00	Physical Therapy	693,029					2.00
3.00	Occupational Therapy	177,170					3.00
4.00	Speech Pathology	29,177					4.00
5.00	Medical Social Services	2,028					5.00
6.00	Home Health Aide	167,417					6.00
7.00	Total (sum of lines 1-6)	2,222,790					7.00
Cost Center Description							
		12.00					
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
9.00	Physical Therapy						9.00
10.00	Occupational Therapy						10.00
11.00	Speech Pathology						11.00
12.00	Medical Social Services						12.00
13.00	Home Health Aide						13.00
14.00	Total (sum of lines 8-13)						14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 150034

Period: From 07/01/2013

Worksheet H-3

HHA CCN: 157313

To 06/30/2014

Part II Date/Time Prepared: 3/8/2016 1:03 pm

Home Health Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.289070	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.263983	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.319755	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.522854	224,265	117,258	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.237374	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 150034 HHA CCN: 157313	Period: From 07/01/2013 To 06/30/2014	Worksheet H-4 Part I-11 Date/Time Prepared: 3/8/2016 1:03 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	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		457,065	1,883,053
12.00	Total PPS Reimbursement - Full Episodes with Outliers		48,639	164,851
13.00	Total PPS Reimbursement - LUPA Episodes		4,285	22,249
14.00	Total PPS Reimbursement - PEP Episodes		3,021	9,557
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		16,424	51,154
16.00	Total PPS Outlier Reimbursement - PEP Episodes		1	820
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
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		529,435	2,131,684
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		529,435	2,131,684
25.00	Coinsurance billed to program patients (from your records)			0
26.00	Net cost (line 24 minus line 25)		529,435	2,131,684
27.00	Reimbursable bad debts (from your records)			
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			
29.00	Total costs - current cost reporting period (line 26 plus line 27)		529,435	2,131,684
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
31.00	Subtotal (see instructions)		529,435	2,131,684
31.01	Sequestration adjustment (see instructions)		10,589	42,634
32.00	Interim payments (see instructions)		518,847	2,089,050
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, chapter 1, §115.2		0	0

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 150034	Period: From 07/01/2013 To 06/30/2014	Worksheet H-5
	HHA CCN: 157313	Home Health Agency I	Date/Time Prepared: 3/8/2016 1:03 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		518,847		2,089,050	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)		518,847		2,089,050	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)		518,846		2,089,050	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	03/08/2016	
8.00	Name of Contractor	Wisconsin Physician Services		08001		8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150034	Period: From 07/01/2013 To 06/30/2014	Worksheet L Parts I-III Date/Time Prepared: 3/8/2016 1:03 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,345,422	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		91,015	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)		130.69	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.43	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		12.10	8.00
9.00	Sum of lines 7 and 8		16.53	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.41	10.00
11.00	Disproportionate share adjustment (see instructions)		114,079	11.00
12.00	Total prospective capital payments (see instructions)		3,550,516	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

ALL INCLUSIVE RATE DATA - METHOD E

Provider CCN: 150034

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

Worksheet AIR
Not a CMS Worksheet
Date/Time Prepared:
3/8/2016 1:03 pm

		1.00	
1.00	Total general inpatient routine service cost.	42,649,145	1.00
2.00	Total inpatient days.	48,720	2.00
3.00	Cost per day.	875.39	3.00
4.00	Percentage (93% = Short Term; 98% = Long Term).	0	4.00
5.00	Reduced cost per day.	0.00	5.00
6.00	Ancillary percentage.	0	6.00
7.00	Ancillary cost per day.	0.00	7.00
8.00	Inpatient Part B days.	0	8.00
9.00	Total Part B ancillary cost.	0	9.00