

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 150109	Period: From 01/01/2015 To 12/31/2015	Worksheet S Parts I-III Date/Time Prepared: 5/27/2016 11:24 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 5/27/2016 Time: 11:24 am	
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. ELIZABETH EAST (150109) for the cost reporting period beginning 01/01/2015 and ending 12/31/2015 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title XVIII			HIT	Title XIX	
	Title V	Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	345,786	379,408	124,845	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	50,891	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
200.00 Total	0	396,677	379,408	124,845	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 150109		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/27/2016 10:30 am			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00 Street: 1701 SOUTH CREAMY LANCE		PO Box:									
2.00 City: LAFAYETTE		State: IN		Zip Code: 47905-		County: TIPPECANOE					
		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	
		V		XVIII	XIX						
Hospital and Hospital-Based Component Identification:											
3.00 Hospital		ST. ELIZABETH EAST		150109	29140	1	07/01/1966	N	P	O	3.00
4.00 Subprovider - IPF											4.00
5.00 Subprovider - IRF		ST. ELIZABETH REHAB UNIT		15T109	29140	5	01/01/1995	N	P	O	5.00
6.00 Subprovider - (Other)											6.00
7.00 Swing Beds - SNF											7.00
8.00 Swing Beds - NF											8.00
9.00 Hospital-Based SNF											9.00
10.00 Hospital-Based NF											10.00
11.00 Hospital-Based OLTC											11.00
12.00 Hospital-Based HHA		ST. ELIZABETH HHA		157124	29140		07/06/1966	N	P	N	12.00
13.00 Separately Certified ASC											13.00
14.00 Hospital-Based Hospice		ST. ELIZABETH HOSPICE		151563	29140		01/01/1984				14.00
15.00 Hospital-Based Health Clinic - RHC											15.00
16.00 Hospital-Based Health Clinic - FQHC											16.00
17.00 Hospital-Based (CMHC) I											17.00
17.10 Hospital-Based (CORF) I											17.10
18.00 Renal Dialysis											18.00
19.00 Other											19.00
							From:	To:			
							1.00	2.00			
20.00 Cost Reporting Period (mm/dd/yyyy)							01/01/2015	12/31/2015		20.00	
21.00 Type of Control (see instructions)							1			21.00	
Inpatient PPS Information											
22.00 Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.							Y	N		22.00	
22.01 Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)							Y	Y		22.01	
22.02 Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.							N	Y		22.02	
22.03 Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.							N	N		22.03	
23.00 Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.								3	N		23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00 If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.		2,244	3,006	77	20	6,558	128		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.		225	128	0	0	38			25.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150109	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/27/2016 10:30 am		
		Urban/Rural	S	Date of Geogr		
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N		39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N		N		40.00
		V	XVII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)				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

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

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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	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.	2					118.00
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	1,003,289	337,001			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: 150109		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/27/2016 10:30 am	
		1.00		2.00			
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		158014		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: FRANCISCAN ALLIANCE, INC.	Contractor's Name: WPS		Contractor's Number: 08101			
142.00	Street: 1515 DRAGOON TRAIL	PO Box: 1290					
143.00	City: MISHAWAKA	State: IN		Zip Code: 46546-1290			
		1.00		2.00		3.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y		144.00			
		1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y		145.00			
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00			
		1.00		2.00			
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	
		1.00		2.00		3.00	
		4.00		5.00		6.00	
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	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER	N		N		N	
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
160.01		N		N		N	
160.02		N		N		N	
161.00	CMHC	N		N		N	
161.10	CORF	N		N		N	
		1.00		2.00		3.00	
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	
		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		2.00		3.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y		167.00			
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)			0			
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)			168.01			
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.50		169.00			

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150109	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/27/2016 10:30 am	
			Beginning	Ending	
			1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		01/01/2015	12/31/2015	170.00
			1.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 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: 150109	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/27/2016 10:30 am	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	05/03/2016	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.	Y			5.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
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?	Y	Y		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for 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		Legal Oper.	
		1.00	2.00	3.00	
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.			Y	15.00
		Y/N		Legal Oper.	
		1.00	2.00	3.00	
PS&R Data					
		Description	Part A		Part B
		0	Y/N	Date	Y/N
		1.00	2.00	3.00	
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N			N
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	03/14/2016		Y
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N			N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N			N
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N			N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150109	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/27/2016 10:30 am	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
	0	1.00	2.00	3.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			Y	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DAVID		OSTHEIMER	41.00
42.00	Enter the employer/company name of the cost report preparer.	FSEH - EAST			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	765-428-5925		DAVID.OSTHEIMER@FRANCISCANAL LIANCE.0	43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	03/14/2016	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR OF ACCOUNTING	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150109

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

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2016 10:30 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	138	50,370	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)		138	50,370	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	17	6,205	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	14	5,110	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		169	61,685	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	18	6,570		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		187				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: 150109

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

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2016 10:30 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	15,380	3,782	34,465			1.00
2.00 HMO and other (see instructions)	3,343	6,558				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	15,380	3,782	34,465			7.00
8.00 INTENSIVE CARE UNIT	2,364	0	4,777			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 NEONATAL INTENSIVE CARE UNIT	0	1,693	2,879			12.00
13.00 NURSERY		0	1,280			13.00
14.00 Total (see instructions)	17,744	5,475	43,401	0.00	1,262.93	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	1,538	391	2,647	0.00	15.93	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	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	10,217	0	15,290	0.00	40.32	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	13.63	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,332.81	27.00
28.00 Observation Bed Days		0	0			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	0	2,524			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: 150109

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

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2016 10:30 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	4,103	1,852	9,857	1.00
2.00 HMO and other (see instructions)			673	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	4,103	1,852	9,857	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	123	28	230	17.00
18.00 SUBPROVIDER	0.00	0	0	0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150109

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

Worksheet S-3
Part II
Date/Time Prepared:
5/27/2016 10:30 am

	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 II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	84,627,169	-583,671	84,043,498	2,772,255.00	30.32
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		15,383,975	333,461	15,717,436	206,992.00	75.93
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		437,647	0	437,647	6,183.00	70.78
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		1,299,287	0	1,299,287	7,698.00	168.78
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		15,894,866	0	15,894,866	380,302.00	41.80
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		14,057,182	0	14,057,182		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		2,698,724	0	2,698,724		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	1,063,132	-57,675	1,005,457	25,846.00	38.90
27.00	Administrative & General	5.00	5,431,492	-335,063	5,096,429	217,267.00	23.46
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	2,739,925	-23,238	2,716,687	117,306.00	23.16
31.00	Laundry & Linen Service	8.00	130,084	0	130,084	9,487.00	13.71
32.00	Housekeeping	9.00	1,946,468	0	1,946,468	141,198.00	13.79
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	2,016,243	-1,236,390	779,853	136,562.00	5.71
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	1,236,390	1,236,390	0.00	0.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	2,707,847	-197,257	2,510,590	87,163.00	28.80
39.00	Central Services and Supply	14.00	387,165	0	387,165	23,145.00	16.73
40.00	Pharmacy	15.00	2,576,872	-75,382	2,501,490	69,180.00	36.16

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150109

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

Worksheet S-3
Part II
Date/Time Prepared:
5/27/2016 10:30 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjusted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
41.00	Medical Records & Medical Records Library	16.00	16,819	0	16,819	2,468.00	6.81	41.00
42.00	Social Service	17.00	506,354	-40,287	466,067	19,936.00	23.38	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150109

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

Worksheet S-3
Part III
Date/Time Prepared:
5/27/2016 10:30 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	84,627,169	-583,671	84,043,498	2,772,255.00	30.32	1.00
2.00	Excluded area salaries (see instructions)	15,383,975	333,461	15,717,436	206,992.00	75.93	2.00
3.00	Subtotal salaries (line 1 minus line 2)	69,243,194	-917,132	68,326,062	2,565,263.00	26.64	3.00
4.00	Subtotal other wages & related costs (see inst.)	17,631,800	0	17,631,800	394,183.00	44.73	4.00
5.00	Subtotal wage-related costs (see inst.)	14,057,182	0	14,057,182	0.00	20.57	5.00
6.00	Total (sum of lines 3 thru 5)	100,932,176	-917,132	100,015,044	2,959,446.00	33.80	6.00
7.00	Total overhead cost (see instructions)	19,522,401	-728,902	18,793,499	849,558.00	22.12	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150109	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part IV Date/Time Prepared: 5/27/2016 10:30 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		6,481,776	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)		363,522	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		445,495	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		44,293	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		260,857	14.00
15.00	'Workers' Compensation Insurance		1,286,290	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		4,951,302	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		63,413	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		160,235	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		14,057,183	24.00
Part B - Other than Core Related Cost				
25.00			0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 150109	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part V Date/Time Prepared: 5/27/2016 10:30 am
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		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice		0	0 13.00
14.00	Hospital-Based Health Clinic RHC		0	0 14.00
15.00	Hospital-Based Health Clinic FQHC		0	0 15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10		0	0 16.10
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 150109 Component CCN: 157124		Period: From 01/01/2015 To 12/31/2015		Worksheet S-4 Date/Time Prepared: 5/27/2016 10:30 am	
				Home Health Agency I		PPS	
				1.00			
0.00	County			TIPPEECANOE		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	762	0	144	906	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	579.00	0.00	357.00	936.00	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	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			13.57	0.00	13.57	5.00
6.00	Direct Nursing Service			7.50	0.00	7.50	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			1.52	0.00	1.52	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.07	0.00	0.07	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.12	0.00	0.12	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.10	0.00	0.10	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			1.27	0.00	1.27	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	INFUSION			7.61	0.00	7.61	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).	29140					20.00
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers	3.00	4.00	5.00	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	4,102	136	171	53	4,462	21.00
22.00	Skilled Nursing Visit Charges	1,430,813	45,120	58,188	19,856	1,553,977	22.00
23.00	Physical Therapy Visits	3,145	19	26	53	3,243	23.00
24.00	Physical Therapy Visit Charges	1,103,137	6,440	9,100	21,203	1,139,880	24.00
25.00	Occupational Therapy Visits	1,087	9	13	29	1,138	25.00
26.00	Occupational Therapy Visit Charges	382,109	3,150	4,550	12,600	402,409	26.00
27.00	Speech Pathology Visits	52	0	0	0	52	27.00
28.00	Speech Pathology Visit Charges	18,200	0	0	0	18,200	28.00
29.00	Medical Social Service Visits	54	0	1	3	58	29.00
30.00	Medical Social Service Visit Charges	21,732	0	405	2,430	24,567	30.00
31.00	Home Health Aide Visits	972	39	2	15	1,028	31.00
32.00	Home Health Aide Visit Charges	163,839	6,186	326	3,912	174,263	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	9,412	203	213	153	9,981	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)	3,119,830	60,896	72,569	60,001	3,313,296	35.00
36.00	Total Number of Episodes (standard/non outlier)	590		76	9	675	36.00
37.00	Total Number of Outlier Episodes		5		1	6	37.00
38.00	Total Non-Routine Medical Supply Charges	412,358	16,944	20,349	2,599	452,250	38.00

HOSPITAL IDENTIFICATION DATA		Provider CCN: 150109 Component CCN: 151563	Period: From 01/01/2015 To 12/31/2015	Worksheet S-9 Parts I & II Date/Time Prepared: 5/27/2016 10:30 am
		Hospice I		

	Unduplicated Days	Hospice I				Total (sum of cols. 1, 2 & 5)		
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility			All Other
		1.00	2.00	3.00	4.00			5.00
PART I - ENROLLMENT DAYS								
1.00	Continuous Home Care	1	0	0	0	0	1	1.00
2.00	Routine Home Care	12,600	84	0	0	299	12,983	2.00
3.00	Inpatient Respite Care	32	0	0	0	19	51	3.00
4.00	General Inpatient Care	17	0	0	0	22	39	4.00
5.00	Total Hospice Days	12,650	84	0	0	340	13,074	5.00
Part II - CENSUS DATA								
6.00	Number of Patients Receiving Hospice Care	239	5	0	0	26	270	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00				7.00
8.00	Average Length of Stay (line 5/line 6)	52.93	16.80	0.00	0.00	13.08	48.42	8.00
9.00	Unduplicated Census Count	221	5	0	0	22	248	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 150109	Period: From 01/01/2015 To 12/31/2015	Worksheet S-10	
				Date/Time Prepared: 5/27/2016 10:30 am	
				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.233784	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			21,755,406	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			145,638,656	6.00
7.00	Medicaid cost (line 1 times line 6)			34,047,988	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)			12,292,582	8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP			0	9.00
10.00	Stand-alone SCHIP charges			0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			12,292,582	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	51,235,393	0	51,235,393	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	11,978,015	0	11,978,015	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	11,978,015	0	11,978,015	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			7,822,387	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			854,537	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			6,967,850	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			1,628,972	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			13,606,987	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			25,899,569	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES					Provider CCN: 150109	Period: From 01/01/2015 To 12/31/2015	Worksheet A Date/Time Prepared: 5/27/2016 10:30 am	
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		15,520,592	15,520,592	4,785,731	20,306,323	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	2,777,332	2,777,332	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,063,132	29,271,447	30,334,579	0	30,334,579	4.00
5.01	01160	COMMUNICATIONS	443,904	863,395	1,307,299	0	1,307,299	5.01
5.02	01140	MGMT INFO SYSTEMS	0	13,681,317	13,681,317	0	13,681,317	5.02
5.03	00550	PURCHASING	-18,369	1,149,505	1,131,136	0	1,131,136	5.03
5.04	00570	ADMINISTRATIVE	-14,189	524,230	510,041	0	510,041	5.04
5.05	00580	PATIENT ACCOUNTING	-24,844	4,922,631	4,897,787	0	4,897,787	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	5,044,990	21,966,702	27,011,692	-44,730	26,966,962	5.06
7.00	00700	OPERATION OF PLANT	2,739,925	6,756,768	9,496,693	-1,305	9,495,388	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	130,084	755,012	885,096	0	885,096	8.00
9.00	00900	HOUSEKEEPING	1,946,468	702,020	2,648,488	-1,320	2,647,168	9.00
10.00	01000	DIETARY	2,016,243	1,371,732	3,387,975	-2,060,527	1,327,448	10.00
11.00	01100	CAFETERIA	0	0	0	2,011,330	2,011,330	11.00
13.00	01300	NURSING ADMINISTRATION	2,707,847	75,572	2,783,419	-108	2,783,311	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	387,165	814,948	1,202,113	-788,642	413,471	14.00
15.00	01500	PHARMACY	2,576,872	8,116,736	10,693,608	-7,380,365	3,313,243	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16,819	2,797,256	2,814,075	0	2,814,075	16.00
17.00	01700	SOCIAL SERVICE	506,354	833	507,187	-90,312	416,875	17.00
20.00	02000	NURSING SCHOOL	2,270,953	229,623	2,500,576	251,286	2,751,862	20.00
23.00	02301	PARAMED PRGM-(SPECIFY)	231,637	64,486	296,123	174,804	470,927	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	16,997,141	2,162,675	19,159,816	-1,687,518	17,472,298	30.00
31.00	03100	INTENSIVE CARE UNIT	3,423,504	278,402	3,701,906	-243,032	3,458,874	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,701,070	599,458	2,300,528	-78,396	2,222,132	35.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	1,208,080	188,857	1,396,937	-37,620	1,359,317	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,492,007	39,043,992	42,535,999	-20,744,798	21,791,201	50.00
51.00	05100	RECOVERY ROOM	652,418	34,383	686,801	-32,652	654,149	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,360,572	15,046,430	18,407,002	-3,153,383	15,253,619	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	381,894	25,748	407,642	0	407,642	55.00
56.00	05600	RADIOISOTOPE	193,447	40,484	233,931	-5,633	228,298	56.00
56.01	03950	CARDIAC CATH LAB	1,149,731	3,703,498	4,853,229	-3,544,539	1,308,690	56.01
57.00	05700	CT SCAN	643,863	362,579	1,006,442	-5	1,006,437	57.00
58.00	05800	MRI	230,665	159,164	389,829	0	389,829	58.00
60.00	06000	LABORATORY	-1,873	9,433,050	9,431,177	-103,339	9,327,838	60.00
65.00	06500	RESPIRATORY THERAPY	1,912,721	581,212	2,493,933	-401,312	2,092,621	65.00
66.00	06600	PHYSICAL THERAPY	2,415,434	320,914	2,736,348	-241,581	2,494,767	66.00
67.00	06700	OCCUPATIONAL THERAPY	971,241	49,640	1,020,881	-32,085	988,796	67.00
68.00	06800	SPEECH PATHOLOGY	439,808	8,877	448,685	-1,578	447,107	68.00
69.00	06900	ELECTROCARDIOLOGY	1,485,123	1,435,643	2,920,766	-26,815	2,893,951	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	495,413	158,385	653,798	-47,095	606,703	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	16,688,161	16,688,161	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	14,513,398	14,513,398	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	7,362,990	7,362,990	73.00
73.01	07301	DIABETES CENTER	276,799	12,782	289,581	-1,589	287,992	73.01
74.00	07400	RENAL DIALYSIS	114,091	564,350	678,441	-13,387	665,054	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	249,189	249,189	-2,058	247,131	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	280,731	536,307	817,038	-244,342	572,696	90.00
91.00	09100	EMERGENCY	6,213,392	1,308,599	7,521,991	-1,160,294	6,361,697	91.00
91.01	04950	WOUND CARE	1,221,775	334,975	1,556,750	-304,448	1,252,302	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,669,826	290,642	1,960,468	-281,533	1,678,935	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,047,725	758,782	2,806,507	-170,701	2,635,806	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	2,694,525	1,018,795	3,713,320	0	3,713,320	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	10,322,330	10,322,330	-5,637,922	4,684,408	113.00
116.00	11600	HOSPICE	1,059,709	440,437	1,500,146	0	1,500,146	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	78,755,823	199,055,384	277,811,207	68	277,811,275	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 150109		Period: From 01/01/2015 To 12/31/2015		Worksheet A Date/Time Prepared: 5/27/2016 10:30 am		
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	49,154	30,267	79,421	0	79,421	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,754,826	6,160,923	11,915,749	-68	11,915,681	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
194.00	07950	MOB	53,462	197	53,659	0	53,659	194.00
194.01	07951	LIFELINE	13,996	44,647	58,643	0	58,643	194.01
194.02	07952	PATIENT TRANSPORT	-92	127,746	127,654	0	127,654	194.02
194.03	07953	SETON LEASE 1 NORTH	0	2,703	2,703	0	2,703	194.03
200.00		TOTAL (SUM OF LINES 118-199)	84,627,169	205,421,867	290,049,036	0	290,049,036	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150109

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

Worksheet A
Date/Time Prepared:
5/27/2016 10:30 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,873,192	22,179,515	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,713,637	4,490,969	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-460,112	29,874,467	4.00
5.01	01160	COMMUNICATIONS	-103,205	1,204,094	5.01
5.02	01140	MGMT INFO SYSTEMS	-1,338,049	12,343,268	5.02
5.03	00550	PURCHASING	-108,567	1,022,569	5.03
5.04	00570	ADMINISTRATIVE	-47,585	462,456	5.04
5.05	00580	PATIENT ACCOUNTING	-298,648	4,599,139	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-14,625,483	12,341,479	5.06
7.00	00700	OPERATION OF PLANT	-230,744	9,264,644	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	885,096	8.00
9.00	00900	HOUSEKEEPING	0	2,647,168	9.00
10.00	01000	DIETARY	-322,876	1,004,572	10.00
11.00	01100	CAFETERIA	-1,024,947	986,383	11.00
13.00	01300	NURSING ADMINISTRATION	-209,035	2,574,276	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-76,438	337,033	14.00
15.00	01500	PHARMACY	-255,867	3,057,376	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-960,868	1,853,207	16.00
17.00	01700	SOCIAL SERVICE	0	416,875	17.00
20.00	02000	NURSING SCHOOL	-10,172	2,741,690	20.00
23.00	02301	PARAMED ED PRGM-(SPECIFY)	-134,522	336,405	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-119,076	17,353,222	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,458,874	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-450,455	1,771,677	35.00
40.00	04000	SUBPROVIDER - I/PF	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	-60,627	1,298,690	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-252,808	21,538,393	50.00
51.00	05100	RECOVERY ROOM	0	654,149	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-2,982,708	12,270,911	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	0	407,642	55.00
56.00	05600	RADIOISOTOPE	-8,439	219,859	56.00
56.01	03950	CARDIAC CATH LAB	-139,634	1,169,056	56.01
57.00	05700	CT SCAN	0	1,006,437	57.00
58.00	05800	MRI	0	389,829	58.00
60.00	06000	LABORATORY	-74,886	9,252,952	60.00
65.00	06500	RESPIRATORY THERAPY	-18,104	2,074,517	65.00
66.00	06600	PHYSICAL THERAPY	-3,896	2,490,871	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	988,796	67.00
68.00	06800	SPEECH PATHOLOGY	0	447,107	68.00
69.00	06900	ELECTROCARDIOLOGY	-1,117,362	1,776,589	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-15,000	591,703	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	16,688,161	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,513,398	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,362,990	73.00
73.01	07301	DIABETES CENTER	-5,704	282,288	73.01
74.00	07400	RENAL DIALYSIS	0	665,054	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	247,131	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-41	572,655	90.00
91.00	09100	EMERGENCY	-20,106	6,341,591	91.00
91.01	04950	WOUND CARE	-3,839	1,248,463	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	1,678,935	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-25,293	2,610,513	95.00
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	-14,519	3,698,801	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	-4,684,408	0	113.00
116.00	11600	HOSPICE	-1,620	1,498,526	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-26,618,814	251,192,461	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	79,421	190.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150109

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

Worksheet A
Date/Time Prepared:
5/27/2016 10:30 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	11,915,681	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	192.01
194.00	07950	MOB	0	53,659	194.00
194.01	07951	LIFELINE	-20	58,623	194.01
194.02	07952	PATIENT TRANSPORT	0	127,654	194.02
194.03	07953	SETON LEASE 1 NORTH	0	2,703	194.03
200.00		TOTAL (SUM OF LINES 118-199)	-26,618,834	263,430,202	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - BUILDING RENTAL					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,575,584	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
	0		0	1,575,584	
B - EQUIPMENT RENTAL					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	337,950	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
	0		0	337,950	
C - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	16,688,161	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	14,513,398	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
	0		0	31,201,559	
D - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	7,362,990	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

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
0			0	7,362,990	
E - LDRP					
1.00		0.00	0	0	1.00
0			0	0	
F - CAFETERIA					
1.00	CAFETERIA	11.00	1,236,390	774,940	1.00
0			1,236,390	774,940	
G - CAPITAL EXP (INT & DEP)					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	11,607	1.00
0			0	11,607	
H - INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,210,147	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,427,775	2.00
0			0	5,637,922	
I - NURSING SCHOOL					
1.00	NURSING SCHOOL	20.00	117,564	0	1.00
2.00	NURSING SCHOOL	20.00	81,793	51,929	2.00
3.00		0.00	0	0	3.00
0			199,357	51,929	
J - PARAMED PROGRAM					
1.00	PARAMED ED PRGM-(SPECIFY)	23.00	63,438	0	1.00
2.00	PARAMED ED PRGM-(SPECIFY)	23.00	112,909	0	2.00
3.00		0.00	0	0	3.00
0			176,347	0	
K - FSEH SHARED SERVICES					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	57,675	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	293,557	2.00
3.00	OPERATION OF PLANT	7.00	0	23,238	3.00
4.00	NURSING ADMINISTRATION	13.00	0	197,257	4.00
5.00	PHARMACY	15.00	0	11,944	5.00
	TOTALS		0	583,671	
500.00	Grand Total: Increases		1,612,094	47,538,152	500.00

RECLASSIFICATIONS

Provider CCN: 150109

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

Worksheet A-6

Date/Time Prepared:
5/27/2016 10:30 am

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - BUILDING RENTAL						
1.00	DIETARY	10.00	0	47,972	10	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	257,314	10	2.00
3.00	OPERATING ROOM	50.00	0	127,020	10	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	692,458	10	4.00
5.00	LABORATORY	60.00	0	7,575	10	5.00
6.00	PHYSICAL THERAPY	66.00	0	69,316	10	6.00
7.00	EMERGENCY	91.00	0	143,690	10	7.00
8.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	207,139	10	8.00
9.00	AMBULANCE SERVICES	95.00	0	23,100	10	9.00
	O		0	1,575,584		
B - EQUIPMENT RENTAL						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,320	10	1.00
2.00	OPERATION OF PLANT	7.00	0	1,305	10	2.00
3.00	HOUSEKEEPING	9.00	0	1,320	10	3.00
4.00	DIETARY	10.00	0	885	10	4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	8,719	10	5.00
6.00	PHARMACY	15.00	0	193,797	10	6.00
7.00	ADULTS & PEDIATRICS	30.00	0	16,100	10	7.00
8.00	SUBPROVIDER - IRF	41.00	0	40	10	8.00
9.00	OPERATING ROOM	50.00	0	65,068	10	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	8,980	10	10.00
11.00	CARDIAC CATH LAB	56.01	0	2,948	10	11.00
12.00	RESPIRATORY THERAPY	65.00	0	21,392	10	12.00
13.00	PHYSICAL THERAPY	66.00	0	14,384	10	13.00
14.00	ELECTROCARDIOLOGY	69.00	0	660	10	14.00
15.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,032	10	15.00
	O		0	337,950		
C - MEDICAL SUPPLIES						
1.00	NURSING ADMINISTRATION	13.00	0	108	0	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	779,161	0	2.00
3.00	PHARMACY	15.00	0	467,528	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	1,228,926	0	4.00
5.00	INTENSIVE CARE UNIT	31.00	0	221,283	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	76,624	0	6.00
7.00	SUBPROVIDER - IRF	41.00	0	36,744	0	7.00
8.00	OPERATING ROOM	50.00	0	20,411,015	0	8.00
9.00	RECOVERY ROOM	51.00	0	32,409	0	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,269,147	0	10.00
11.00	RADIOISOTOPE	56.00	0	5,633	0	11.00
12.00	CARDIAC CATH LAB	56.01	0	3,540,835	0	12.00
13.00	LABORATORY	60.00	0	95,764	0	13.00
14.00	RESPIRATORY THERAPY	65.00	0	377,492	0	14.00
15.00	PHYSICAL THERAPY	66.00	0	156,567	0	15.00
16.00	OCCUPATIONAL THERAPY	67.00	0	31,870	0	16.00
17.00	SPEECH PATHOLOGY	68.00	0	1,578	0	17.00
18.00	ELECTROCARDIOLOGY	69.00	0	24,913	0	18.00
19.00	ELECTROENCEPHALOGRAPHY	70.00	0	46,037	0	19.00
20.00	DIABETES CENTER	73.01	0	1,589	0	20.00
21.00	RENAL DIALYSIS	74.00	0	13,271	0	21.00
22.00	HYPERBARIC OXYGEN THERAPY	76.98	0	2,058	0	22.00
23.00	CLINIC	90.00	0	33,976	0	23.00
24.00	EMERGENCY	91.00	0	897,474	0	24.00
25.00	WOUND CARE	91.01	0	300,412	0	25.00
26.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	67,724	0	26.00
27.00	AMBULANCE SERVICES	95.00	0	80,482	0	27.00
28.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	68	0	28.00
29.00	PARAMED ED PRGM-(SPECIFY)	23.00	0	871	0	29.00
	O		0	31,201,559		
D - DRUGS						
1.00	DIETARY	10.00	0	340	0	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	762	0	2.00
3.00	PHARMACY	15.00	0	6,655,602	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	67,614	0	4.00
5.00	INTENSIVE CARE UNIT	31.00	0	21,749	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	1,772	0	6.00
7.00	SUBPROVIDER - IRF	41.00	0	836	0	7.00
8.00	OPERATING ROOM	50.00	0	141,695	0	8.00
9.00	RECOVERY ROOM	51.00	0	243	0	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	171,191	0	10.00
11.00	CARDIAC CATH LAB	56.01	0	756	0	11.00

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
12.00	CT SCAN	57.00	0	5	0		12.00
13.00	RESPIRATORY THERAPY	65.00	0	2,428	0		13.00
14.00	PHYSICAL THERAPY	66.00	0	1,314	0		14.00
15.00	OCCUPATIONAL THERAPY	67.00	0	215	0		15.00
16.00	ELECTROCARDIOLOGY	69.00	0	1,242	0		16.00
17.00	ELECTROENCEPHALOGRAPHY	70.00	0	26	0		17.00
18.00	RENAL DIALYSIS	74.00	0	116	0		18.00
19.00	CLINIC	90.00	0	210,366	0		19.00
20.00	EMERGENCY	91.00	0	48,464	0		20.00
21.00	WOUND CARE	91.01	0	4,036	0		21.00
22.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	6,670	0		22.00
23.00	AMBULANCE SERVICES	95.00	0	24,876	0		23.00
24.00	PARAMED ED PRGM-(SPECIFY)	23.00	0	672	0		24.00
	0		0	7,362,990			
E - LDRP							
1.00		0.00	0	0	0		1.00
	0		0	0			
F - CAFETERIA							
1.00	DIETARY	10.00	1,236,390	774,940	0		1.00
	0		1,236,390	774,940			
G - CAPITAL EXP (INT & DEP)							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	11,607	9		1.00
	0		0	11,607			
H - INTEREST							
1.00	INTEREST EXPENSE	113.00	0	5,637,922	11		1.00
2.00		0.00	0	0	11		2.00
	0		0	5,637,922			
I - NURSING SCHOOL							
1.00	ADULTS & PEDIATRICS	30.00	117,564	0	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	41,506	1,904	0		2.00
3.00	SOCIAL SERVICE	17.00	40,287	50,025	0		3.00
	0		199,357	51,929			
J - PARAMED PROGRAM							
1.00	PHARMACY	15.00	63,438	0	0		1.00
2.00	EMERGENCY	91.00	70,666	0	0		2.00
3.00	AMBULANCE SERVICES	95.00	42,243	0	0		3.00
	0		176,347	0			
K - FSEH SHARED SERVICES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	57,675	0	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	293,557	0	0		2.00
3.00	OPERATION OF PLANT	7.00	23,238	0	0		3.00
4.00	NURSING ADMINISTRATION	13.00	197,257	0	0		4.00
5.00	PHARMACY	15.00	11,944	0	0		5.00
	TOTALS		583,671	0			
500.00	Grand Total: Decreases		2,195,765	46,954,481			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150109

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

Worksheet A-7
Part I
Date/Time Prepared:
5/27/2016 10:30 am

	Beginning Balances	Acquisitions			Disposals and Retirements		
		Purchases	Donation	Total			
		1.00	2.00	3.00			4.00
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	12,769,463	15,830	0	15,830	0	1.00
2.00	Land Improvements	6,341,258	0	0	0	792,571	2.00
3.00	Buildings and Fixtures	284,687,498	1,961,945	0	1,961,945	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	83,432,855	577,896	0	577,896	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	387,231,074	2,555,671	0	2,555,671	792,571	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	387,231,074	2,555,671	0	2,555,671	792,571	10.00
	Ending Balance		Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	12,785,293	2,504,626				1.00
2.00	Land Improvements	5,548,687	0				2.00
3.00	Buildings and Fixtures	286,649,443	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	84,010,751	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	388,994,174	2,504,626				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	388,994,174	2,504,626				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150109

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

Worksheet A-7
Part II
Date/Time Prepared:
5/27/2016 10:30 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	15,520,592	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)	15,520,592	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	15,520,592				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	15,520,592				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150109

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

Worksheet A-7
Part III
Date/Time Prepared:
5/27/2016 10:30 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	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	17,400,420	1,575,584	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	1,730,263	337,950	2.00
3.00	Total (sum of lines 1-2)	0	0	0	19,130,683	1,913,534	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	3,203,511	0	0	0	22,179,515	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2,422,756	0	0	0	4,490,969	2.00
3.00	Total (sum of lines 1-2)	5,626,267	0	0	0	26,670,484	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150109

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

Worksheet A-8

Date/Time Prepared:
5/27/2016 10:30 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-6,636	CAP REL COSTS-BLDG & FIXT	1.00	11 1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-5,019	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)		0		0.00	0 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	0 7.00
8.00 Television and radio service (chapter 21)		0		0.00	0 8.00
9.00 Parking lot (chapter 21)		0		0.00	0 9.00
10.00 Provider-based physician adjustment	A-8-2	-6,973,326			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	-5,554,588			0 12.00
13.00 Laundry and linen service		0		0.00	0 13.00
14.00 Cafeteria-employees and guests	B	-1,024,947	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	-25,726	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		0	CAP REL COSTS-BLDG & FIXT	1.00	0 26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0 27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00	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 RECRUITMENT	A	-37,740	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.00

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	
33.01	RECRUITMENT	A	-137	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.01
33.02	HAF	A	-7,818,147	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.02
33.03	ADVERTISING EXP	A	-4,397	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.03
33.04	ADVERTISING EXP	A	-77	HOME HEALTH AGENCY	101.00	0 33.04
33.05	ADVERTISING EXP	A	-10,172	NURSING SCHOOL	20.00	0 33.05
33.06	ADVERTISING EXP	A	-1,750	RADIOLOGY-DIAGNOSTIC	54.00	0 33.06
33.07	ADVERTISING EXP	A	-64,099	ELECTROCARDIOLOGY	69.00	0 33.07
33.08	MARKETING EXP - PUBLIC RELATIONS	A	-1,354,165	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.08
33.09	MARKETING EXP	A	-28	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.09
33.10	MARKETING EXP	A	-106	DIETARY	10.00	0 33.10
33.11	MARKETING EXP	A	-365	OPERATING ROOM	50.00	0 33.11
33.12	MARKETING EXP	A	-6,249	ELECTROCARDIOLOGY	69.00	0 33.12
33.13	MARKETING EXP	A	-2,482	EMERGENCY	91.00	0 33.13
33.14	MARKETING EXP	A	-1,186	WOUND CARE	91.01	0 33.14
33.15	MARKETING EXP	A	-3,001	HOME HEALTH AGENCY	101.00	0 33.15
33.16	MARKETING EXP	A	-295	HOSPICE	116.00	0 33.16
33.17	MARKETING EXP	A	-20	LIFELINE	194.01	0 33.17
33.18	BLDG RENT REV	B	-377,244	CAP REL COSTS-BLDG & FIXT	1.00	9 33.18
33.19	DISCOUNTS/REBATES	B	-29,051	MGMT INFO SYSTEMS	5.02	0 33.19
33.20	DISCOUNTS/REBATES	B	-25,885	PURCHASING	5.03	0 33.20
33.21	EXP ALLOC -- SCMC PHYSICIANS	B	-1,005,120	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.21
33.22	MISC REV	B	-530,557	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.22
33.23	MAINTENANCE/SECURITY REV	B	-107,392	OPERATION OF PLANT	7.00	0 33.23
33.24	MISC REV/DISCOUNTS/REBATES	B	-67,754	OPERATION OF PLANT	7.00	0 33.24
33.25	MISC REV/DISCOUNTS/REBATES	B	-128,628	DIETARY	10.00	0 33.25
33.26	FOOD SERVICE DAY CARE	B	-168,416	DIETARY	10.00	0 33.26
33.27	DISCOUNTS/REBATES	B	-76,438	CENTRAL SERVICES & SUPPLY	14.00	0 33.27
33.28	MISC REV/DISCOUNTS/REBATES	B	-189,702	PHARMACY	15.00	0 33.28
33.29	MISC REV	B	-5,726	ADULTS & PEDIATRICS	30.00	0 33.29
33.30	MISC REV	B	-1,877	NEONATAL INTENSIVE CARE UNIT	35.00	0 33.30
33.31	DISCOUNTS/REBATES	B	-252,443	OPERATING ROOM	50.00	0 33.31
33.32	DISCOUNTS/REBATES	B	-59,587	RADIOLOGY-DIAGNOSTIC	54.00	0 33.32
33.33	MISC REV/DISCOUNTS/REBATES	B	-364	RADIOISOTOPE	56.00	0 33.33
33.34	MISC REV/DISCOUNTS/REBATES	B	-139,634	CARDIAC CATH LAB	56.01	0 33.34
33.35	DISCOUNTS/REBATES	B	-12,962	LABORATORY	60.00	0 33.35
33.36	DISCOUNTS/REBATES	B	-3,503	RESPIRATORY THERAPY	65.00	0 33.36
33.37	ATHLETIC TRAINING REV	B	-3,896	PHYSICAL THERAPY	66.00	0 33.37
33.38	ST VINCENT PRUDENTIAL	B	-67,925	ELECTROCARDIOLOGY	69.00	0 33.38
33.39	MISC REV	B	-41	CLINIC	90.00	0 33.39
33.40	MISC REV	B	-5,774	EMERGENCY	91.00	0 33.40
33.41	EDUCATION	B	-134,522	PARAMED ED PRGM-(SPECIFY)	23.00	0 33.41
33.42	MISC REV	B	-2,250	WOUND CARE	91.01	0 33.42
33.43	MISC REV	B	-1,651	AMBULANCE SERVICES	95.00	0 33.43
33.44	DISCOUNTS/REBATES	B	-10,691	HOME HEALTH AGENCY	101.00	0 33.44
33.45	MISC REV	B	-750	HOME HEALTH AGENCY	101.00	0 33.45
33.46	MISC REV	B	-1,325	HOSPICE	116.00	0 33.46
33.47	PENSION	A	-313,068	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.47
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-26,618,834			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: 150109

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

Worksheet A-8-1

Date/Time Prepared: 5/27/2016 10:30 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	FRANCI SCAN DEPRECIATION	2,257,072	0
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	FRANCI SCAN DEPRECIATION	1,718,656	0
3.00	113.00	INTEREST EXPENSE	FRANCI SCAN INTEREST	5,637,922	0
3.01	5.06	OTHER ADMINISTRATIVE AND GEN	FRANCI SCAN A&G	5,627,636	0
4.00	15.00	PHARMACY	FRANCI SCAN COEP	536,035	0
4.01	5.02	MGMT INFO SYSTEMS	INFORMATION TECHNOLOGY	11,554,731	0
4.02	5.03	PURCHASING	PURCHASING SERVICES	825,707	0
4.03	5.04	ADMITTING	ADMITTING	475,208	0
4.04	5.05	PATIENT ACCOUNTING	PATIENT ACCT	2,982,427	0
4.05	16.00	MEDICAL RECORDS & LIBRARY	HIM	1,766,458	0
4.06	5.02	MGMT INFO SYSTEMS	INFORMATION TECHNOLOGY	0	12,711,773
4.07	5.03	PURCHASING	PURCHASING SERVICES	0	908,389
4.08	5.04	ADMITTING	ADMITTING	0	522,793
4.09	5.05	PATIENT ACCOUNTING	PATIENT ACCT	0	3,281,075
4.10	5.06	OTHER ADMINISTRATIVE AND GEN	ADMINISTRATION	0	6,191,163
4.11	15.00	PHARMACY	PHARMACY	0	526,358
4.12	16.00	MEDICAL RECORDS & LIBRARY	RADIOLOGY	0	2,727,326
4.13	113.00	INTEREST EXPENSE	INTEREST	0	10,322,330
4.14	4.00	EMPLOYEE BENEFITS DEPARTMENT	FSEH SHARED SERVICES	0	104,907
4.15	5.01	COMMUNICATIONS	FSEH SHARED SERVICES	0	103,205
4.16	5.02	MGMT INFO SYSTEMS	FSEH SHARED SERVICES	0	151,956
4.17	5.06	OTHER ADMINISTRATIVE AND GEN	FSEH SHARED SERVICES	0	1,045,355
4.18	7.00	OPERATION OF PLANT	FSEH SHARED SERVICES	0	55,598
4.19	13.00	NURSING ADMINISTRATION	FSEH SHARED SERVICES	0	209,035
4.20	15.00	PHARMACY	FSEH SHARED SERVICES	0	75,177
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			33,381,852	38,936,440

* 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	FRANCI SCAN ALLI	100.00	FRANCI SCAN ALLI	100.00	6.00
7.00	G	FSEH	100.00	FSEH	100.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:	FSEH- SHARED SV				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: 150109

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

Worksheet A-8-1

Date/Time Prepared:
5/27/2016 10:30 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	2,257,072	9	1.00
2.00	1,718,656	9	2.00
3.00	5,637,922	0	3.00
3.01	5,627,636	0	3.01
4.00	536,035	0	4.00
4.01	11,554,731	0	4.01
4.02	825,707	0	4.02
4.03	475,208	0	4.03
4.04	2,982,427	0	4.04
4.05	1,766,458	0	4.05
4.06	-12,711,773	0	4.06
4.07	-908,389	0	4.07
4.08	-522,793	0	4.08
4.09	-3,281,075	0	4.09
4.10	-6,191,163	0	4.10
4.11	-526,358	0	4.11
4.12	-2,727,326	0	4.12
4.13	-10,322,330	0	4.13
4.14	-104,907	0	4.14
4.15	-103,205	0	4.15
4.16	-151,956	0	4.16
4.17	-1,045,355	0	4.17
4.18	-55,598	0	4.18
4.19	-209,035	0	4.19
4.20	-75,177	0	4.20
5.00	-5,554,588		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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	HOME OFFICE	6.00
7.00	SISTER FACILITY	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: 150109

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

Worksheet A-8-2

Date/Time Prepared:
5/27/2016 10:30 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.06	OTHER ADMINSTRATIVE AND GENERAL	16,800	0	16,800	171,400	67	1.00
2.00	5.06	OTHER ADMINSTRATIVE AND GENERAL	120,038	120,038	0	171,400	0	2.00
3.00	5.06	OTHER ADMINSTRATIVE AND GENERAL	2,700	2,700	0	171,400	0	3.00
4.00	5.06	OTHER ADMINSTRATIVE AND GENERAL	2,447,887	1,561,375	886,512	171,400	4,664	4.00
5.00	5.06	OTHER ADMINSTRATIVE AND GENERAL	110,875	110,875	0	171,400	0	5.00
6.00	15.00	PHARMACY	4,950	0	4,950	171,400	52	6.00
7.00	30.00	ADULTS & PEDIATRICS	45,817	45,817	0	154,100	0	7.00
8.00	30.00	ADULTS & PEDIATRICS	67,533	67,533	0	154,100	0	8.00
9.00	30.00	ADULTS & PEDIATRICS	13,200	0	13,200	154,100	206	9.00
10.00	35.00	NEONATAL INTENSIVE CARE UNIT	494,500	386,500	108,000	152,100	628	10.00
11.00	41.00	SUBPROVIDER - IRF	128,116	38,116	90,000	171,400	819	11.00
12.00	54.00	RADIOLOGY-DIAGNOSTIC	2,969,035	2,908,943	60,092	231,100	429	12.00
13.00	56.00	RADIOISOTOPE	12,525	3,525	9,000	171,400	54	13.00
14.00	60.00	LABORATORY	67,728	58,395	9,333	219,500	55	14.00
15.00	65.00	RESPIRATORY THERAPY	32,400	0	32,400	171,400	216	15.00
16.00	69.00	ELECTROCARDIOLOGY	978,189	978,189	0	159,800	0	16.00
17.00	69.00	ELECTROCARDIOLOGY	900	900	0	159,800	0	17.00
18.00	70.00	ELECTROENCEPHALOGRAPHY	15,000	15,000	0	171,400	0	18.00
19.00	73.01	DIABETES CENTER	9,000	0	9,000	171,400	40	19.00
20.00	91.00	EMERGENCY	11,850	11,850	0	171,400	0	20.00
21.00	91.01	WOUND CARE	15,000	0	15,000	159,800	190	21.00
22.00	95.00	AMBULANCE SERVICES	45,000	0	45,000	159,800	278	22.00
200.00			7,609,043	6,309,756	1,299,287		7,698	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	5.06	OTHER ADMINSTRATIVE AND GENERAL	5,521	276	0	0	0	1.00
2.00	5.06	OTHER ADMINSTRATIVE AND GENERAL	0	0	0	0	0	2.00
3.00	5.06	OTHER ADMINSTRATIVE AND GENERAL	0	0	0	0	0	3.00
4.00	5.06	OTHER ADMINSTRATIVE AND GENERAL	384,332	19,217	0	0	0	4.00
5.00	5.06	OTHER ADMINSTRATIVE AND GENERAL	0	0	0	0	0	5.00
6.00	15.00	PHARMACY	4,285	214	0	0	0	6.00
7.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	7.00
8.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	8.00
9.00	30.00	ADULTS & PEDIATRICS	15,262	763	0	0	0	9.00
10.00	35.00	NEONATAL INTENSIVE CARE UNIT	45,922	2,296	0	0	0	10.00
11.00	41.00	SUBPROVIDER - IRF	67,489	3,374	0	0	0	11.00
12.00	54.00	RADIOLOGY-DIAGNOSTIC	47,664	2,383	0	0	0	12.00
13.00	56.00	RADIOISOTOPE	4,450	223	0	0	0	13.00
14.00	60.00	LABORATORY	5,804	290	0	0	0	14.00
15.00	65.00	RESPIRATORY THERAPY	17,799	890	0	0	0	15.00
16.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	16.00
17.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	17.00
18.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	18.00
19.00	73.01	DIABETES CENTER	3,296	165	0	0	0	19.00
20.00	91.00	EMERGENCY	0	0	0	0	0	20.00
21.00	91.01	WOUND CARE	14,597	730	0	0	0	21.00
22.00	95.00	AMBULANCE SERVICES	21,358	1,068	0	0	0	22.00
200.00			637,779	31,889	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	5.06	OTHER ADMINSTRATIVE AND GENERAL	0	5,521	11,279	11,279	1.00
2.00	5.06	OTHER ADMINSTRATIVE AND GENERAL	0	0	0	120,038	2.00
3.00	5.06	OTHER ADMINSTRATIVE AND GENERAL	0	0	0	2,700	3.00
4.00	5.06	OTHER ADMINSTRATIVE AND GENERAL	0	384,332	502,180	2,063,555	4.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150109

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

Worksheet A-8-2

Date/Time Prepared:
5/27/2016 10:30 am

	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		
5.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	110,875		5.00
6.00	15.00	PHARMACY	0	4,285	665	665		6.00
7.00	30.00	ADULTS & PEDIATRICS	0	0	0	45,817		7.00
8.00	30.00	ADULTS & PEDIATRICS	0	0	0	67,533		8.00
9.00	30.00	ADULTS & PEDIATRICS	0	15,262	0	0		9.00
10.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	45,922	62,078	448,578		10.00
11.00	41.00	SUBPROVIDER - IRF	0	67,489	22,511	60,627		11.00
12.00	54.00	RADIOLOGY-DIAGNOSTIC	0	47,664	12,428	2,921,371		12.00
13.00	56.00	RADIOISOTOPE	0	4,450	4,550	8,075		13.00
14.00	60.00	LABORATORY	0	5,804	3,529	61,924		14.00
15.00	65.00	RESPIRATORY THERAPY	0	17,799	14,601	14,601		15.00
16.00	69.00	ELECTROCARDIOLOGY	0	0	0	978,189		16.00
17.00	69.00	ELECTROCARDIOLOGY	0	0	0	900		17.00
18.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	15,000		18.00
19.00	73.01	DIABETES CENTER	0	3,296	5,704	5,704		19.00
20.00	91.00	EMERGENCY	0	0	0	11,850		20.00
21.00	91.01	WOUND CARE	0	14,597	403	403		21.00
22.00	95.00	AMBULANCE SERVICES	0	21,358	23,642	23,642		22.00
200.00			0	637,779	663,570	6,973,326		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150109

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

Worksheet B
Part I
Date/Time Prepared:
5/27/2016 10:30 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	22,179,515	22,179,515			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	4,490,969		4,490,969		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	29,874,467	424,849	86,025	30,385,341	4.00
5.01 01160	COMMUNICATIONS	1,204,094	47,738	9,666	161,297	1,422,795 5.01
5.02 01140	MGMT INFO SYSTEMS	12,343,268	706,299	143,013	0	46,417 5.02
5.03 00550	PURCHASING	1,022,569	435,679	88,218	0	28,254 5.03
5.04 00570	ADMINISTRATIVE	462,456	63,384	12,834	0	0 5.04
5.05 00580	PATIENT ACCOUNTING	4,599,139	160,829	32,565	0	28,254 5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	12,341,479	1,716,986	347,660	1,833,143	147,325 5.06
7.00 00700	OPERATION OF PLANT	9,264,644	4,751,652	962,126	995,576	110,998 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	885,096	52,714	10,674	47,267	2,018 8.00
9.00 00900	HOUSEKEEPING	2,647,168	393,157	79,608	707,267	18,163 9.00
10.00 01000	DIETARY	1,004,572	593,208	120,114	283,367	60,544 10.00
11.00 01100	CAFETERIA	986,383	405,876	82,183	449,253	0 11.00
13.00 01300	NURSING ADMINISTRATION	2,574,276	136,614	27,662	983,921	18,163 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	337,033	157,343	31,859	140,680	8,073 14.00
15.00 01500	PHARMACY	3,057,376	259,550	52,554	936,330	46,417 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,853,207	139,275	28,201	6,111	34,309 16.00
17.00 01700	SOCIAL SERVICE	416,875	21,660	4,386	183,988	18,163 17.00
20.00 02000	NURSING SCHOOL	2,741,690	1,359,512	275,278	825,171	0 20.00
23.00 02301	PARAMED ED PRGM-(SPECIFY)	336,405	232,382	47,053	84,167	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	17,353,222	2,432,172	492,473	6,176,088	232,087 30.00
31.00 03100	INTENSIVE CARE UNIT	3,458,874	385,972	78,153	1,243,961	44,399 31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	1,771,677	222,350	45,022	618,099	34,309 35.00
40.00 04000	SUBPROVIDER - I/PF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - I/RF	1,298,690	282,248	57,150	438,967	48,436 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	94,491	19,133	0	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	21,538,393	923,460	186,985	1,268,852	48,436 50.00
51.00 05100	RECOVERY ROOM	654,149	84,379	17,085	237,062	16,145 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	568,222	115,055	0	52,472 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	12,270,911	1,027,903	208,133	1,221,094	121,089 54.00
55.00 03630	RADIOLOGY-THERAPEUTIC	407,642	23,736	4,806	138,765	0 55.00
56.00 05600	RADIOISOTOPE	219,859	11,841	2,398	70,291	0 56.00
56.01 03950	CARDIAC CATH LAB	1,169,056	284,510	57,608	417,765	0 56.01
57.00 05700	CT SCAN	1,006,437	100,877	20,426	233,953	0 57.00
58.00 05800	MRI	389,829	45,875	9,289	83,814	0 58.00
60.00 06000	LABORATORY	9,252,952	495,019	100,233	0	88,799 60.00
65.00 06500	RESPIRATORY THERAPY	2,074,517	73,922	14,968	695,004	68,617 65.00
66.00 06600	PHYSICAL THERAPY	2,490,871	267,533	54,171	877,670	12,109 66.00
67.00 06700	OCCUPATIONAL THERAPY	988,796	133,607	27,053	352,909	0 67.00
68.00 06800	SPEECH PATHOLOGY	447,107	71,873	14,553	159,808	0 68.00
69.00 06900	ELECTROCARDIOLOGY	1,776,589	333,419	67,511	539,633	12,109 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	591,703	107,396	21,746	180,013	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,688,161	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	14,513,398	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	7,362,990	0	0	0	0 73.00
73.01 07301	DIABETES CENTER	282,288	0	0	100,577	12,109 73.01
74.00 07400	RENAL DIALYSIS	665,054	66,497	13,465	41,456	0 74.00
76.98 07698	HYPERBARIC OXYGEN THERAPY	247,131	79,829	16,164	0	0 76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	572,655	0	0	102,006	64,581 90.00
91.00 09100	EMERGENCY	6,341,591	1,142,484	231,333	2,257,692	0 91.00
91.01 04950	WOUND CARE	1,248,463	185,123	37,484	443,943	0 91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	1,678,935	0	0	606,746	0 92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	2,610,513	94,970	19,230	744,059	0 95.00
99.10 09910	CORF	0	0	0	0	0 99.10
101.00 10100	HOME HEALTH AGENCY	3,698,801	0	0	979,080	0 101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0 111.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150109

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

Worksheet B
Part I
Date/Time Prepared:
5/27/2016 10:30 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	1,498,526	101,356	20,523	385,055		0 116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	251,192,461	21,699,771	4,393,829	28,251,900	1,422,795	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	79,421	69,903	14,154	17,861		0 190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	11,915,681	409,841	82,986	2,091,068		0 192.00
192.01 19201 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		0 192.01
194.00 07950 MOB	53,659	0	0	19,426		0 194.00
194.01 07951 LIFELINE	58,623	0	0	5,086		0 194.01
194.02 07952 PATIENT TRANSPORT	127,654	0	0	0		0 194.02
194.03 07953 SETON LEASE 1 NORTH	2,703	0	0	0		0 194.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0		0 201.00
202.00 TOTAL (sum lines 118-201)	263,430,202	22,179,515	4,490,969	30,385,341	1,422,795	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150109

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

Worksheet B
Part I
Date/Time Prepared:
5/27/2016 10:30 am

Cost Center Description		MGMT INFO SYSTEMS	PURCHASING	ADMINISTRATIVE	PATIENT ACCOUNTING	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	01140	13,238,997					5.02
5.03	00550	0	1,574,720				5.03
5.04	00570	0	3	538,677			5.04
5.05	00580	0	0	0	4,820,787		5.05
5.06	00560	876,673	900	0	0	17,264,166	5.06
7.00	00700	574,600	0	0	0	16,659,596	7.00
8.00	00800	46,470	106	0	0	1,044,345	8.00
9.00	00900	691,630	3,083	0	0	4,540,076	9.00
10.00	01000	306,026	506	0	0	2,368,337	10.00
11.00	01100	363,253	612	0	0	2,287,560	11.00
13.00	01300	378,355	5	0	0	4,118,996	13.00
14.00	01400	113,371	37,416	0	0	825,775	14.00
15.00	01500	318,017	22,451	0	0	4,692,695	15.00
16.00	01600	2,420	2	0	0	2,063,525	16.00
17.00	01700	97,653	1	0	0	742,726	17.00
20.00	02000	337,787	146	0	0	5,539,584	20.00
23.00	02301	48,846	0	0	0	748,853	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	2,596,394	37,801	31,176	279,016	29,630,429	30.00
31.00	03100	581,639	10,626	8,555	76,567	5,888,746	31.00
35.00	02060	251,092	4,375	6,795	60,811	3,014,530	35.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	162,339	1,764	2,077	18,589	2,310,260	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	5,932	3,086	1,715	15,345	139,702	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	531,818	982,170	86,742	776,069	26,342,925	50.00
51.00	05100	80,474	1,556	5,502	49,244	1,145,596	51.00
52.00	05200	35,669	18,126	10,619	95,037	895,200	52.00
54.00	05400	584,931	112,675	42,860	383,588	15,973,184	54.00
55.00	03630	47,401	1,049	4,054	36,280	663,733	55.00
56.00	05600	28,939	270	0	0	333,598	56.00
56.01	03950	160,473	170,127	14,920	133,536	2,407,995	56.01
57.00	05700	93,391	7,254	31,117	278,490	1,771,945	57.00
58.00	05800	26,456	949	7,832	70,091	634,135	58.00
60.00	06000	0	46,907	54,494	487,709	10,526,113	60.00
65.00	06500	323,631	23,869	5,328	47,683	3,327,539	65.00
66.00	06600	414,102	7,518	6,849	61,293	4,192,116	66.00
67.00	06700	144,691	1,530	3,774	33,780	1,686,140	67.00
68.00	06800	61,949	76	863	7,722	763,951	68.00
69.00	06900	225,518	1,228	12,801	114,569	3,083,377	69.00
70.00	07000	80,455	2,211	2,358	21,102	1,006,984	70.00
71.00	07100	0	0	54,978	492,044	17,235,183	71.00
72.00	07200	0	0	41,748	373,635	14,928,781	72.00
73.00	07300	0	0	43,680	390,929	7,797,599	73.00
73.01	07301	43,247	76	119	1,063	439,479	73.01
74.00	07400	18,222	637	1,141	10,214	816,686	74.00
76.98	07698	0	99	874	7,820	351,917	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	79,490	1,632	450	4,030	824,844	90.00
91.00	09100	1,001,076	43,138	33,249	297,571	11,348,134	91.00
91.01	04950	184,103	14,426	3,303	29,566	2,146,411	91.01
92.00	09200	0	0	0	0	0	92.00
92.01	09201	257,033	3,252	4,943	44,235	2,595,144	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	478,824	4,052	6,908	61,828	4,020,384	95.00
99.10	09910	0	0	0	0	0	99.10
101.00	10100	410,801	5,623	4,512	40,382	5,139,199	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
116.00	11600	138,906	1,384	2,341	20,949	2,169,040	116.00
118.00		13,204,097	1,574,717	538,677	4,820,787	248,447,233	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	10,149	0	0	0	191,488	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150109

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

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Cost Center Description			MGMT INFO SYSTEMS	PURCHASING	ADMINISTRATIVE	PATIENT ACCOUNTING	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3	0	0	14,499,579	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
194.00	07950	MOB	19,696	0	0	0	92,781	194.00
194.01	07951	LIFELINE	5,055	0	0	0	68,764	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	127,654	194.02
194.03	07953	SETON LEASE 1 NORTH	0	0	0	0	2,703	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	13,238,997	1,574,720	538,677	4,820,787	263,430,202	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 150109		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part I Date/Time Prepared: 5/27/2016 10:30 am	
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	01140	MGMT INFO SYSTEMS						5.02
5.03	00550	PURCHASING						5.03
5.04	00570	ADMINISTRATIVE						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	17,264,166					5.06
7.00	00700	OPERATION OF PLANT	1,168,371	17,827,967				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	73,242	67,746	1,185,333			8.00
9.00	00900	HOUSEKEEPING	318,405	505,273	27,412	5,391,166		9.00
10.00	01000	DIETARY	166,096	762,372	33,291	238,197	3,568,293	10.00
11.00	01100	CAFETERIA	160,431	521,619	0	162,976	0	11.00
13.00	01300	NURSING ADMINISTRATION	288,873	175,572	0	54,856	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	57,913	202,212	30,042	63,179	0	14.00
15.00	01500	PHARMACY	329,108	333,565	0	104,220	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	144,719	178,991	0	55,924	0	16.00
17.00	01700	SOCIAL SERVICE	52,089	27,837	0	8,697	0	17.00
20.00	02000	NURSING SCHOOL	388,502	1,747,200	0	545,898	0	20.00
23.00	02301	PARAMED ED PRGM-(SPECIFY)	52,519	298,649	0	93,311	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,078,091	3,125,749	418,443	976,615	2,977,217	30.00
31.00	03100	INTENSIVE CARE UNIT	412,990	496,039	63,745	154,983	380,475	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	211,415	285,757	26,570	89,282	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	162,023	362,736	22,502	113,334	210,601	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	9,798	121,436	43,666	37,942	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,847,482	1,186,801	207,885	370,806	0	50.00
51.00	05100	RECOVERY ROOM	80,343	108,441	38,227	33,882	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	62,782	730,260	46,686	228,164	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,120,231	1,321,027	72,944	412,744	0	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	46,549	30,504	0	9,531	0	55.00
56.00	05600	RADIOISOTOPE	23,396	15,218	0	4,755	0	56.00
56.01	03950	CARDIAC CATH LAB	168,878	365,643	4,820	114,242	0	56.01
57.00	05700	CT SCAN	124,270	129,644	0	40,506	0	57.00
58.00	05800	MRI	44,473	58,957	0	18,421	0	58.00
60.00	06000	LABORATORY	738,217	636,182	7,558	198,770	0	60.00
65.00	06500	RESPIRATORY THERAPY	233,367	95,002	8,850	29,682	0	65.00
66.00	06600	PHYSICAL THERAPY	294,001	343,825	16,469	107,425	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	118,252	171,707	0	53,648	0	67.00
68.00	06800	SPEECH PATHOLOGY	53,577	92,368	0	28,860	0	68.00
69.00	06900	ELECTROCARDIOLOGY	216,243	428,499	6,713	133,881	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70,622	138,022	0	43,124	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,208,738	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,046,985	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	546,861	0	0	0	0	73.00
73.01	07301	DIABETES CENTER	30,822	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	57,276	85,460	0	26,701	0	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	24,681	102,593	0	32,054	0	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	57,848	0	0	0	0	90.00
91.00	09100	EMERGENCY	795,867	1,468,283	109,510	458,753	0	91.00
91.01	04950	WOUND CARE	150,532	237,914	0	74,334	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	182,003	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	281,958	122,052	0	38,134	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	360,422	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	152,119	130,259	0	40,698	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	16,213,380	17,211,414	1,185,333	5,198,529	3,568,293	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150109

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

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Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL 5.06	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	13,429	89,838	0	28,069	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,016,884	526,715	0	164,568	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
194.00	07950	MOB	6,507	0	0	0	0	194.00
194.01	07951	LIFELINE	4,823	0	0	0	0	194.01
194.02	07952	PATIENT TRANSPORT	8,953	0	0	0	0	194.02
194.03	07953	SETON LEASE 1 NORTH	190	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	17,264,166	17,827,967	1,185,333	5,391,166	3,568,293	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150109		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part I Date/Time Prepared: 5/27/2016 10:30 am	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	01140						5.02
5.03	00550						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00560						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	3,132,586					11.00
13.00	01300	114,180	4,752,477				13.00
14.00	01400	34,213	0	1,213,334			14.00
15.00	01500	95,971	0	0	5,555,559		15.00
16.00	01600	730	0	0	0	2,443,889	16.00
17.00	01700	29,470	0	0	0	0	17.00
20.00	02000	101,937	0	0	0	0	20.00
23.00	02301	14,741	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	783,540	1,249,762	0	0	141,434	30.00
31.00	03100	175,527	347,770	0	0	38,812	31.00
35.00	02060	75,775	150,131	0	0	30,825	35.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	48,991	97,065	0	0	9,423	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	1,790	49,886	0	0	7,778	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	160,492	317,982	0	0	393,613	50.00
51.00	05100	24,286	48,117	0	0	24,962	51.00
52.00	05200	10,764	288,703	0	0	48,174	52.00
54.00	05400	176,521	0	0	0	194,442	54.00
55.00	03630	14,305	0	0	0	18,390	55.00
56.00	05600	8,733	17,303	0	0	0	56.00
56.01	03950	48,428	95,949	0	0	67,690	56.01
57.00	05700	28,184	0	0	0	141,167	57.00
58.00	05800	7,984	0	0	0	35,529	58.00
60.00	06000	0	0	0	0	247,221	60.00
65.00	06500	97,665	193,503	0	0	24,171	65.00
66.00	06600	124,968	247,598	0	0	31,070	66.00
67.00	06700	43,665	86,513	0	0	17,123	67.00
68.00	06800	18,695	37,040	0	0	3,914	68.00
69.00	06900	68,057	103,526	0	0	58,075	69.00
70.00	07000	24,280	48,105	0	0	10,696	70.00
71.00	07100	0	0	643,067	0	249,418	71.00
72.00	07200	0	0	570,267	0	189,396	72.00
73.00	07300	0	0	0	5,555,559	198,163	73.00
73.01	07301	13,051	25,858	0	0	539	73.01
74.00	07400	5,499	10,895	0	0	5,178	74.00
76.98	07698	0	0	0	0	3,964	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	23,988	0	0	0	2,043	90.00
91.00	09100	302,105	605,900	0	0	150,839	91.00
91.01	04950	55,559	110,078	0	0	14,987	91.01
92.00	09200						92.00
92.01	09201	77,568	0	0	0	22,423	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	144,500	292,115	0	0	31,341	95.00
99.10	09910	0	0	0	0	0	99.10
101.00	10100	123,972	245,624	0	0	20,470	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300						113.00
116.00	11600	41,919	83,054	0	0	10,619	116.00
118.00							118.00
		3,122,053	4,752,477	1,213,334	5,555,559	2,443,889	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150109

Period:
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,063	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
194.00	07950	MOB	5,944	0	0	0	0	194.00
194.01	07951	LIFELINE	1,526	0	0	0	0	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03	07953	SETON LEASE 1 NORTH	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,132,586	4,752,477	1,213,334	5,555,559	2,443,889	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150109

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

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Cost Center Description		SOCIAL SERVICE	NURSING SCHOOL	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		17.00	20.00	23.00	24.00	25.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	01140						5.02
5.03	00550						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00560						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500						15.00
16.00	01600						16.00
17.00	01700	860,819					17.00
20.00	02000	0	8,323,121				20.00
23.00	02301	0		1,208,073			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	610,806	8,323,121	0	50,315,207	-3,467,755	30.00
31.00	03100	84,661	0	0	8,043,748	0	31.00
35.00	02060	51,023	0	0	3,935,308	0	35.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	46,912	0	0	3,383,847	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	67,417	0	0	479,415	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	0	30,827,986	0	50.00
51.00	05100	0	0	0	1,503,854	0	51.00
52.00	05200	0	0	0	2,310,733	0	52.00
54.00	05400	0	0	0	19,271,093	0	54.00
55.00	03630	0	0	0	783,012	0	55.00
56.00	05600	0	0	0	403,003	0	56.00
56.01	03950	0	0	0	3,273,645	0	56.01
57.00	05700	0	0	0	2,235,716	0	57.00
58.00	05800	0	0	0	799,499	0	58.00
60.00	06000	0	0	0	12,354,061	0	60.00
65.00	06500	0	0	0	4,009,779	0	65.00
66.00	06600	0	0	0	5,357,472	0	66.00
67.00	06700	0	0	0	2,177,048	0	67.00
68.00	06800	0	0	0	998,405	0	68.00
69.00	06900	0	0	0	4,098,371	0	69.00
70.00	07000	0	0	0	1,341,833	0	70.00
71.00	07100	0	0	0	19,336,406	0	71.00
72.00	07200	0	0	0	16,735,429	0	72.00
73.00	07300	0	0	700,682	14,798,864	0	73.00
73.01	07301	0	0	0	509,749	0	73.01
74.00	07400	0	0	0	1,007,695	0	74.00
76.98	07698	0	0	0	515,209	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	908,723	0	90.00
91.00	09100	0	0	507,391	15,746,782	0	91.00
91.01	04950	0	0	0	2,789,815	0	91.01
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	0	0	2,877,138	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	4,930,484	0	95.00
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	5,889,687	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
116.00	11600	0	0	0	2,627,708	0	116.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150109

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

Worksheet B
Part I
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Cost Center Description		SOCIAL SERVICE	NURSING SCHOOL	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		17.00	20.00	23.00	24.00	25.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	860,819	8,323,121	1,208,073	246,576,724	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	325,887	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	16,207,746	0	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
194.00	07950 MOB	0	0	0	105,232	0	194.00
194.01	07951 LIFELINE	0	0	0	75,113	0	194.01
194.02	07952 PATIENT TRANSPORT	0	0	0	136,607	0	194.02
194.03	07953 SETON LEASE 1 NORTH	0	0	0	2,893	0	194.03
200.00	Cross Foot Adjustments		0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	860,819	8,323,121	1,208,073	263,430,202	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150109

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

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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	01160 COMMUNICATIONS		5.01
5.02	01140 MGMT INFO SYSTEMS		5.02
5.03	00550 PURCHASING		5.03
5.04	00570 ADMINISTRATION		5.04
5.05	00580 PATIENT ACCOUNTING		5.05
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL		5.06
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL 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
20.00	02000 NURSING SCHOOL		20.00
23.00	02301 PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	46,847,452	30.00
31.00	03100 INTENSIVE CARE UNIT	8,043,748	31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	3,935,308	35.00
40.00	04000 SUBPROVIDER - I PF	0	40.00
41.00	04100 SUBPROVIDER - I RF	3,383,847	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	479,415	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	30,827,986	50.00
51.00	05100 RECOVERY ROOM	1,503,854	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,310,733	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	19,271,093	54.00
55.00	03630 RADIOLOGY-THERAPEUTIC	783,012	55.00
56.00	05600 RADIOISOTOPE	403,003	56.00
56.01	03950 CARDIAC CATH LAB	3,273,645	56.01
57.00	05700 CT SCAN	2,235,716	57.00
58.00	05800 MRI	799,499	58.00
60.00	06000 LABORATORY	12,354,061	60.00
65.00	06500 RESPIRATORY THERAPY	4,009,779	65.00
66.00	06600 PHYSICAL THERAPY	5,357,472	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,177,048	67.00
68.00	06800 SPEECH PATHOLOGY	998,405	68.00
69.00	06900 ELECTROCARDIOLOGY	4,098,371	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,341,833	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	19,336,406	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	16,735,429	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	14,798,864	73.00
73.01	07301 DIABETES CENTER	509,749	73.01
74.00	07400 RENAL DIALYSIS	1,007,695	74.00
76.98	07698 HYPERBARIC OXYGEN THERAPY	515,209	76.98
OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	908,723	90.00
91.00	09100 EMERGENCY	15,746,782	91.00
91.01	04950 WOUND CARE	2,789,815	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	2,877,138	92.01
OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	4,930,484	95.00
99.10	09910 CORF	0	99.10
101.00	10100 HOME HEALTH AGENCY	5,889,687	101.00
SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
113.00	11300 INTEREST EXPENSE		113.00
116.00	11600 HOSPICE	2,627,708	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	243,108,969	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	325,887	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	16,207,746	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150109

Period:
From 01/01/2015
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Cost Center Description			Total	
			26.00	
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	192.01
194.00	07950	MOB	105,232	194.00
194.01	07951	LIFELINE	75,113	194.01
194.02	07952	PATIENT TRANSPORT	136,607	194.02
194.03	07953	SETON LEASE 1 NORTH	2,893	194.03
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118-201)	259,962,447	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150109

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	424,849	86,025	510,874	4.00
5.01 01160	COMMUNICATIONS	0	47,738	9,666	57,404	5.01
5.02 01140	MGMT INFO SYSTEMS	0	706,299	143,013	849,312	5.02
5.03 00550	PURCHASING	0	435,679	88,218	523,897	5.03
5.04 00570	ADMINISTRATIVE	0	63,384	12,834	76,218	5.04
5.05 00580	PATIENT ACCOUNTING	0	160,829	32,565	193,394	5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	1,320	1,716,986	347,660	2,065,966	5.06
7.00 00700	OPERATION OF PLANT	2,285	4,751,652	962,126	5,716,063	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	52,714	10,674	63,388	8.00
9.00 00900	HOUSEKEEPING	1,320	393,157	79,608	474,085	9.00
10.00 01000	DIETARY	49,821	593,208	120,114	763,143	10.00
11.00 01100	CAFETERIA	0	405,876	82,183	488,059	11.00
13.00 01300	NURSING ADMINISTRATION	0	136,614	27,662	164,276	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	26,890	157,343	31,859	216,092	14.00
15.00 01500	PHARMACY	193,797	259,550	52,554	505,901	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	139,275	28,201	167,476	16.00
17.00 01700	SOCIAL SERVICE	0	21,660	4,386	26,046	17.00
20.00 02000	NURSING SCHOOL	0	1,359,512	275,278	1,634,790	20.00
23.00 02301	PARAMEDICAL PRGM-(SPECIFY)	0	232,382	47,053	279,435	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	274,890	2,432,172	492,473	3,199,535	30.00
31.00 03100	INTENSIVE CARE UNIT	1,476	385,972	78,153	465,601	31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	222,350	45,022	267,372	35.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	40	282,248	57,150	339,438	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	0	94,491	19,133	113,624	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	192,088	923,460	186,985	1,302,533	50.00
51.00 05100	RECOVERY ROOM	0	84,379	17,085	101,464	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	568,222	115,055	683,277	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	701,438	1,027,903	208,133	1,937,474	54.00
55.00 03630	RADIOLOGY-THERAPEUTIC	0	23,736	4,806	28,542	55.00
56.00 05600	RADIOISOTOPE	0	11,841	2,398	14,239	56.00
56.01 03950	CARDIAC CATH LAB	2,948	284,510	57,608	345,066	56.01
57.00 05700	CT SCAN	0	100,877	20,426	121,303	57.00
58.00 05800	MRI	0	45,875	9,289	55,164	58.00
60.00 06000	LABORATORY	7,575	495,019	100,233	602,827	60.00
65.00 06500	RESPIRATORY THERAPY	21,392	73,922	14,968	110,282	65.00
66.00 06600	PHYSICAL THERAPY	98,998	267,533	54,171	420,702	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	133,607	27,053	160,660	67.00
68.00 06800	SPEECH PATHOLOGY	0	71,873	14,553	86,426	68.00
69.00 06900	ELECTROCARDIOLOGY	660	333,419	67,511	401,590	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,032	107,396	21,746	130,174	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
73.01 07301	DIABETES CENTER	0	0	0	0	73.01
74.00 07400	RENAL DIALYSIS	0	66,497	13,465	79,962	74.00
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	79,829	16,164	95,993	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	90.00
91.00 09100	EMERGENCY	143,690	1,142,484	231,333	1,517,507	91.00
91.01 04950	WOUND CARE	0	185,123	37,484	222,607	91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	207,139	0	0	207,139	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	23,100	94,970	19,230	137,300	95.00
99.10 09910	CORF	0	0	0	0	99.10
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150109

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
116.00 11600 HOSPICE	0	101,356	20,523	121,879	6,474	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,951,899	21,699,771	4,393,829	28,045,499	475,005	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	69,903	14,154	84,057	300	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	409,841	82,986	492,827	35,156	192.00
192.01 19201 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
194.00 07950 MOB	0	0	0	0	327	194.00
194.01 07951 LIFELINE	0	0	0	0	86	194.01
194.02 07952 PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03 07953 SETON LEASE 1 NORTH	0	0	0	0	0	194.03
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers				0		201.00
202.00 TOTAL (sum lines 118-201)	1,951,899	22,179,515	4,490,969	28,622,383	510,874	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150109		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/27/2016 10:30 am	
Cost Center Description			COMMUNICATIONS	MGMT INFO SYSTEMS	PURCHASING	ADMINITTING	PATIENT ACCOUNTING	
			5.01	5.02	5.03	5.04	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
5.01	01160	COMMUNICATIONS	60,116					5.01
5.02	01140	MGMT INFO SYSTEMS	1,961	851,273				5.02
5.03	00550	PURCHASING	1,194	0	525,091			5.03
5.04	00570	ADMINITTING	0	0	1	76,219		5.04
5.05	00580	PATIENT ACCOUNTING	1,194	0	0	0	194,588	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	6,225	56,371	300	0	0	5.06
7.00	00700	OPERATION OF PLANT	4,690	36,947	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	85	2,988	35	0	0	8.00
9.00	00900	HOUSEKEEPING	767	44,472	1,028	0	0	9.00
10.00	01000	DIETARY	2,558	19,678	169	0	0	10.00
11.00	01100	CAFETERIA	0	23,357	204	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	767	24,328	2	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	341	7,290	12,476	0	0	14.00
15.00	01500	PHARMACY	1,961	20,449	7,486	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,450	156	1	0	0	16.00
17.00	01700	SOCIAL SERVICE	767	6,279	0	0	0	17.00
20.00	02000	NURSING SCHOOL	0	21,720	49	0	0	20.00
23.00	02301	PARAMED ED PRGM-(SPECIFY)	0	3,141	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,805	166,945	12,604	4,393	11,255	30.00
31.00	03100	INTENSIVE CARE UNIT	1,876	37,400	3,543	1,206	3,088	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,450	16,145	1,459	958	2,453	35.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	2,047	10,439	588	293	750	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	381	1,029	242	619	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,047	34,196	327,511	12,527	31,441	50.00
51.00	05100	RECOVERY ROOM	682	5,175	519	775	1,986	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,217	2,294	6,044	1,496	3,833	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,116	37,611	37,571	6,040	15,473	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	0	3,048	350	571	1,463	55.00
56.00	05600	RADIOISOTOPE	0	1,861	90	0	0	56.00
56.01	03950	CARDIAC CATH LAB	0	10,319	56,728	2,103	5,386	56.01
57.00	05700	CT SCAN	0	6,005	2,419	4,385	11,233	57.00
58.00	05800	MRI	0	1,701	317	1,104	2,827	58.00
60.00	06000	LABORATORY	3,752	0	15,641	7,680	19,672	60.00
65.00	06500	RESPIRATORY THERAPY	2,899	20,810	7,959	751	1,923	65.00
66.00	06600	PHYSICAL THERAPY	512	26,627	2,507	965	2,472	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	9,304	510	532	1,363	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,983	25	122	311	68.00
69.00	06900	ELECTROCARDIOLOGY	512	14,501	409	1,804	4,621	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,173	737	332	851	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	7,748	19,847	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	5,883	15,071	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	6,156	15,769	73.00
73.01	07301	DIABETES CENTER	512	2,781	25	17	43	73.01
74.00	07400	RENAL DIALYSIS	0	1,172	212	161	412	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	33	123	315	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	2,729	5,111	544	63	163	90.00
91.00	09100	EMERGENCY	0	64,370	14,384	4,686	12,003	91.00
91.01	04950	WOUND CARE	0	11,838	4,810	466	1,193	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	16,527	1,084	697	1,784	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	30,789	1,351	974	2,494	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	26,415	1,875	636	1,629	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	8,932	461	330	845	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	60,116	849,029	525,090	76,219	194,588	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	653	0	0	0	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150109

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

Worksheet B
Part II
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Cost Center Description			COMMUNICATIONS	MGMT INFO SYSTEMS	PURCHASING	ADMINISTRATIVE	PATIENT ACCOUNTING	
			5.01	5.02	5.03	5.04	5.05	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
194.00	07950	MOB	0	1,266	0	0	0	194.00
194.01	07951	LIFELINE	0	325	0	0	0	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03	07953	SETON LEASE 1 NORTH	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	60,116	851,273	525,091	76,219	194,588	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150109	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/27/2016 10:30 am		
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL 5.06	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	01140	MGMT INFO SYSTEMS					5.02
5.03	00550	PURCHASING					5.03
5.04	00570	ADMINISTRATIVE					5.04
5.05	00580	PATIENT ACCOUNTING					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	2,159,682				5.06
7.00	00700	OPERATION OF PLANT	146,155	5,920,593			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	9,162	22,498	98,951		8.00
9.00	00900	HOUSEKEEPING	39,830	167,799	2,288	742,160	9.00
10.00	01000	DIETARY	20,777	253,180	2,779	32,791	1,099,839
11.00	01100	CAFETERIA	20,069	173,228	0	22,436	0
13.00	01300	NURSING ADMINISTRATION	36,136	58,307	0	7,552	0
14.00	01400	CENTRAL SERVICES & SUPPLY	7,245	67,154	2,508	8,697	0
15.00	01500	PHARMACY	41,169	110,776	0	14,347	0
16.00	01600	MEDICAL RECORDS & LIBRARY	18,103	59,442	0	7,699	0
17.00	01700	SOCIAL SERVICE	6,516	9,245	0	1,197	0
20.00	02000	NURSING SCHOOL	48,599	580,238	0	75,150	0
23.00	02301	PARAMED PRGM-(SPECIFY)	6,570	99,180	0	12,845	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	260,017	1,038,044	34,934	134,441	917,654
31.00	03100	INTENSIVE CARE UNIT	51,662	164,733	5,321	21,335	117,272
35.00	02060	NEONATAL INTENSIVE CARE UNIT	26,446	94,899	2,218	12,291	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	20,268	120,463	1,878	15,602	64,913
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	1,226	40,329	3,645	5,223	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	231,106	394,132	17,354	51,046	0
51.00	05100	RECOVERY ROOM	10,050	36,013	3,191	4,664	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,854	242,516	3,897	31,410	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	140,133	438,708	6,089	56,819	0
55.00	03630	RADIOLOGY-THERAPEUTIC	5,823	10,130	0	1,312	0
56.00	05600	RADIOISOTOPE	2,927	5,054	0	655	0
56.01	03950	CARDIAC CATH LAB	21,125	121,428	402	15,727	0
57.00	05700	CT SCAN	15,545	43,054	0	5,576	0
58.00	05800	MRI	5,563	19,579	0	2,536	0
60.00	06000	LABORATORY	92,346	211,273	631	27,363	0
65.00	06500	RESPIRATORY THERAPY	29,192	31,550	739	4,086	0
66.00	06600	PHYSICAL THERAPY	36,777	114,183	1,375	14,788	0
67.00	06700	OCCUPATIONAL THERAPY	14,793	57,023	0	7,385	0
68.00	06800	SPEECH PATHOLOGY	6,702	30,675	0	3,973	0
69.00	06900	ELECTROCARDIOLOGY	27,050	142,303	560	18,430	0
70.00	07000	ELECTROENCEPHALOGRAPHY	8,834	45,837	0	5,937	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	151,204	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	130,970	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	68,408	0	0	0	0
73.01	07301	DIABETES CENTER	3,856	0	0	0	0
74.00	07400	RENAL DIALYSIS	7,165	28,381	0	3,676	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	3,087	34,071	0	4,413	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	7,236	0	0	0	0
91.00	09100	EMERGENCY	99,557	487,611	9,142	63,153	0
91.01	04950	WOUND CARE	18,830	79,010	0	10,233	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	22,767	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	35,271	40,533	0	5,250	0
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	45,086	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	19,029	43,259	0	5,603	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,028,236	5,715,838	98,951	715,641	1,099,839

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150109		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/27/2016 10:30 am	
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	7.00	8.00	9.00	10.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,680	29,835	0	3,864	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	127,205	174,920	0	22,655	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
194.00	07950	MOB	814	0	0	0	0	194.00
194.01	07951	LIFELINE	603	0	0	0	0	194.01
194.02	07952	PATIENT TRANSPORT	1,120	0	0	0	0	194.02
194.03	07953	SETON LEASE 1 NORTH	24	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,159,682	5,920,593	98,951	742,160	1,099,839	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150109		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/27/2016 10:30 am	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	01140						5.02
5.03	00550						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00560						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	734,906					11.00
13.00	01300	26,787	334,697				13.00
14.00	01400	8,026	0	332,194			14.00
15.00	01500	22,515	0	0	740,346		15.00
16.00	01600	171	0	0	0	254,601	16.00
17.00	01700	6,914	0	0	0	0	17.00
20.00	02000	23,915	0	0	0	0	20.00
23.00	02301	3,458	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	183,818	88,016	0	0	14,745	30.00
31.00	03100	41,179	24,492	0	0	4,046	31.00
35.00	02060	17,777	10,573	0	0	3,214	35.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	11,493	6,836	0	0	982	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	420	3,513	0	0	811	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	37,652	22,394	0	0	40,851	50.00
51.00	05100	5,697	3,389	0	0	2,602	51.00
52.00	05200	2,525	20,332	0	0	5,022	52.00
54.00	05400	41,412	0	0	0	20,272	54.00
55.00	03630	3,356	0	0	0	1,917	55.00
56.00	05600	2,049	1,219	0	0	0	56.00
56.01	03950	11,361	6,757	0	0	7,057	56.01
57.00	05700	6,612	0	0	0	14,717	57.00
58.00	05800	1,873	0	0	0	3,704	58.00
60.00	06000	0	0	0	0	25,774	60.00
65.00	06500	22,912	13,628	0	0	2,520	65.00
66.00	06600	29,318	17,437	0	0	3,239	66.00
67.00	06700	10,244	6,093	0	0	1,785	67.00
68.00	06800	4,386	2,609	0	0	408	68.00
69.00	06900	15,966	7,291	0	0	6,055	69.00
70.00	07000	5,696	3,388	0	0	1,115	70.00
71.00	07100	0	0	176,063	0	26,003	71.00
72.00	07200	0	0	156,131	0	19,746	72.00
73.00	07300	0	0	0	740,346	20,660	73.00
73.01	07301	3,062	1,821	0	0	56	73.01
74.00	07400	1,290	767	0	0	540	74.00
76.98	07698	0	0	0	0	413	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	5,628	0	0	0	213	90.00
91.00	09100	70,874	42,671	0	0	15,726	91.00
91.01	04950	13,034	7,752	0	0	1,562	91.01
92.00	09200						92.00
92.01	09201	18,197	0	0	0	2,338	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	33,900	20,572	0	0	3,267	95.00
99.10	09910	0	0	0	0	0	99.10
101.00	10100	29,084	17,298	0	0	2,134	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300						113.00
116.00	11600	9,834	5,849	0	0	1,107	116.00
118.00							118.00
		732,435	334,697	332,194	740,346	254,601	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150109

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

Worksheet B
Part II
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	719	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
194.00	07950	MOB	1,394	0	0	0	0	194.00
194.01	07951	LIFELINE	358	0	0	0	0	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03	07953	SETON LEASE 1 NORTH	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	734,906	334,697	332,194	740,346	254,601	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150109		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/27/2016 10:30 am	
Cost Center Description		SOCIAL SERVICE	NURSING SCHOOL	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		17.00	20.00	23.00	24.00	25.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	01140	MGMT INFO SYSTEMS					5.02
5.03	00550	PURCHASING					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	PATIENT ACCOUNTING					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE	60,057				17.00
20.00	02000	NURSING SCHOOL	0	2,398,334			20.00
23.00	02301	PARAMED ED PRGM-(SPECIFY)	0		406,044		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	42,614			6,222,672	30.00
31.00	03100	INTENSIVE CARE UNIT	5,907			969,575	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	3,560			471,207	35.00
40.00	04000	SUBPROVIDER - IPF	0			0	40.00
41.00	04100	SUBPROVIDER - IRF	3,273			606,643	41.00
42.00	04200	SUBPROVIDER	0			0	42.00
43.00	04300	NURSERY	4,703			175,765	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0			2,526,123	50.00
51.00	05100	RECOVERY ROOM	0			180,193	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0			1,012,717	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0			2,763,248	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	0			58,845	55.00
56.00	05600	RADIOISOTOPE	0			29,276	56.00
56.01	03950	CARDIAC CATH LAB	0			610,483	56.01
57.00	05700	CT SCAN	0			234,782	57.00
58.00	05800	MRI	0			95,777	58.00
60.00	06000	LABORATORY	0			1,006,959	60.00
65.00	06500	RESPIRATORY THERAPY	0			260,936	65.00
66.00	06600	PHYSICAL THERAPY	0			685,658	66.00
67.00	06700	OCCUPATIONAL THERAPY	0			275,625	67.00
68.00	06800	SPEECH PATHOLOGY	0			142,307	68.00
69.00	06900	ELECTROCARDIOLOGY	0			650,165	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0			211,100	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0			380,865	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0			327,801	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0			851,339	73.00
73.01	07301	DIABETES CENTER	0			13,864	73.01
74.00	07400	RENAL DIALYSIS	0			124,435	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0			138,448	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0			0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0			0	89.00
90.00	09000	CLINIC	0			23,402	90.00
91.00	09100	EMERGENCY	0			2,439,642	91.00
91.01	04950	WOUND CARE	0			378,799	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0			0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0			280,734	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0			324,211	95.00
99.10	09910	CORF	0			0	99.10
101.00	10100	HOME HEALTH AGENCY	0			140,618	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0			0	109.00
110.00	11000	INTESTINAL ACQUISITION	0			0	110.00
111.00	11100	ISLET ACQUISITION	0			0	111.00
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0			223,602	116.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150109

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

Worksheet B
Part II
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Cost Center Description		SOCIAL SERVICE	NURSING SCHOOL	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		17.00	20.00	23.00	24.00	25.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	60,057	0	0	24,837,816	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0			121,108	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0			852,764	0	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES	0			0	0	192.01
194.00	07950 MOB	0			3,801	0	194.00
194.01	07951 LIFELINE	0			1,372	0	194.01
194.02	07952 PATIENT TRANSPORT	0			1,120	0	194.02
194.03	07953 SETON LEASE 1 NORTH	0			24	0	194.03
200.00	Cross Foot Adjustments		2,398,334	406,044	2,804,378	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	60,057	2,398,334	406,044	28,622,383	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150109	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/27/2016 10:30 am
Cost Center Description		Total		
		26.00		
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	01160	COMMUNICATIONS		5.01
5.02	01140	MGMT INFO SYSTEMS		5.02
5.03	00550	PURCHASING		5.03
5.04	00570	ADMINISTRATIVE		5.04
5.05	00580	PATIENT ACCOUNTING		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL		5.06
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL 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
20.00	02000	NURSING SCHOOL		20.00
23.00	02301	PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	6,222,672	30.00
31.00	03100	INTENSIVE CARE UNIT	969,575	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	471,207	35.00
40.00	04000	SUBPROVIDER - I/PF	0	40.00
41.00	04100	SUBPROVIDER - I/RF	606,643	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	175,765	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	2,526,123	50.00
51.00	05100	RECOVERY ROOM	180,193	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,012,717	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,763,248	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	58,845	55.00
56.00	05600	RADIOISOTOPE	29,276	56.00
56.01	03950	CARDIAC CATH LAB	610,483	56.01
57.00	05700	CT SCAN	234,782	57.00
58.00	05800	MRI	95,777	58.00
60.00	06000	LABORATORY	1,006,959	60.00
65.00	06500	RESPIRATORY THERAPY	260,936	65.00
66.00	06600	PHYSICAL THERAPY	685,658	66.00
67.00	06700	OCCUPATIONAL THERAPY	275,625	67.00
68.00	06800	SPEECH PATHOLOGY	142,307	68.00
69.00	06900	ELECTROCARDIOLOGY	650,165	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	211,100	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	380,865	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	327,801	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	851,339	73.00
73.01	07301	DIABETES CENTER	13,864	73.01
74.00	07400	RENAL DIALYSIS	124,435	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	138,448	76.98
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	23,402	90.00
91.00	09100	EMERGENCY	2,439,642	91.00
91.01	04950	WOUND CARE	378,799	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	280,734	92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	324,211	95.00
99.10	09910	CORF	0	99.10
101.00	10100	HOME HEALTH AGENCY	140,618	101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900	PANCREAS ACQUISITION	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	110.00
111.00	11100	ISLET ACQUISITION	0	111.00
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE	223,602	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	24,837,816	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	121,108	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	852,764	192.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150109	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/27/2016 10:30 am
Cost Center Description			Total		
			26.00		
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0		192.01
194.00	07950	MOB	3,801		194.00
194.01	07951	LIFELINE	1,372		194.01
194.02	07952	PATIENT TRANSPORT	1,120		194.02
194.03	07953	SETON LEASE 1 NORTH	24		194.03
200.00		Cross Foot Adjustments	2,804,378		200.00
201.00		Negative Cost Centers	0		201.00
202.00		TOTAL (sum lines 118-201)	28,622,383		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150109

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

Worksheet B-1

Date/Time Prepared:
5/27/2016 10:30 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONE LINES)	MGMT INFO SYSTEMS (MANHOURS)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	833,515				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		833,515			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	15,966	15,966	83,623,404		4.00
5.01 01160	COMMUNICATIONS	1,794	1,794	443,904	705	5.01
5.02 01140	MGMT INFO SYSTEMS	26,543	26,543		23	2,702,773
5.03 00550	PURCHASING	16,373	16,373		14	0
5.04 00570	ADMINISTRATIVE	2,382	2,382		0	0
5.05 00580	PATIENT ACCOUNTING	6,044	6,044		14	0
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	64,525	64,525	5,044,990	73	178,975
7.00 00700	OPERATION OF PLANT	178,569	178,569	2,739,925	55	117,306
8.00 00800	LAUNDRY & LINEN SERVICE	1,981	1,981	130,084	1	9,487
9.00 00900	HOUSEKEEPING	14,775	14,775	1,946,468	9	141,198
10.00 01000	DIETARY	22,293	22,293	779,853	30	62,476
11.00 01100	CAFETERIA	15,253	15,253	1,236,390	0	74,159
13.00 01300	NURSING ADMINISTRATION	5,134	5,134	2,707,847	9	77,242
14.00 01400	CENTRAL SERVICES & SUPPLY	5,913	5,913	387,165	4	23,145
15.00 01500	PHARMACY	9,754	9,754	2,576,872	23	64,924
16.00 01600	MEDICAL RECORDS & LIBRARY	5,234	5,234	16,819	17	494
17.00 01700	SOCIAL SERVICE	814	814	506,354	9	19,936
20.00 02000	NURSING SCHOOL	51,091	51,091	2,270,953	0	68,960
23.00 02301	PARAMED ED PRGM-(SPECIFY)	8,733	8,733	231,637	0	9,972
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	91,402	91,402	16,997,141	115	530,060
31.00 03100	INTENSIVE CARE UNIT	14,505	14,505	3,423,504	22	118,743
35.00 02060	NEONATAL INTENSIVE CARE UNIT	8,356	8,356	1,701,070	17	51,261
40.00 04000	SUBPROVIDER - I/PF	0	0	0	0	0
41.00 04100	SUBPROVIDER - I/RF	10,607	10,607	1,208,080	24	33,142
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	3,551	3,551	0	0	1,211
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	34,704	34,704	3,492,007	24	108,572
51.00 05100	RECOVERY ROOM	3,171	3,171	652,418	8	16,429
52.00 05200	DELIVERY ROOM & LABOR ROOM	21,354	21,354	0	26	7,282
54.00 05400	RADIOLOGY-DIAGNOSTIC	38,629	38,629	3,360,572	60	119,415
55.00 03630	RADIOLOGY-THERAPEUTIC	892	892	381,894	0	9,677
56.00 05600	RADIOISOTOPE	445	445	193,447	0	5,908
56.01 03950	CARDIAC CATH LAB	10,692	10,692	1,149,731	0	32,761
57.00 05700	CT SCAN	3,791	3,791	643,863	0	19,066
58.00 05800	MRI	1,724	1,724	230,665	0	5,401
60.00 06000	LABORATORY	18,603	18,603	0	44	0
65.00 06500	RESPIRATORY THERAPY	2,778	2,778	1,912,721	34	66,070
66.00 06600	PHYSICAL THERAPY	10,054	10,054	2,415,434	6	84,540
67.00 06700	OCCUPATIONAL THERAPY	5,021	5,021	971,241	0	29,539
68.00 06800	SPEECH PATHOLOGY	2,701	2,701	439,808	0	12,647
69.00 06900	ELECTROCARDIOLOGY	12,530	12,530	1,485,123	6	46,040
70.00 07000	ELECTROENCEPHALOGRAPHY	4,036	4,036	495,413	0	16,425
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
73.01 07301	DIABETES CENTER	0	0	276,799	6	8,829
74.00 07400	RENAL DIALYSIS	2,499	2,499	114,091	0	3,720
76.98 07698	HYPERBARIC OXYGEN THERAPY	3,000	3,000	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	0	0	280,731	32	16,228
91.00 09100	EMERGENCY	42,935	42,935	6,213,392	0	204,372
91.01 04950	WOUND CARE	6,957	6,957	1,221,775	0	37,585
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	1,669,826	0	52,474
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	3,569	3,569	2,047,725	0	97,753
99.10 09910	CORF	0	0	0	0	0
101.00 10100	HOME HEALTH AGENCY	0	0	2,694,525	0	83,866
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00 11100	ISLET ACQUISITION	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150109

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

Worksheet B-1

Date/Time Prepared:
5/27/2016 10:30 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONE LINES)	MGMT INFO SYSTEMS (MANHOURS)			
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)						
		1.00	2.00					4.00	5.01
113.00	11300	INTEREST EXPENSE					113.00		
116.00	11600	HOSPICE		3,809	3,809	1,059,709	0	28,358	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)		815,486	815,486	77,751,966	705	2,695,648	118.00
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		2,627	2,627	49,154	0	2,072	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES		15,402	15,402	5,754,826	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES		0	0	0	0	0	192.01
194.00	07950	MOB		0	0	53,462	0	4,021	194.00
194.01	07951	LIFELINE		0	0	13,996	0	1,032	194.01
194.02	07952	PATIENT TRANSPORT		0	0	0	0	0	194.02
194.03	07953	SETON LEASE 1 NORTH		0	0	0	0	0	194.03
200.00		Cross Foot Adjustments							200.00
201.00		Negative Cost Centers							201.00
202.00		Cost to be allocated (per Wkst. B, Part I)		22,179,515	4,490,969	30,385,341	1,422,795	13,238,997	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)		26.609617	5.387988	0.363359	2,018.148936	4.898301	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)				510,874	60,116	851,273	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)				0.006109	85.270922	0.314963	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150109

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

Worksheet B-1
Date/Time Prepared:
5/27/2016 10:30 am

Cost Center Description		PURCHASING (COSTED REQUIRE)	ADMINISTRATIVE (GROSS CHARGES)	PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	01140	MGMT INFO SYSTEMS					5.02
5.03	00550	PURCHASING	32,792,792				5.03
5.04	00570	ADMINISTRATIVE	56	1,039,885,883			5.04
5.05	00580	PATIENT ACCOUNTING	0	0	1,039,885,883		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	18,733	0	0	-17,264,166	246,166,036
7.00	00700	OPERATION OF PLANT	0	0	0	0	16,659,596
8.00	00800	LAUNDRY & LINEN SERVICE	2,203	0	0	0	1,044,345
9.00	00900	HOUSEKEEPING	64,193	0	0	0	4,540,076
10.00	01000	DIETARY	10,537	0	0	0	2,368,337
11.00	01100	CAFETERIA	12,753	0	0	0	2,287,560
13.00	01300	NURSING ADMINISTRATION	108	0	0	0	4,118,996
14.00	01400	CENTRAL SERVICES & SUPPLY	779,171	0	0	0	825,775
15.00	01500	PHARMACY	467,528	0	0	0	4,692,695
16.00	01600	MEDICAL RECORDS & LIBRARY	41	0	0	0	2,063,525
17.00	01700	SOCIAL SERVICE	13	0	0	0	742,726
20.00	02000	NURSING SCHOOL	3,032	0	0	0	5,539,584
23.00	02301	PARAMED PRGM-(SPECIFY)	0	0	0	0	748,853
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	787,187	60,184,747	60,184,747	0	29,630,429
31.00	03100	INTENSIVE CARE UNIT	221,283	16,515,704	16,515,704	0	5,888,746
35.00	02060	NEONATAL INTENSIVE CARE UNIT	91,118	13,117,075	13,117,075	0	3,014,530
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I/RF	36,744	4,009,613	4,009,613	0	2,310,260
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	64,272	3,309,925	3,309,925	0	139,702
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	20,453,134	167,427,700	167,427,700	0	26,342,925
51.00	05100	RECOVERY ROOM	32,409	10,622,174	10,622,174	0	1,145,596
52.00	05200	DELIVERY ROOM & LABOR ROOM	377,468	20,499,747	20,499,747	0	895,200
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,346,427	82,741,111	82,741,111	0	15,973,184
55.00	03630	RADIOLOGY-THERAPEUTIC	21,837	7,825,650	7,825,650	0	663,733
56.00	05600	RADIOISOTOPE	5,633	0	0	0	333,598
56.01	03950	CARDIAC CATH LAB	3,542,827	28,804,049	28,804,049	0	2,407,995
57.00	05700	CT SCAN	151,069	60,071,176	60,071,176	0	1,771,945
58.00	05800	MRI	19,773	15,118,881	15,118,881	0	634,135
60.00	06000	LABORATORY	976,818	105,200,299	105,200,299	0	10,526,113
65.00	06500	RESPIRATORY THERAPY	497,060	10,285,458	10,285,458	0	3,327,539
66.00	06600	PHYSICAL THERAPY	156,567	13,221,096	13,221,096	0	4,192,116
67.00	06700	OCCUPATIONAL THERAPY	31,870	7,286,379	7,286,379	0	1,686,140
68.00	06800	SPEECH PATHOLOGY	1,578	1,665,609	1,665,609	0	763,951
69.00	06900	ELECTROCARDIOLOGY	25,574	24,712,874	24,712,874	0	3,083,377
70.00	07000	ELECTROENCEPHALOGRAPHY	46,037	4,551,700	4,551,700	0	1,006,984
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	106,135,372	106,135,372	0	17,235,183
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	80,594,193	80,594,193	0	14,928,781
73.00	07300	DRUGS CHARGED TO PATIENTS	0	84,324,708	84,324,708	0	7,797,599
73.01	07301	DIABETES CENTER	1,589	229,314	229,314	0	439,479
74.00	07400	RENAL DIALYSIS	13,271	2,203,278	2,203,278	0	816,686
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,058	1,686,726	1,686,726	0	351,917
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	33,976	869,359	869,359	0	824,844
91.00	09100	EMERGENCY	898,344	64,187,009	64,187,009	0	11,348,134
91.01	04950	WOUND CARE	300,412	6,377,405	6,377,405	0	2,146,411
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	67,724	9,541,659	9,541,659	0	2,595,144
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	84,385	13,336,546	13,336,546	0	4,020,384
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	117,099	8,710,555	8,710,555	0	5,139,199
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	28,813	4,518,792	4,518,792	0	2,169,040
118.00		SUBTOTALS (SUM OF LINES 1-117)	32,792,724	1,039,885,883	1,039,885,883	-17,264,166	231,183,067

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150109

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

Worksheet B-1

Date/Time Prepared:
5/27/2016 10:30 am

Cost Center Description		PURCHASING (COSTED REQUISIT)	ADMITTING (GROSS CHARGES)	PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)		
		5.03	5.04	5.05	5A.06	5.06		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	191,488	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	68	0	0	0	14,499,579	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
194.00	07950	MOB	0	0	0	0	92,781	194.00
194.01	07951	LIFELINE	0	0	0	0	68,764	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	127,654	194.02
194.03	07953	SETON LEASE 1 NORTH	0	0	0	0	2,703	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,574,720	538,677	4,820,787		17,264,166	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.048020	0.000518	0.004636		0.070132	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	525,091	76,219	194,588		2,159,682	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.016012	0.000073	0.000187		0.008773	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150109

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

Worksheet B-1

Date/Time Prepared:
5/27/2016 10:30 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	01140	MGMT INFO SYSTEMS					5.02
5.03	00550	PURCHASING					5.03
5.04	00570	ADMINISTRATIVE					5.04
5.05	00580	PATIENT ACCOUNTING					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT	521,319				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,981	1,132,615			8.00
9.00	00900	HOUSEKEEPING	14,775	26,193	504,563		9.00
10.00	01000	DIETARY	22,293	31,810	22,293	198,881	10.00
11.00	01100	CAFETERIA	15,253	0	15,253	0	11.00
13.00	01300	NURSING ADMINISTRATION	5,134	0	5,134	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,913	28,706	5,913	0	14.00
15.00	01500	PHARMACY	9,754	0	9,754	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,234	0	5,234	0	16.00
17.00	01700	SOCIAL SERVICE	814	0	814	0	17.00
20.00	02000	NURSING SCHOOL	51,091	0	51,091	0	20.00
23.00	02301	PARAMED PRGM-(SPECIFY)	8,733	0	8,733	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	91,402	399,832	91,402	165,937	30.00
31.00	03100	INTENSIVE CARE UNIT	14,505	60,910	14,505	21,206	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	8,356	25,388	8,356	0	35.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	10,607	21,501	10,607	11,738	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	3,551	41,724	3,551	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	34,704	198,639	34,704	0	50.00
51.00	05100	RECOVERY ROOM	3,171	36,527	3,171	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,354	44,610	21,354	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	38,629	69,700	38,629	0	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	892	0	892	0	55.00
56.00	05600	RADIOISOTOPE	445	0	445	0	56.00
56.01	03950	CARDIAC CATH LAB	10,692	4,606	10,692	0	56.01
57.00	05700	CT SCAN	3,791	0	3,791	0	57.00
58.00	05800	MRI	1,724	0	1,724	0	58.00
60.00	06000	LABORATORY	18,603	7,222	18,603	0	60.00
65.00	06500	RESPIRATORY THERAPY	2,778	8,456	2,778	0	65.00
66.00	06600	PHYSICAL THERAPY	10,054	15,737	10,054	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,021	0	5,021	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,701	0	2,701	0	68.00
69.00	06900	ELECTROCARDIOLOGY	12,530	6,414	12,530	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,036	0	4,036	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
73.01	07301	DIABETES CENTER	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	2,499	0	2,499	0	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	3,000	0	3,000	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	16,228	90.00
91.00	09100	EMERGENCY	42,935	104,640	42,935	0	91.00
91.01	04950	WOUND CARE	6,957	0	6,957	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	37,585	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	52,474	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	3,569	0	3,569	0	95.00
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	83,866	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00	11600	HOSPICE	3,809	0	3,809	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	503,290	1,132,615	486,534	198,881	2,112,047

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150109

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

Worksheet B-1

Date/Time Prepared:
5/27/2016 10:30 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)		
		7.00	8.00	9.00	10.00	11.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,627	0	2,627	0	2,072	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	15,402	0	15,402	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
194.00	07950	MOB	0	0	0	0	4,021	194.00
194.01	07951	LIFELINE	0	0	0	0	1,032	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03	07953	SETON LEASE 1 NORTH	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	17,827,967	1,185,333	5,391,166	3,568,293	3,132,586	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	34.197808	1.046545	10.684822	17.941850	1.478212	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	5,920,593	98,951	742,160	1,099,839	734,906	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	11.356948	0.087365	1.470897	5.530136	0.346789	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150109

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

Worksheet B-1

Date/Time Prepared:
5/27/2016 10:30 am

Cost Center Description		NURSING ADMINISTRATION (DIRECT NURSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	01140						5.02
5.03	00550						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00560						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	1,622,691					13.00
14.00	01400	0	100				14.00
15.00	01500	0	0	100			15.00
16.00	01600	0	0	0	1,039,885,883		16.00
17.00	01700	0	0	0	0	48,572	17.00
20.00	02000	0	0	0	0	0	20.00
23.00	02301	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	426,721	0	0	60,184,747	34,465	30.00
31.00	03100	118,743	0	0	16,515,704	4,777	31.00
35.00	02060	51,261	0	0	13,117,075	2,879	35.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	33,142	0	0	4,009,613	2,647	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	17,033	0	0	3,309,925	3,804	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	108,572	0	0	167,427,700	0	50.00
51.00	05100	16,429	0	0	10,622,174	0	51.00
52.00	05200	98,575	0	0	20,499,747	0	52.00
54.00	05400	0	0	0	82,741,111	0	54.00
55.00	03630	0	0	0	7,825,650	0	55.00
56.00	05600	5,908	0	0	0	0	56.00
56.01	03950	32,761	0	0	28,804,049	0	56.01
57.00	05700	0	0	0	60,071,176	0	57.00
58.00	05800	0	0	0	15,118,881	0	58.00
60.00	06000	0	0	0	105,200,299	0	60.00
65.00	06500	66,070	0	0	10,285,458	0	65.00
66.00	06600	84,540	0	0	13,221,096	0	66.00
67.00	06700	29,539	0	0	7,286,379	0	67.00
68.00	06800	12,647	0	0	1,665,609	0	68.00
69.00	06900	35,348	0	0	24,712,874	0	69.00
70.00	07000	16,425	0	0	4,551,700	0	70.00
71.00	07100	0	53	0	106,135,372	0	71.00
72.00	07200	0	47	0	80,594,193	0	72.00
73.00	07300	0	0	100	84,324,708	0	73.00
73.01	07301	8,829	0	0	229,314	0	73.01
74.00	07400	3,720	0	0	2,203,278	0	74.00
76.98	07698	0	0	0	1,686,726	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	869,359	0	90.00
91.00	09100	206,879	0	0	64,187,009	0	91.00
91.01	04950	37,585	0	0	6,377,405	0	91.01
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	0	0	9,541,659	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	99,740	0	0	13,336,546	0	95.00
99.10	09910	0	0	0	0	0	99.10
101.00	10100	83,866	0	0	8,710,555	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
116.00	11600	28,358	0	0	4,518,792	0	116.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150109

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

Worksheet B-1

Date/Time Prepared:
5/27/2016 10:30 am

Cost Center Description		NURSING ADMINISTRATION (DIRECT NURSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,622,691	100	100	1,039,885,883	48,572	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
194.00	07950 MOB	0	0	0	0	0	194.00
194.01	07951 LIFELINE	0	0	0	0	0	194.01
194.02	07952 PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03	07953 SETON LEASE 1 NORTH	0	0	0	0	0	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	4,752,477	1,213,334	5,555,559	2,443,889	860,819	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	2.928763	12,133.340000	55,555.590000	0.002350	17.722536	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	334,697	332,194	740,346	254,601	60,057	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.206260	3,321.940000	7,403.460000	0.000245	1.236453	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150109

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

Worksheet B-1
Date/Time Prepared:
5/27/2016 10:30 am

Cost Center Description		NURSING SCHOOL (ASSIGNED TIME)	PARAMED PRGM (ASSIGNED TIME)	
		20.00	23.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	01160	COMMUNICATIONS		5.01
5.02	01140	MGMT INFO SYSTEMS		5.02
5.03	00550	PURCHASING		5.03
5.04	00570	ADMINISTRATIVE		5.04
5.05	00580	PATIENT ACCOUNTING		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL		5.06
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL 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
20.00	02000	NURSING SCHOOL	100	20.00
23.00	02301	PARAMED PRGM-(SPECIFY)		23.00
			100	
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	100	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	35.00
40.00	04000	SUBPROVIDER - I PF	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
56.01	03950	CARDIAC CATH LAB	0	56.01
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
60.00	06000	LABORATORY	0	60.00
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
69.00	06900	ELECTROCARDIOLOGY	0	69.00
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
73.01	07301	DIABETES CENTER	0	73.01
74.00	07400	RENAL DIALYSIS	0	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00
91.00	09100	EMERGENCY	0	91.00
91.01	04950	WOUND CARE	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	42	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	95.00
99.10	09910	CORF	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900	PANCREAS ACQUISITION	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	110.00
111.00	11100	ISLET ACQUISITION	0	111.00
113.00	11300	INTEREST EXPENSE	0	113.00
116.00	11600	HOSPICE	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	100	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150109

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

Worksheet B-1

Date/Time Prepared:
5/27/2016 10:30 am

Cost Center Description		NURSING SCHOOL	PARAMED PRGM		
		(ASSIGNED TIME)	(ASSIGNED TIME)		
		20.00	23.00		
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	192.01
194.00	07950	MOB	0	0	194.00
194.01	07951	LIFELINE	0	0	194.01
194.02	07952	PATIENT TRANSPORT	0	0	194.02
194.03	07953	SETON LEASE 1 NORTH	0	0	194.03
200.00		Cross Foot Adjustments			200.00
201.00		Negative Cost Centers			201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	8,323,121	1,208,073	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	83,231.210000	12,080.730000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	2,398,334	406,044	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	23,983.340000	4,060.440000	205.00

Provider CCN: 150109

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

Worksheet B-2
 Date/Time Prepared:
 5/27/2016 10:30 am

	Description	Worksheet		Amount	
		Part	Line No.		
	1.00	2.00	3.00	4.00	
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS		1 74.00	0	1.00
2.00	ADJ FOR EPO COSTS IN HOME PROGRAM		1 94.00	0	2.00
3.00	ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1 74.00	0	3.00
4.00	ADJ FOR ARANESP COSTS IN HOME PROGRAM		1 94.00	0	4.00
5.00	ADJ FOR ESA COSTS IN RENAL DIALYSIS		1 74.00	0	5.00
6.00	ADJ FOR ESA COSTS IN HOME PROGRAM		1 94.00	0	6.00
7.00	NURSING SCHOOL		1 30.00	-3,467,755	7.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150109

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

Worksheet C
Part I
Date/Time Prepared:
5/27/2016 10:30 am

		Title XVIIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	46,847,452		46,847,452	0	46,847,452	30.00
31.00	03100 INTENSIVE CARE UNIT	8,043,748		8,043,748	0	8,043,748	31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	3,935,308		3,935,308	62,078	3,997,386	35.00
40.00	04000 SUBPROVIDER - I PF	0		0	0	0	40.00
41.00	04100 SUBPROVIDER - I RF	3,383,847		3,383,847	22,511	3,406,358	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	479,415		479,415	0	479,415	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	30,827,986		30,827,986	0	30,827,986	50.00
51.00	05100 RECOVERY ROOM	1,503,854		1,503,854	0	1,503,854	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,310,733		2,310,733	0	2,310,733	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	19,271,093		19,271,093	12,428	19,283,521	54.00
55.00	03630 RADIOLOGY-THERAPEUTIC	783,012		783,012	0	783,012	55.00
56.00	05600 RADIOISOTOPE	403,003		403,003	4,550	407,553	56.00
56.01	03950 CARDIAC CATH LAB	3,273,645		3,273,645	0	3,273,645	56.01
57.00	05700 CT SCAN	2,235,716		2,235,716	0	2,235,716	57.00
58.00	05800 MRI	799,499		799,499	0	799,499	58.00
60.00	06000 LABORATORY	12,354,061		12,354,061	3,529	12,357,590	60.00
65.00	06500 RESPIRATORY THERAPY	4,009,779	0	4,009,779	14,601	4,024,380	65.00
66.00	06600 PHYSICAL THERAPY	5,357,472	0	5,357,472	0	5,357,472	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,177,048	0	2,177,048	0	2,177,048	67.00
68.00	06800 SPEECH PATHOLOGY	998,405	0	998,405	0	998,405	68.00
69.00	06900 ELECTROCARDIOLOGY	4,098,371		4,098,371	0	4,098,371	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,341,833		1,341,833	0	1,341,833	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	19,336,406		19,336,406	0	19,336,406	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	16,735,429		16,735,429	0	16,735,429	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	14,798,864		14,798,864	0	14,798,864	73.00
73.01	07301 DIABETES CENTER	509,749		509,749	5,704	515,453	73.01
74.00	07400 RENAL DIALYSIS	1,007,695		1,007,695	0	1,007,695	74.00
76.98	07698 HYPERBARIC OXYGEN THERAPY	515,209		515,209	0	515,209	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	908,723		908,723	0	908,723	90.00
91.00	09100 EMERGENCY	15,746,782		15,746,782	0	15,746,782	91.00
91.01	04950 WOUND CARE	2,789,815		2,789,815	403	2,790,218	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0		0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	2,877,138		2,877,138	0	2,877,138	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	4,930,484		4,930,484	23,642	4,954,126	95.00
99.10	09910 CORF	0		0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	5,889,687		5,889,687	0	5,889,687	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0		0	0	0	113.00
116.00	11600 HOSPICE	2,627,708		2,627,708	0	2,627,708	116.00
200.00	Subtotal (see instructions)	243,108,969	0	243,108,969	149,446	243,258,415	200.00
201.00	Less Observation Beds	0		0	0	0	201.00
202.00	Total (see instructions)	243,108,969	0	243,108,969	149,446	243,258,415	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150109		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/27/2016 10:30 am	
			Title XVII I		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	60,184,747		60,184,747			30.00
31.00	03100	INTENSIVE CARE UNIT	16,515,704		16,515,704			31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	13,117,075		13,117,075			35.00
40.00	04000	SUBPROVIDER - I PF	0		0			40.00
41.00	04100	SUBPROVIDER - I RF	4,009,613		4,009,613			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	3,309,925		3,309,925			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	60,303,941	107,123,759	167,427,700	0.184127	0.000000	50.00
51.00	05100	RECOVERY ROOM	4,774,867	5,847,307	10,622,174	0.141577	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,901,898	597,849	20,499,747	0.112720	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,275,877	68,465,234	82,741,111	0.232908	0.000000	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	1,877,393	5,948,257	7,825,650	0.100057	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
56.01	03950	CARDIAC CATH LAB	14,929,754	13,874,295	28,804,049	0.113652	0.000000	56.01
57.00	05700	CT SCAN	16,712,589	43,358,587	60,071,176	0.037218	0.000000	57.00
58.00	05800	MRI	5,988,371	9,130,510	15,118,881	0.052881	0.000000	58.00
60.00	06000	LABORATORY	48,284,319	56,915,980	105,200,299	0.117434	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	9,297,046	988,412	10,285,458	0.389849	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	5,283,341	7,937,755	13,221,096	0.405221	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,091,131	2,195,248	7,286,379	0.298783	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	633,777	1,031,832	1,665,609	0.599423	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	9,003,616	15,709,258	24,712,874	0.165840	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	794,884	3,756,816	4,551,700	0.294798	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	59,089,283	47,046,089	106,135,372	0.182186	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	61,610,176	18,984,017	80,594,193	0.207651	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	57,046,307	27,278,401	84,324,708	0.175499	0.000000	73.00
73.01	07301	DIABETES CENTER	550	228,764	229,314	2.222930	0.000000	73.01
74.00	07400	RENAL DIALYSIS	1,978,558	224,720	2,203,278	0.457362	0.000000	74.00
76.98	07698	HYPERBARI C OXYGEN THERAPY	11,864	1,674,862	1,686,726	0.305449	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	0	869,359	869,359	1.045279	0.000000	90.00
91.00	09100	EMERGENCY	11,524,689	52,662,320	64,187,009	0.245327	0.000000	91.00
91.01	04950	WOUND CARE	103,420	6,273,985	6,377,405	0.437453	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,544,900	6,996,759	9,541,659	0.301534	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	13,336,546	13,336,546	0.369697	0.000000	95.00
99.10	09910	CORF	0	0	0			99.10
101.00	10100	HOME HEALTH AGENCY	13,427	8,697,128	8,710,555			101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	4,518,792	4,518,792			116.00
200.00		Subtotal (see instructions)	508,213,042	531,672,841	1,039,885,883			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	508,213,042	531,672,841	1,039,885,883			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150109	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/27/2016 10:30 am
		Title XVIII	Hospital	PPS
Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		35.00
40.00	04000	SUBPROVIDER - I PF		40.00
41.00	04100	SUBPROVIDER - I RF		41.00
42.00	04200	SUBPROVIDER		42.00
43.00	04300	NURSERY		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.184127	50.00
51.00	05100	RECOVERY ROOM	0.141577	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.112720	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.233059	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	0.100057	55.00
56.00	05600	RADIOISOTOPE	0.000000	56.00
56.01	03950	CARDIAC CATH LAB	0.113652	56.01
57.00	05700	CT SCAN	0.037218	57.00
58.00	05800	MRI	0.052881	58.00
60.00	06000	LABORATORY	0.117467	60.00
65.00	06500	RESPIRATORY THERAPY	0.391269	65.00
66.00	06600	PHYSICAL THERAPY	0.405221	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.298783	67.00
68.00	06800	SPEECH PATHOLOGY	0.599423	68.00
69.00	06900	ELECTROCARDIOLOGY	0.165840	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.294798	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.182186	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.207651	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.175499	73.00
73.01	07301	DIABETES CENTER	2.247804	73.01
74.00	07400	RENAL DIALYSIS	0.457362	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.305449	76.98
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		89.00
90.00	09000	CLINIC	1.045279	90.00
91.00	09100	EMERGENCY	0.245327	91.00
91.01	04950	WOUND CARE	0.437516	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.301534	92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0.371470	95.00
99.10	09910	CORF		99.10
101.00	10100	HOME HEALTH AGENCY		101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900	PANCREAS ACQUISITION		109.00
110.00	11000	INTESTINAL ACQUISITION		110.00
111.00	11100	ISLET ACQUISITION		111.00
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE		116.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150109

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

Worksheet C
Part I
Date/Time Prepared:
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		Title XIX		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		46,847,452	0	46,847,452	30.00
31.00	03100 INTENSIVE CARE UNIT		8,043,748	0	8,043,748	31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT		3,935,308	62,078	3,997,386	35.00
40.00	04000 SUBPROVIDER - I PF		0	0	0	40.00
41.00	04100 SUBPROVIDER - I RF		3,383,847	22,511	3,406,358	41.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
43.00	04300 NURSERY		479,415	0	479,415	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		30,827,986	0	30,827,986	50.00
51.00	05100 RECOVERY ROOM		1,503,854	0	1,503,854	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		2,310,733	0	2,310,733	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		19,271,093	12,428	19,283,521	54.00
55.00	03630 RADIOLOGY-THERAPEUTIC		783,012	0	783,012	55.00
56.00	05600 RADIOISOTOPE		403,003	4,550	407,553	56.00
56.01	03950 CARDIAC CATH LAB		3,273,645	0	3,273,645	56.01
57.00	05700 CT SCAN		2,235,716	0	2,235,716	57.00
58.00	05800 MRI		799,499	0	799,499	58.00
60.00	06000 LABORATORY		12,354,061	3,529	12,357,590	60.00
65.00	06500 RESPIRATORY THERAPY	0	4,009,779	14,601	4,024,380	65.00
66.00	06600 PHYSICAL THERAPY	0	5,357,472	0	5,357,472	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,177,048	0	2,177,048	67.00
68.00	06800 SPEECH PATHOLOGY	0	998,405	0	998,405	68.00
69.00	06900 ELECTROCARDIOLOGY		4,098,371	0	4,098,371	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		1,341,833	0	1,341,833	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		19,336,406	0	19,336,406	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		16,735,429	0	16,735,429	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		14,798,864	0	14,798,864	73.00
73.01	07301 DIABETES CENTER		509,749	5,704	515,453	73.01
74.00	07400 RENAL DIALYSIS		1,007,695	0	1,007,695	74.00
76.98	07698 HYPERBARIC OXYGEN THERAPY		515,209	0	515,209	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000 CLINIC		908,723	0	908,723	90.00
91.00	09100 EMERGENCY		15,746,782	0	15,746,782	91.00
91.01	04950 WOUND CARE		2,789,815	403	2,790,218	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)		2,877,138	0	2,877,138	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES		4,930,484	23,642	4,954,126	95.00
99.10	09910 CORF		0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY		5,889,687	0	5,889,687	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100 ISLET ACQUISITION		0	0	0	111.00
113.00	11300 INTEREST EXPENSE		0	0	0	113.00
116.00	11600 HOSPICE		2,627,708	0	2,627,708	116.00
200.00	Subtotal (see instructions)	0	243,108,969	149,446	243,258,415	200.00
201.00	Less Observation Beds	0	0	0	0	201.00
202.00	Total (see instructions)	0	243,108,969	149,446	243,258,415	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150109

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

Worksheet C
Part I
Date/Time Prepared:
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Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	Cost
		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	60,184,747		60,184,747		30.00
31.00	03100	INTENSIVE CARE UNIT	16,515,704		16,515,704		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	13,117,075		13,117,075		35.00
40.00	04000	SUBPROVIDER - I PF	0		0		40.00
41.00	04100	SUBPROVIDER - I RF	4,009,613		4,009,613		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	3,309,925		3,309,925		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	60,303,941	107,123,759	167,427,700	0.184127	50.00
51.00	05100	RECOVERY ROOM	4,774,867	5,847,307	10,622,174	0.141577	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,901,898	597,849	20,499,747	0.112720	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,275,877	68,465,234	82,741,111	0.232908	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	1,877,393	5,948,257	7,825,650	0.100057	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00
56.01	03950	CARDIAC CATH LAB	14,929,754	13,874,295	28,804,049	0.113652	56.01
57.00	05700	CT SCAN	16,712,589	43,358,587	60,071,176	0.037218	57.00
58.00	05800	MRI	5,988,371	9,130,510	15,118,881	0.052881	58.00
60.00	06000	LABORATORY	48,284,319	56,915,980	105,200,299	0.117434	60.00
65.00	06500	RESPIRATORY THERAPY	9,297,046	988,412	10,285,458	0.389849	65.00
66.00	06600	PHYSICAL THERAPY	5,283,341	7,937,755	13,221,096	0.405221	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,091,131	2,195,248	7,286,379	0.298783	67.00
68.00	06800	SPEECH PATHOLOGY	633,777	1,031,832	1,665,609	0.599423	68.00
69.00	06900	ELECTROCARDIOLOGY	9,003,616	15,709,258	24,712,874	0.165840	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	794,884	3,756,816	4,551,700	0.294798	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	59,089,283	47,046,089	106,135,372	0.182186	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	61,610,176	18,984,017	80,594,193	0.207651	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	57,046,307	27,278,401	84,324,708	0.175499	73.00
73.01	07301	DIABETES CENTER	550	228,764	229,314	2.222930	73.01
74.00	07400	RENAL DIALYSIS	1,978,558	224,720	2,203,278	0.457362	74.00
76.98	07698	HYPERBARI C OXYGEN THERAPY	11,864	1,674,862	1,686,726	0.305449	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	869,359	869,359	1.045279	90.00
91.00	09100	EMERGENCY	11,524,689	52,662,320	64,187,009	0.245327	91.00
91.01	04950	WOUND CARE	103,420	6,273,985	6,377,405	0.437453	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,544,900	6,996,759	9,541,659	0.301534	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	13,336,546	13,336,546	0.369697	95.00
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	13,427	8,697,128	8,710,555		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	4,518,792	4,518,792		116.00
200.00		Subtotal (see instructions)	508,213,042	531,672,841	1,039,885,883		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	508,213,042	531,672,841	1,039,885,883		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150109	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/27/2016 10:30 am
Cost Center Description		PPS Inpatient Ratio 11.00	Title XIX	Hospital Cost
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT			35.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	03630 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
56.01	03950 CARDIAC CATH LAB	0.000000		56.01
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
60.00	06000 LABORATORY	0.000000		60.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
73.01	07301 DIABETES CENTER	0.000000		73.01
74.00	07400 RENAL DIALYSIS	0.000000		74.00
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000		76.98
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
91.01	04950 WOUND CARE	0.000000		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
99.10	09910 CORF			99.10
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150109	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part I Date/Time Prepared: 5/27/2016 10:30 am
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Cost Center Description		Title XVIII			Hospital		PPS
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	6,222,672	0	6,222,672	34,465	180.55	30.00
31.00	INTENSIVE CARE UNIT	969,575		969,575	4,777	202.97	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	471,207		471,207	2,879	163.67	35.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	606,643	0	606,643	2,647	229.18	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	175,765		175,765	1,280	137.32	43.00
200.00	Total (lines 30-199)	8,445,862		8,445,862	46,048		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	15,380	2,776,859				30.00
31.00	INTENSIVE CARE UNIT	2,364	479,821				31.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				35.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	1,538	352,479				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30-199)	19,282	3,609,159				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150109	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part II Date/Time Prepared: 5/27/2016 10:30 am
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Cost Center Description		Title XVIII			Hospital	PPS		
		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	2,526,123	167,427,700	0.015088	29,323,919	442,439	50.00
51.00	05100	RECOVERY ROOM	180,193	10,622,174	0.016964	2,285,503	38,771	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,012,717	20,499,747	0.049401	27,946	1,381	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,763,248	82,741,111	0.033396	7,730,221	258,158	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	58,845	7,825,650	0.007520	937,305	7,049	55.00
56.00	05600	RADIOISOTOPE	29,276	0	0.000000	0	0	56.00
56.01	03950	CARDIAC CATH LAB	610,483	28,804,049	0.021194	7,096,955	150,413	56.01
57.00	05700	CT SCAN	234,782	60,071,176	0.003908	8,259,951	32,280	57.00
58.00	05800	MRI	95,777	15,118,881	0.006335	3,034,039	19,221	58.00
60.00	06000	LABORATORY	1,006,959	105,200,299	0.009572	24,527,564	234,778	60.00
65.00	06500	RESPIRATORY THERAPY	260,936	10,285,458	0.025369	4,640,594	117,727	65.00
66.00	06600	PHYSICAL THERAPY	685,658	13,221,096	0.051861	2,133,320	110,636	66.00
67.00	06700	OCCUPATIONAL THERAPY	275,625	7,286,379	0.037827	751,131	28,413	67.00
68.00	06800	SPEECH PATHOLOGY	142,307	1,665,609	0.085438	199,372	17,034	68.00
69.00	06900	ELECTROCARDIOLOGY	650,165	24,712,874	0.026309	5,028,981	132,307	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	211,100	4,551,700	0.046378	361,014	16,743	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	380,865	106,135,372	0.003588	24,593,197	88,240	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	327,801	80,594,193	0.004067	29,818,821	121,273	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	851,339	84,324,708	0.010096	28,044,743	283,140	73.00
73.01	07301	DIABETES CENTER	13,864	229,314	0.060459	342	21	73.01
74.00	07400	RENAL DIALYSIS	124,435	2,203,278	0.056477	1,526,840	86,231	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	138,448	1,686,726	0.082081	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	23,402	869,359	0.026919	0	0	90.00
91.00	09100	EMERGENCY	2,439,642	64,187,009	0.038008	6,078,708	231,040	91.00
91.01	04950	WOUND CARE	378,799	6,377,405	0.059397	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	280,734	9,541,659	0.029422	631,391	18,577	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	15,703,523	916,182,926		187,031,857	2,435,872	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150109	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part III Date/Time Prepared: 5/27/2016 10:30 am
		Title XVIII		Hospital

Cost Center Description		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,855,366	0	0	0	4,855,366	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	4,855,366	0	0	0	4,855,366	200.00
Cost Center Description		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)			
		6.00	7.00	8.00	9.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	34,465	140.88	15,380	2,166,734		30.00
31.00	03100	INTENSIVE CARE UNIT	4,777	0.00	2,364	0		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,879	0.00	0	0		35.00
40.00	04000	SUBPROVIDER - I PF	0	0.00	0	0		40.00
41.00	04100	SUBPROVIDER - I RF	2,647	0.00	1,538	0		41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0		42.00
43.00	04300	NURSERY	1,280	0.00	0	0		43.00
200.00		Total (lines 30-199)	46,048		19,282	2,166,734		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150109	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/27/2016 10:30 am
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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
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	03950	CARDIAC CATH LAB	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	700,682	0	73.00
73.01	07301	DIABETES CENTER	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	507,391	0	91.00
91.01	04950	WOUND CARE	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
200.00		Total (lines 50-199)	0	0	1,208,073	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150109	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/27/2016 10:30 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	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	167,427,700	0.000000	0.000000	29,323,919	50.00
51.00	05100	RECOVERY ROOM	0	10,622,174	0.000000	0.000000	2,285,503	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	20,499,747	0.000000	0.000000	27,946	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	82,741,111	0.000000	0.000000	7,730,221	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	0	7,825,650	0.000000	0.000000	937,305	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.01	03950	CARDIAC CATH LAB	0	28,804,049	0.000000	0.000000	7,096,955	56.01
57.00	05700	CT SCAN	0	60,071,176	0.000000	0.000000	8,259,951	57.00
58.00	05800	MRI	0	15,118,881	0.000000	0.000000	3,034,039	58.00
60.00	06000	LABORATORY	0	105,200,299	0.000000	0.000000	24,527,564	60.00
65.00	06500	RESPIRATORY THERAPY	0	10,285,458	0.000000	0.000000	4,640,594	65.00
66.00	06600	PHYSICAL THERAPY	0	13,221,096	0.000000	0.000000	2,133,320	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,286,379	0.000000	0.000000	751,131	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,665,609	0.000000	0.000000	199,372	68.00
69.00	06900	ELECTROCARDIOLOGY	0	24,712,874	0.000000	0.000000	5,028,981	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,551,700	0.000000	0.000000	361,014	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	106,135,372	0.000000	0.000000	24,593,197	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	80,594,193	0.000000	0.000000	29,818,821	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	700,682	84,324,708	0.008309	0.008309	28,044,743	73.00
73.01	07301	DIABETES CENTER	0	229,314	0.000000	0.000000	342	73.01
74.00	07400	RENAL DIALYSIS	0	2,203,278	0.000000	0.000000	1,526,840	74.00
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	1,686,726	0.000000	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	869,359	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	507,391	64,187,009	0.007905	0.007905	6,078,708	91.00
91.01	04950	WOUND CARE	0	6,377,405	0.000000	0.000000	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0.000000	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	9,541,659	0.000000	0.000000	631,391	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	1,208,073	916,182,926			187,031,857	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150109	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/27/2016 10:30 am
Title XVIII		Hospital	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	12,353,815	0	50.00
51.00	05100 RECOVERY ROOM	0	1,107,514	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	10,668,123	0	54.00
55.00	03630 RADIOLOGY-THERAPEUTIC	0	1,111,047	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
56.01	03950 CARDIAC CATH LAB	0	6,711,853	0	56.01
57.00	05700 CT SCAN	0	11,430,518	0	57.00
58.00	05800 MRI	0	2,352,954	0	58.00
60.00	06000 LABORATORY	0	10,747,171	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	330,055	0	65.00
66.00	06600 PHYSICAL THERAPY	0	4,096,373	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	6,526	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	20,168	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	6,027,271	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,246,978	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	11,399,882	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	8,703,430	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	233,024	10,306,791	85,639	73.00
73.01	07301 DIABETES CENTER	0	637	0	73.01
74.00	07400 RENAL DIALYSIS	0	96,390	0	74.00
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	802,343	0	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	48,052	9,543,348	75,440	91.00
91.01	04950 WOUND CARE	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	1,326,816	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	281,076	110,390,003	161,079	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150109	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/27/2016 10:30 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.184127	12,353,815	0	0	2,274,671	50.00
51.00 05100 RECOVERY ROOM	0.141577	1,107,514	0	0	156,799	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.112720	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.232908	10,668,123	0	0	2,484,691	54.00
55.00 03630 RADIOLOGY-THERAPEUTIC	0.100057	1,111,047	0	0	111,168	55.00
56.00 05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01 03950 CARDIAC CATH LAB	0.113652	6,711,853	0	0	762,816	56.01
57.00 05700 CT SCAN	0.037218	11,430,518	0	0	425,421	57.00
58.00 05800 MRI	0.052881	2,352,954	0	0	124,427	58.00
60.00 06000 LABORATORY	0.117434	10,747,171	3,082	0	1,262,083	60.00
65.00 06500 RESPIRATORY THERAPY	0.389849	330,055	0	0	128,672	65.00
66.00 06600 PHYSICAL THERAPY	0.405221	4,096,373	0	0	1,659,936	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.298783	6,526	0	0	1,950	67.00
68.00 06800 SPEECH PATHOLOGY	0.599423	20,168	0	0	12,089	68.00
69.00 06900 ELECTROCARDIOLOGY	0.165840	6,027,271	0	0	999,563	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.294798	1,246,978	0	0	367,607	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.182186	11,399,882	0	0	2,076,899	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.207651	8,703,430	0	0	1,807,276	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.175499	10,306,791	0	96,107	1,808,832	73.00
73.01 07301 DIABETES CENTER	2.222930	637	0	0	1,416	73.01
74.00 07400 RENAL DIALYSIS	0.457362	96,390	0	0	44,085	74.00
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.305449	802,343	0	0	245,075	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0.000000				0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00 09000 CLINIC	1.045279	0	0	0	0	90.00
91.00 09100 EMERGENCY	0.245327	9,543,348	0	0	2,341,241	91.00
91.01 04950 WOUND CARE	0.437453	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.301534	1,326,816	0	0	400,080	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0.369697		0			95.00
200.00	Subtotal (see instructions)	110,390,003	3,082	96,107	19,496,797	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0		201.00
202.00	Net Charges (line 200 +/- line 201)	110,390,003	3,082	96,107	19,496,797	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150109	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/27/2016 10:30 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 03630 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
56.01 03950 CARDIAC CATH LAB	0	0		56.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
60.00 06000 LABORATORY	362	0		60.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	16,867		73.00
73.01 07301 DIABETES CENTER	0	0		73.01
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
91.01 04950 WOUND CARE	0	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	362	16,867		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	362	16,867		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150109		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part II Date/Time Prepared: 5/27/2016 10:30 am	
		Component CCN: 15T109		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	2,526,123	167,427,700	0.015088	0	50.00
51.00	05100	RECOVERY ROOM	180,193	10,622,174	0.016964	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,012,717	20,499,747	0.049401	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,763,248	82,741,111	0.033396	34,563	1,154 54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	58,845	7,825,650	0.007520	3,191	24 55.00
56.00	05600	RADIOISOTOPE	29,276	0	0.000000	0	0 56.00
56.01	03950	CARDIAC CATH LAB	610,483	28,804,049	0.021194	0	0 56.01
57.00	05700	CT SCAN	234,782	60,071,176	0.003908	62,439	244 57.00
58.00	05800	MRI	95,777	15,118,881	0.006335	11,576	73 58.00
60.00	06000	LABORATORY	1,006,959	105,200,299	0.009572	505,636	4,840 60.00
65.00	06500	RESPIRATORY THERAPY	260,936	10,285,458	0.025369	311,639	7,906 65.00
66.00	06600	PHYSICAL THERAPY	685,658	13,221,096	0.051861	1,924,952	99,830 66.00
67.00	06700	OCCUPATIONAL THERAPY	275,625	7,286,379	0.037827	1,712	65 67.00
68.00	06800	SPEECH PATHOLOGY	142,307	1,665,609	0.085438	203,665	17,401 68.00
69.00	06900	ELECTROCARDIOLOGY	650,165	24,712,874	0.026309	1,953	51 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	211,100	4,551,700	0.046378	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	380,865	106,135,372	0.003588	89,682	322 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	327,801	80,594,193	0.004067	870	4 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	851,339	84,324,708	0.010096	548,470	5,537 73.00
73.01	07301	DIABETES CENTER	13,864	229,314	0.060459	0	0 73.01
74.00	07400	RENAL DIALYSIS	124,435	2,203,278	0.056477	34,751	1,963 74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	138,448	1,686,726	0.082081	0	0 76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0 89.00
90.00	09000	CLINIC	23,402	869,359	0.026919	0	0 90.00
91.00	09100	EMERGENCY	2,439,642	64,187,009	0.038008	10,301	392 91.00
91.01	04950	WOUND CARE	378,799	6,377,405	0.059397	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0	0 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	280,734	9,541,659	0.029422	11,357	334 92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (Lines 50-199)	15,703,523	916,182,926		3,756,757	140,140 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150109 Component CCN: 15T109	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/27/2016 10:30 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	03630 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03950 CARDIAC CATH LAB	0	0	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO 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	700,682	0	700,682	73.00
73.01	07301 DIABETES CENTER	0	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	507,391	0	507,391	91.00
91.01	04950 WOUND CARE	0	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	1,208,073	0	1,208,073	95.00
200.00	Total (lines 50-199)	0	0	1,208,073	0	1,208,073	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150109 Component CCN: 15T109	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/27/2016 10:30 am
	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	167,427,700	0.000000	0.000000	0	50.00
51.00 05100 RECOVERY ROOM	0	10,622,174	0.000000	0.000000	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	20,499,747	0.000000	0.000000	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	82,741,111	0.000000	0.000000	34,563	54.00
55.00 03630 RADIOLOGY-THERAPEUTIC	0	7,825,650	0.000000	0.000000	3,191	55.00
56.00 05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.01 03950 CARDIAC CATH LAB	0	28,804,049	0.000000	0.000000	0	56.01
57.00 05700 CT SCAN	0	60,071,176	0.000000	0.000000	62,439	57.00
58.00 05800 MRI	0	15,118,881	0.000000	0.000000	11,576	58.00
60.00 06000 LABORATORY	0	105,200,299	0.000000	0.000000	505,636	60.00
65.00 06500 RESPIRATORY THERAPY	0	10,285,458	0.000000	0.000000	311,639	65.00
66.00 06600 PHYSICAL THERAPY	0	13,221,096	0.000000	0.000000	1,924,952	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	7,286,379	0.000000	0.000000	1,712	67.00
68.00 06800 SPEECH PATHOLOGY	0	1,665,609	0.000000	0.000000	203,665	68.00
69.00 06900 ELECTROCARDIOLOGY	0	24,712,874	0.000000	0.000000	1,953	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	4,551,700	0.000000	0.000000	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	106,135,372	0.000000	0.000000	89,682	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	80,594,193	0.000000	0.000000	870	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	700,682	84,324,708	0.008309	0.008309	548,470	73.00
73.01 07301 DIABETES CENTER	0	229,314	0.000000	0.000000	0	73.01
74.00 07400 RENAL DIALYSIS	0	2,203,278	0.000000	0.000000	34,751	74.00
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	1,686,726	0.000000	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 09000 CLINIC	0	869,359	0.000000	0.000000	0	90.00
91.00 09100 EMERGENCY	507,391	64,187,009	0.007905	0.007905	10,301	91.00
91.01 04950 WOUND CARE	0	6,377,405	0.000000	0.000000	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	9,541,659	0.000000	0.000000	11,357	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (Lines 50-199)	1,208,073	916,182,926			3,756,757	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150109	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/27/2016 10:30 am
	Component CCN: 15T109	Title XVIII	Subprovider - IRF PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	03630 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
56.01	03950 CARDIAC CATH LAB	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MRI	0	0	0	58.00
60.00	06000 LABORATORY	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	4,557	0	0	73.00
73.01	07301 DIABETES CENTER	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	81	0	0	91.00
91.01	04950 WOUND CARE	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (Lines 50-199)	4,638	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150109	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/27/2016 10:30 am
Cost Center Description		PPS		
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		34,465	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		34,465	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)		34,465	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)		15,380	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)		46,847,452	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)		46,847,452	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)		46,847,452	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,359.28	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		20,905,726	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)		20,905,726	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150109		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	8,043,748	4,777	1,683.85	2,364	3,980,621	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	NEONATAL INTENSIVE CARE UNIT	3,997,386	2,879	1,388.46	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					33,716,621	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					58,602,968	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)					5,423,414	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,716,948	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					8,140,362	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					50,462,606	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: 150109		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/27/2016 10:30 am	
		Title XVIII		Hospital		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	6,222,672	46,847,452	0.132828	0	0	90.00
91.00	Nursing School cost	4,855,366	46,847,452	0.103642	0	0	91.00
92.00	Allied health cost	0	46,847,452	0.000000	0	0	92.00
93.00	All other Medical Education	0	46,847,452	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150109	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Component CCN: 15T109		Date/Time Prepared: 5/27/2016 10:30 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,647	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,647	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,647	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,538	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)		3,406,358	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)		3,406,358	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)		3,406,358	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,286.87	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,979,206	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,979,206	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150109		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Component CCN: 15T109				Date/Time Prepared: 5/27/2016 10:30 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,230,211		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,209,417		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)					352,479		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					144,778		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					497,257		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,712,160		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: 150109 Component CCN: 15T109		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/27/2016 10:30 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	606,643	3,406,358	0.178091	0	0	90.00
91.00	Nursing School cost	0	3,406,358	0.000000	0	0	91.00
92.00	Allied health cost	0	3,406,358	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,406,358	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150109	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XIX		Date/Time Prepared: 5/27/2016 10:30 am
		Hospital		Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		34,465	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		34,465	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)		34,465	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)		3,782	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,280	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)		46,847,452	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)		46,847,452	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)		46,847,452	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,359.28	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,140,797	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)		5,140,797	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150109		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Title XIX		Hospital		Date/Time Prepared: 5/27/2016 10:30 am	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	479,415	1,280	374.54	0	0 42.00	
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	8,043,748	4,777	1,683.85	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	NEONATAL INTENSIVE CARE UNIT	3,935,308	2,879	1,366.90	1,693	2,314,162 47.00	
Cost Center Description							
		1.00					
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					6,961,065 48.00	
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					14,416,024 49.00	
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0 50.00	
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0 51.00	
52.00	Total Program excludable cost (sum of lines 50 and 51)					0 52.00	
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0 53.00	
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0 54.00	
55.00	Target amount per discharge					0.00 55.00	
56.00	Target amount (line 54 x line 55)					0 56.00	
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0 57.00	
58.00	Bonus payment (see instructions)					0 58.00	
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00 59.00	
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00 60.00	
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0 61.00	
62.00	Relief payment (see instructions)					0 62.00	
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0 63.00	
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0 64.00	
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0 65.00	
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0 66.00	
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0 67.00	
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0 68.00	
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0 69.00	
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00	
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00	
72.00	Program routine service cost (line 9 x line 71)					72.00	
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00	
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00	
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00	
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00	
77.00	Program capital-related costs (line 9 x line 76)					77.00	
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00	
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00	
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00	
81.00	Inpatient routine service cost per diem limitation					81.00	
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00	
83.00	Reasonable inpatient routine service costs (see instructions)					83.00	
84.00	Program inpatient ancillary services (see instructions)					84.00	
85.00	Utilization review - physician compensation (see instructions)					85.00	
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0 87.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00 88.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0 89.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150109		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/27/2016 10:30 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	6,222,672	46,847,452	0.132828	0	0	90.00
91.00	Nursing School cost	0	46,847,452	0.000000	0	0	91.00
92.00	Allied health cost	0	46,847,452	0.000000	0	0	92.00
93.00	All other Medical Education	0	46,847,452	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150109	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Component CCN: 15T109		Date/Time Prepared: 5/27/2016 10:30 am
		Title XIX	Subprovider - IRF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,647	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,647	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,647	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)		391	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,280	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)		3,383,847	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)		3,383,847	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)		3,383,847	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,278.37	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		499,843	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)		499,843	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150109		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1		
		Component CCN: 15T109				Date/Time Prepared: 5/27/2016 10:30 am		
		Title XIX		Subprovider - IRF		Cost		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00			
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00	
Intensive Care Type Inpatient Hospital Units								
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00	
44.00 CORONARY CARE UNIT							44.00	
45.00 BURN INTENSIVE CARE UNIT							45.00	
46.00 SURGICAL INTENSIVE CARE UNIT							46.00	
47.00 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		47.00	
Cost Center Description								
					1.00			
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						0		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						499,843		49.00
PASS THROUGH COST ADJUSTMENTS								
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						0		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0		53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00 Program discharges						0		54.00
55.00 Target amount per discharge						0.00		55.00
56.00 Target amount (line 54 x line 55)						0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0		57.00
58.00 Bonus payment (see instructions)						0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0		61.00
62.00 Relief payment (see instructions)						0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)								70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)								71.00
72.00 Program routine service cost (line 9 x line 71)								72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)								73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)								74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)								75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)								76.00
77.00 Program capital-related costs (line 9 x line 76)								77.00
78.00 Inpatient routine service cost (line 74 minus line 77)								78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)								79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)								80.00
81.00 Inpatient routine service cost per diem limitation								81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)								82.00
83.00 Reasonable inpatient routine service costs (see instructions)								83.00
84.00 Program inpatient ancillary services (see instructions)								84.00
85.00 Utilization review - physician compensation (see instructions)								85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)								86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00 Total observation bed days (see instructions)						0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150109 Component CCN: 15T109		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/27/2016 10:30 am	
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	606,643	3,383,847	0.179276	0	0	90.00
91.00	Nursing School cost	0	3,383,847	0.000000	0	0	91.00
92.00	Allied health cost	0	3,383,847	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,383,847	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150109	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/27/2016 10:30 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		28,948,535	30.00
31.00	03100	INTENSIVE CARE UNIT		7,999,323	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - I/PF		0	40.00
41.00	04100	SUBPROVIDER - I/RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.184127	29,323,919	50.00
51.00	05100	RECOVERY ROOM	0.141577	2,285,503	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.112720	27,946	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.233059	7,730,221	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	0.100057	937,305	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
56.01	03950	CARDIAC CATH LAB	0.113652	7,096,955	56.01
57.00	05700	CT SCAN	0.037218	8,259,951	57.00
58.00	05800	MRI	0.052881	3,034,039	58.00
60.00	06000	LABORATORY	0.117467	24,527,564	60.00
65.00	06500	RESPIRATORY THERAPY	0.391269	4,640,594	65.00
66.00	06600	PHYSICAL THERAPY	0.405221	2,133,320	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.298783	751,131	67.00
68.00	06800	SPEECH PATHOLOGY	0.599423	199,372	68.00
69.00	06900	ELECTROCARDIOLOGY	0.165840	5,028,981	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.294798	361,014	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.182186	24,593,197	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.207651	29,818,821	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.175499	28,044,743	73.00
73.01	07301	DIABETES CENTER	2.247804	342	73.01
74.00	07400	RENAL DIALYSIS	0.457362	1,526,840	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.305449	0	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	1.045279	0	90.00
91.00	09100	EMERGENCY	0.245327	6,078,708	91.00
91.01	04950	WOUND CARE	0.437516	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.301534	631,391	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		187,031,857	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)		187,031,857	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150109	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3	
		Component CCN: 15T109		Date/Time Prepared: 5/27/2016 10:30 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - IRF		2,294,202	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.184127	0	50.00
51.00	05100	RECOVERY ROOM	0.141577	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.112720	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.233059	34,563	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	0.100057	3,191	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
56.01	03950	CARDIAC CATH LAB	0.113652	0	56.01
57.00	05700	CT SCAN	0.037218	62,439	57.00
58.00	05800	MRI	0.052881	11,576	58.00
60.00	06000	LABORATORY	0.117467	505,636	60.00
65.00	06500	RESPIRATORY THERAPY	0.391269	311,639	65.00
66.00	06600	PHYSICAL THERAPY	0.405221	1,924,952	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.298783	1,712	67.00
68.00	06800	SPEECH PATHOLOGY	0.599423	203,665	68.00
69.00	06900	ELECTROCARDIOLOGY	0.165840	1,953	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.294798	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.182186	89,682	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.207651	870	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.175499	548,470	73.00
73.01	07301	DIABETES CENTER	2.247804	0	73.01
74.00	07400	RENAL DIALYSIS	0.457362	34,751	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.305449	0	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	1.045279	0	90.00
91.00	09100	EMERGENCY	0.245327	10,301	91.00
91.01	04950	WOUND CARE	0.437516	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.301534	11,357	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		3,756,757	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		3,756,757	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150109	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/27/2016 10:30 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		19,961,420	30.00
31.00	03100	INTENSIVE CARE UNIT		2,532,784	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		7,735,831	35.00
40.00	04000	SUBPROVIDER - I/PF		0	40.00
41.00	04100	SUBPROVIDER - I/RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.184127	3,754,296	50.00
51.00	05100	RECOVERY ROOM	0.141577	279,673	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.112720	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.232908	1,531,903	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	0.100057	292,682	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
56.01	03950	CARDIAC CATH LAB	0.113652	1,413,472	56.01
57.00	05700	CT SCAN	0.037218	2,368,720	57.00
58.00	05800	MRI	0.052881	929,303	58.00
60.00	06000	LABORATORY	0.117434	7,625,776	60.00
65.00	06500	RESPIRATORY THERAPY	0.389849	1,260,896	65.00
66.00	06600	PHYSICAL THERAPY	0.405221	493,418	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.298783	1,064,065	67.00
68.00	06800	SPEECH PATHOLOGY	0.599423	89,159	68.00
69.00	06900	ELECTROCARDIOLOGY	0.165840	1,024,203	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.294798	122,708	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.182186	4,866,586	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.207651	2,106,062	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.175499	9,274,737	73.00
73.01	07301	DIABETES CENTER	2.222930	107	73.01
74.00	07400	RENAL DIALYSIS	0.457362	115,653	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.305449	2,016	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	1.045279	0	90.00
91.00	09100	EMERGENCY	0.245327	1,434,074	91.00
91.01	04950	WOUND CARE	0.437453	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.301534	81,365	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		40,130,874	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)		40,130,874	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150109	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/27/2016 10:30 am
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		29,469,690	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		9,448,429	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)		1,999,133	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		6,998,534	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		169.00	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.01	30.00
31.00	Percentage of Medicaid patient days (see instructions)		26.20	31.00
32.00	Sum of lines 30 and 31		29.21	32.00
33.00	Allowable disproportionate share percentage (see instructions)		13.32	33.00
34.00	Disproportionate share adjustment (see instructions)		1,295,974	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150109	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/27/2016 10:30 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	6,406,145,534	35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000266053	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		2,038,485	1,704,376	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,524,675	428,422	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,953,097		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		44,166,323		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)		44,166,323		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,707,262		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		694,151		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		2,166,734		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		281,076		58.00
59.00	Total (sum of amounts on lines 49 through 58)		51,015,546		59.00
60.00	Primary payer payments		6,545		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		51,009,001		61.00
62.00	Deductibles billed to program beneficiaries		3,696,648		62.00
63.00	Coinurance billed to program beneficiaries		109,964		63.00
64.00	Allowable bad debts (see instructions)		462,111		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		300,372		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		133,309		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		47,502,761		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	NEW TECHNOLOGY		2,741		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		-137,455		70.93
70.94	HRR adjustment amount (see instructions)		0		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150109	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/27/2016 10:30 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		47,368,047		71.00
71.01	Sequestration adjustment (see instructions)		947,361		71.01
72.00	Interim payments		46,074,900		72.00
73.00	Tentative settlement (for contractor use only)		0		73.00
74.00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)		345,786		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2 TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)		1,717,062		75.00
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150109	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/27/2016 10:30 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		17,229	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		19,335,718	2.00
3.00	PPS payments		17,548,230	3.00
4.00	Outlier payment (see instructions)		518,448	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		161,079	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		17,229	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		99,189	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)		99,189	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)		99,189	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		81,960	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)		17,229	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)		18,227,757	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)		3,365,874	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)		14,879,112	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)		14,879,112	30.00
31.00	Primary payer payments		7,086	31.00
32.00	Subtotal (line 30 minus line 31)		14,872,026	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)		852,562	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		554,165	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		485,581	36.00
37.00	Subtotal (see instructions)		15,426,191	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)		15,426,191	40.00
40.01	Sequestration adjustment (see instructions)		308,524	40.01
41.00	Interim payments		14,738,259	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		379,408	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		102,703	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150109

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

Worksheet E-1
Part I
Date/Time Prepared:
5/27/2016 10:30 am

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		44,950,700		14,684,759	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	07/27/2015	1,124,200	06/25/2015	53,500	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)		1,124,200		53,500	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)		46,074,900		14,738,259	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		345,786		379,408	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		46,420,686		15,117,667	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150109
Component CCN: 15T109

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

Worksheet E-1
Part I
Date/Time Prepared:
5/27/2016 10:30 am
PPS

Title XVIII

Subprovider -
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider				0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,551,605		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,551,605		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		50,891		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,602,496		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 150109

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

Worksheet E-1
Part II
Date/Time Prepared:
5/27/2016 10:30 am

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			9,857 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			17,744 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3,343 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			42,121 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			1,039,885,883 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			51,235,393 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)			985,164 8.00
9.00	Sequestration adjustment amount (see instructions)			19,703 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			965,461 10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			840,616 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)			124,845 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150109 Component CCN: 15T109	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part III Date/Time Prepared: 5/27/2016 10:30 am
		Title XVIIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			2,261,319 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0233 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			116,232 3.00
4.00	Outlier Payments			295,469 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			7.252055 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			2,673,020 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			2,673,020 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			2,673,020 19.00
20.00	Deductibles			13,860 20.00
21.00	Subtotal (line 19 minus line 20)			2,659,160 21.00
22.00	Coinsurance			8,190 22.00
23.00	Subtotal (line 21 minus line 22)			2,650,970 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			2,650,970 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)			4,638 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			2,655,608 32.00
32.01	Sequestration adjustment (see instructions)			53,112 32.01
33.00	Interim payments			2,551,605 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 33, and 34)			50,891 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			295,469 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150109	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part VII Date/Time Prepared: 5/27/2016 10:30 am	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		14,416,024		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		14,416,024	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		14,416,024	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		40,130,874	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		40,130,874	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		40,130,874	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		25,714,850	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		14,416,024	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		14,416,024	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		14,416,024	0	31.00
32.00	Deductibles		0		32.00
33.00	Coinurance		0		33.00
34.00	Allowable bad debts (see instructions)		0		34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		14,416,024	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		37.00
38.00	Subtotal (line 36 ± line 37)		14,416,024	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		14,416,024	0	40.00
41.00	Interim payments		14,416,024	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0		42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0		43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150109	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part VII Date/Time Prepared: 5/27/2016 10:30 am	
		Title XIX	Subprovider - IRF	Cost	
		Inpatient	Outpatient		
		1.00	2.00		
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services	499,843			1.00
2.00	Medical and other services		0		2.00
3.00	Organ acquisition (certified transplant centers only)	0			3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	499,843	0		4.00
5.00	Inpatient primary payer payments	0			5.00
6.00	Outpatient primary payer payments		0		6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	499,843	0		7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges	0			8.00
9.00	Ancillary service charges	0	0		9.00
10.00	Organ acquisition charges, net of revenue	0			10.00
11.00	Incentive from target amount computation	0			11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0		12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000		0.000000	15.00
16.00	Total customary charges (see instructions)	0		0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0		0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	499,843		0	18.00
19.00	Interns and Residents (see instructions)	0		0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0		0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments	0		0	22.00
23.00	Outlier payments	0		0	23.00
24.00	Program capital payments	0		0	24.00
25.00	Capital exception payments (see instructions)	0		0	25.00
26.00	Routine and Ancillary service other pass through costs	0		0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0		0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0		0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)	499,843		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0		0	31.00
32.00	Deductibles	0		0	32.00
33.00	Coinurance	0		0	33.00
34.00	Allowable bad debts (see instructions)	0		0	34.00
35.00	Utilization review	0		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0		0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		0	37.00
38.00	Subtotal (line 36 ± line 37)	0		0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0		0	40.00
41.00	Interim payments	0		0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0		0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0		0	43.00

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

Provider CCN: 150109

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

Worksheet G

Date/Time Prepared:
5/27/2016 10:30 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	614,000	0	0	0	1.00
2.00	Temporary investments	1,819,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	50,918,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	6,146,000	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	3,728,000	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	63,225,000	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	210,909,000	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)	210,909,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	9,183,000	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	22,559,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	31,742,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	305,876,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	13,835,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	15,127,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	1,399,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	30,361,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	4,052,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	4,052,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	34,413,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	271,463,000				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)	271,463,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	305,876,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150109

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

Worksheet G-1

Date/Time Prepared:
5/27/2016 10:30 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		257,100,000		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		33,821,702				2.00
3.00	Total (sum of line 1 and line 2)		290,921,702		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		290,921,702		0		11.00
12.00	ADJUST TO AFS	19,614,000		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		19,614,000		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		271,307,702		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	ADJUST TO AFS		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: 150109

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/27/2016 10:30 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	64,984,436		64,984,436	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	4,009,613		4,009,613	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				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)	68,994,049		68,994,049	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	16,562,270		16,562,270	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	NEONATAL INTENSIVE CARE UNIT	13,126,579		13,126,579	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	29,688,849		29,688,849	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	98,682,898		98,682,898	17.00
18.00	Ancillary services	396,889,542	438,317,952	835,207,494	18.00
19.00	Outpatient services	14,173,009	80,138,969	94,311,978	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY	0	8,710,555	8,710,555	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	4,518,792	4,518,792	26.00
27.00	NON-REIMBURSABLE	1,040	10,830,944	10,831,984	27.00
27.01	DURABLE MEDICAL EQUIPMENT	0	0	0	27.01
27.02	NON HOSPITAL - FPN (CORP 44)	0	48,055,156	48,055,156	27.02
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	509,746,489	590,572,368	1,100,318,857	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		290,049,036		29.00
30.00	NON HOSPITAL - FPN (CORP 44)	41,239,712			30.00
31.00	REMOVE ONCE UNKNOWN DEPT IS GROUPED	155,298			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)		41,395,010		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)		331,444,046		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150109

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

Worksheet G-3

Date/Time Prepared:
5/27/2016 10:30 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,100,318,857	1.00
2.00	Less contractual allowances and discounts on patients' accounts	752,522,256	2.00
3.00	Net patient revenues (line 1 minus line 2)	347,796,601	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	331,444,046	4.00
5.00	Net income from service to patients (line 3 minus line 4)	16,352,555	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	11,000	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	12,273,000	24.00
24.01	LOSS ON SALE	-152,000	24.01
24.02	EQUITY IN EARNING OF INVESTMENTS	5,334,000	24.02
24.03	CONTRIBUTIONS	10,000	24.03
24.04	OTHER	-8,000	24.04
25.00	Total other income (sum of lines 6-24)	17,468,000	25.00
26.00	Total (line 5 plus line 25)	33,820,555	26.00
27.00	RECONCILE TO AFS	-1,147	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	-1,147	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	33,821,702	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150109

Period: From 01/01/2015

Worksheet H

HHA CCN: 157124

To 12/31/2015

Date/Time Prepared: 5/27/2016 10:30 am

Home Health Agency I

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	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00			0		0	0	1.00
2.00			0		29,331	29,331	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	589,162	0	21,310	56,991	19,708	687,171	5.00
HHA REIMBURSABLE SERVICES							
6.00	619,744	0	69,549	0	0	689,293	6.00
7.00	485,423	0	46,674	0	695	532,792	7.00
8.00	205,316	0	12,679	0	0	217,995	8.00
9.00	7,951	0	1,424	0	0	9,375	9.00
10.00	5,445	0	333	0	0	5,778	10.00
11.00	53,112	0	11,598	0	0	64,710	11.00
12.00	0	0	0	1,806	68,566	70,372	12.00
13.00	192	0	17	80,883	473	81,565	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	728,179	223	18,500	529,924	48,112	1,324,938	23.00
24.00	2,694,524	223	182,084	669,604	166,885	3,713,320	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	29,331	0	29,331			2.00
3.00	0	0	0	0			3.00
4.00	0	0	0	0			4.00
5.00	0	687,171	-14,519	672,652			5.00
HHA REIMBURSABLE SERVICES							
6.00	0	689,293	0	689,293			6.00
7.00	0	532,792	0	532,792			7.00
8.00	0	217,995	0	217,995			8.00
9.00	0	9,375	0	9,375			9.00
10.00	0	5,778	0	5,778			10.00
11.00	0	64,710	0	64,710			11.00
12.00	0	70,372	0	70,372			12.00
13.00	0	81,565	0	81,565			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	1,324,938	0	1,324,938			23.00
24.00	0	3,713,320	-14,519	3,698,801			24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 150109	Period: From 01/01/2015 To 12/31/2015	Worksheet H-1 Part I Date/Time Prepared: 5/27/2016 10:30 am
		HHA CCN: 157124	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)		
		Bl dgs & 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	29,331		29,331		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	672,652	0	29,331	0	701,983	5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	689,293	0	0	0	689,293	6.00	
7.00	Physical Therapy	532,792	0	0	0	532,792	7.00	
8.00	Occupational Therapy	217,995	0	0	0	217,995	8.00	
9.00	Speech Pathology	9,375	0	0	0	9,375	9.00	
10.00	Medical Social Services	5,778	0	0	0	5,778	10.00	
11.00	Home Health Aide	64,710	0	0	0	64,710	11.00	
12.00	Supplies (see instructions)	70,372	0	0	0	70,372	12.00	
13.00	Drugs	81,565	0	0	0	81,565	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)	1,324,938	0	0	0	1,324,938	23.00	
24.00	Total (sum of lines 1-23)	3,698,801	0	29,331	0	3,698,801	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	701,983					5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	161,462	850,755				6.00	
7.00	Physical Therapy	124,803	657,595				7.00	
8.00	Occupational Therapy	51,064	269,059				8.00	
9.00	Speech Pathology	2,196	11,571				9.00	
10.00	Medical Social Services	1,353	7,131				10.00	
11.00	Home Health Aide	15,158	79,868				11.00	
12.00	Supplies (see instructions)	16,484	86,856				12.00	
13.00	Drugs	19,106	100,671				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)	310,357	1,635,295				23.00	
24.00	Total (sum of lines 1-23)		3,698,801				24.00	

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 150109 HHA CCN: 157124		Period: From 01/01/2015 To 12/31/2015		Worksheet H-1 Part II Date/Time Prepared: 5/27/2016 10:30 am	
				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		29,331			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	29,331	0	0	-701,983	2,996,818
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	689,293
7.00	Physical Therapy	0	0	0	0	0	532,792
8.00	Occupational Therapy	0	0	0	0	0	217,995
9.00	Speech Pathology	0	0	0	0	0	9,375
10.00	Medical Social Services	0	0	0	0	0	5,778
11.00	Home Health Aide	0	0	0	0	0	64,710
12.00	Supplies (see instructions)	0	0	0	0	0	70,372
13.00	Drugs	0	0	0	0	0	81,565
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	1,324,938
24.00	Total (sum of lines 1-23)	0	29,331	0	0	-701,983	2,996,818
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	29,331	0	0		701,983
26.00	Unit Cost Multiplier	0.000000	1.000000	0.000000	0.000000		0.234243

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150109

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

Worksheet H-2 Part I

HHA CCN: 157124

Home Health Agency I

Date/Time Prepared: 5/27/2016 10:30 am

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	MGMT INFO SYSTEMS	
		BLDG & FIXT	MVBLE EQUIP				
		1.00	2.00				
	0			4.00	5.01	5.02	
1.00 Administrative and General	0	0	0	979,080	0	410,801	1.00
2.00 Skilled Nursing Care	850,755	0	0	0	0	0	2.00
3.00 Physical Therapy	657,595	0	0	0	0	0	3.00
4.00 Occupational Therapy	269,059	0	0	0	0	0	4.00
5.00 Speech Pathology	11,571	0	0	0	0	0	5.00
6.00 Medical Social Services	7,131	0	0	0	0	0	6.00
7.00 Home Health Aide	79,868	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	86,856	0	0	0	0	0	8.00
9.00 Drugs	100,671	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)	1,635,295	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	3,698,801	0	0	979,080	0	410,801	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	ADMITTING	PATIENT ACCOUNTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	
	5.03	5.04	5.05	5A.05	5.06	7.00	
1.00 Administrative and General	5,623	4,512	40,382	1,440,398	101,018	0	1.00
2.00 Skilled Nursing Care	0	0	0	850,755	59,665	0	2.00
3.00 Physical Therapy	0	0	0	657,595	46,118	0	3.00
4.00 Occupational Therapy	0	0	0	269,059	18,870	0	4.00
5.00 Speech Pathology	0	0	0	11,571	811	0	5.00
6.00 Medical Social Services	0	0	0	7,131	500	0	6.00
7.00 Home Health Aide	0	0	0	79,868	5,601	0	7.00
8.00 Supplies (see instructions)	0	0	0	86,856	6,091	0	8.00
9.00 Drugs	0	0	0	100,671	7,060	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	1,635,295	114,688	0	19.00
20.00 Total (sum of lines 1-19) (2)	5,623	4,512	40,382	5,139,199	360,422	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: 150109

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

Worksheet H-2 Part I

HHA CCN: 157124

Date/Time Prepared: 5/27/2016 10:30 am

Home Health Agency I

PPS

Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		8.00	9.00	10.00	11.00	13.00	14.00	
1.00	Administrative and General	0	0	0	123,972	245,624	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	123,972	245,624	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	PARAMED PRGM	Subtotal	
		15.00	16.00	17.00	20.00	23.00	24.00	
1.00	Administrative and General	0	20,470	0	0	0	1,931,482	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	910,420	2.00
3.00	Physical Therapy	0	0	0	0	0	703,713	3.00
4.00	Occupational Therapy	0	0	0	0	0	287,929	4.00
5.00	Speech Pathology	0	0	0	0	0	12,382	5.00
6.00	Medical Social Services	0	0	0	0	0	7,631	6.00
7.00	Home Health Aide	0	0	0	0	0	85,469	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	92,947	8.00
9.00	Drugs	0	0	0	0	0	107,731	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	1,749,983	19.00
20.00	Total (sum of lines 1-19) (2)	0	20,470	0	0	0	5,889,687	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: 150109

Period: From 01/01/2015

Worksheet H-2

HHA CCN: 157124

To 12/31/2015

Part I
Date/Time Prepared:
5/27/2016 10:30 am

Home Health Agency I

PPS

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
		25.00	26.00	27.00	28.00		
1.00	Administrative and General	0	1,931,482				1.00
2.00	Skilled Nursing Care	0	910,420	444,257	1,354,677		2.00
3.00	Physical Therapy	0	703,713	343,390	1,047,103		3.00
4.00	Occupational Therapy	0	287,929	140,500	428,429		4.00
5.00	Speech Pathology	0	12,382	6,042	18,424		5.00
6.00	Medical Social Services	0	7,631	3,724	11,355		6.00
7.00	Home Health Aide	0	85,469	41,706	127,175		7.00
8.00	Supplies (see instructions)	0	92,947	45,355	138,302		8.00
9.00	Drugs	0	107,731	52,569	160,300		9.00
10.00	DME	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0		13.00
14.00	Clinic	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0		18.00
19.00	All Others (specify)	0	1,749,983	853,939	2,603,922		19.00
20.00	Total (sum of lines 1-19) (2)	0	5,889,687	1,931,482	5,889,687		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.			0.487969			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: 150109
HHA CCN: 157124

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

Worksheet H-2 Part II
Date/Time Prepared: 5/27/2016 10:30 am
PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONE LINES)	MGMT INFO SYSTEMS (MANHOURS)	PURCHASING (COSTED REQUISIT)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00					
1.00 Administrative and General	0	0	2,694,525	0	83,866	117,099	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	2,694,525	0	83,866	117,099	20.00
21.00 Total cost to be allocated	0	0	979,080	0	410,801	5,623	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.363359	0.000000	4.898302	0.048019	22.00
Cost Center Description	ADMITTING (GROSS CHARGES)	PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
	5.04	5.05	5A.06	5.06	7.00	8.00	
1.00 Administrative and General	8,710,555	8,710,555	0	1,440,398	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	850,755	0	0	2.00
3.00 Physical Therapy	0	0	0	657,595	0	0	3.00
4.00 Occupational Therapy	0	0	0	269,059	0	0	4.00
5.00 Speech Pathology	0	0	0	11,571	0	0	5.00
6.00 Medical Social Services	0	0	0	7,131	0	0	6.00
7.00 Home Health Aide	0	0	0	79,868	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	86,856	0	0	8.00
9.00 Drugs	0	0	0	100,671	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	1,635,295	0	0	19.00
20.00 Total (sum of lines 1-19)	8,710,555	8,710,555	0	5,139,199	0	0	20.00
21.00 Total cost to be allocated	4,512	40,382	0	360,422	0	0	21.00
22.00 Unit cost multiplier	0.000518	0.004636	0	0.070132	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150109
HHA CCN: 157124

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

Worksheet H-2
Part II
Date/Time Prepared:
5/27/2016 10:30 am
PPS

Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (DIRECT NURSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		9.00	10.00	11.00	13.00	14.00	15.00	
1.00	Administrative and General	0	0	83,866	83,866	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)	0	0	83,866	83,866	0	0	20.00
21.00	Total cost to be allocated	0	0	123,972	245,624	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	1.478215	2.928767	0.000000	0.000000	22.00
Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NURSING SCHOOL (ASSIGNED TIME)	PARAMED PRGM (ASSIGNED TIME)			
		16.00	17.00	20.00	23.00			
1.00	Administrative and General	8,710,555	0	0	0			1.00
2.00	Skilled Nursing Care	0	0	0	0			2.00
3.00	Physical Therapy	0	0	0	0			3.00
4.00	Occupational Therapy	0	0	0	0			4.00
5.00	Speech Pathology	0	0	0	0			5.00
6.00	Medical Social Services	0	0	0	0			6.00
7.00	Home Health Aide	0	0	0	0			7.00
8.00	Supplies (see instructions)	0	0	0	0			8.00
9.00	Drugs	0	0	0	0			9.00
10.00	DME	0	0	0	0			10.00
11.00	Home Dialysis Aide Services	0	0	0	0			11.00
12.00	Respiratory Therapy	0	0	0	0			12.00
13.00	Private Duty Nursing	0	0	0	0			13.00
14.00	Clinic	0	0	0	0			14.00
15.00	Health Promotion Activities	0	0	0	0			15.00
16.00	Day Care Program	0	0	0	0			16.00
17.00	Home Delivered Meals Program	0	0	0	0			17.00
18.00	Homemaker Service	0	0	0	0			18.00
19.00	All Others (specify)	0	0	0	0			19.00
20.00	Total (sum of lines 1-19)	8,710,555	0	0	0			20.00
21.00	Total cost to be allocated	20,470	0	0	0			21.00
22.00	Unit cost multiplier	0.002350	0.000000	0.000000	0.000000			22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 150109	Period: From 01/01/2015 To 12/31/2015	Worksheet H-3 Part I Date/Time Prepared: 5/27/2016 10:30 am		
				HHA CCN: 157124	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	1,354,677		1,354,677	6,810	198.92	1.00
2.00	Physical Therapy	3.00	1,047,103	0	1,047,103	5,233	200.10	2.00
3.00	Occupational Therapy	4.00	428,429	0	428,429	1,787	239.75	3.00
4.00	Speech Pathology	5.00	18,424	0	18,424	93	198.11	4.00
5.00	Medical Social Services	6.00	11,355		11,355	71	159.93	5.00
6.00	Home Health Aide	7.00	127,175		127,175	1,296	98.13	6.00
7.00	Total (sum of lines 1-6)		2,987,163	0	2,987,163	15,290		7.00
Program Visits								
Part B								
Not Subject to Deductibles & Coinsurance								
Subject to Deductibles								
Cost Center Description	Cost Limits	CBSA No. (1)	Part A	3.00	4.00	5.00		
Limitation Cost Computation								
8.00	Skilled Nursing Care		29140	0	4,462		8.00	
9.00	Physical Therapy		29140	0	3,243		9.00	
10.00	Occupational Therapy		29140	0	1,138		10.00	
11.00	Speech Pathology		29140	0	52		11.00	
12.00	Medical Social Services		29140	0	58		12.00	
13.00	Home Health Aide		29140	0	1,028		13.00	
14.00	Total (sum of lines 8-13)			0	9,981		14.00	
Program Visits								
Part B								
Not Subject to Deductibles & Coinsurance								
Subject to Deductibles & Coinsurance								
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	138,302	0	138,302	0	0.000000	15.00
16.00	Cost of Drugs	9.00	160,300	0	160,300	0	0.000000	16.00
Program Visits								
Part B								
Not Subject to Deductibles & Coinsurance								
Subject to Deductibles & Coinsurance								
Cost Center Description	Part A	7.00	8.00	9.00	10.00	11.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	0	4,462		0	887,581	1.00	
2.00	Physical Therapy	0	3,243		0	648,924	2.00	
3.00	Occupational Therapy	0	1,138		0	272,836	3.00	
4.00	Speech Pathology	0	52		0	10,302	4.00	
5.00	Medical Social Services	0	58		0	9,276	5.00	
6.00	Home Health Aide	0	1,028		0	100,878	6.00	
7.00	Total (sum of lines 1-6)	0	9,981		0	1,929,797	7.00	
Program Visits								
Part B								
Not Subject to Deductibles & Coinsurance								
Subject to Deductibles & Coinsurance								
Cost Center Description	6.00	7.00	8.00	9.00	10.00	11.00		
Limitation Cost Computation								
8.00	Skilled Nursing Care						8.00	
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: 150109	Period: From 01/01/2015 To 12/31/2015	Worksheet H-3 Part I Date/Time Prepared: 5/27/2016 10:30 am		
				HHA CCN: 157124				
				Title XVII I	Home Health Agency I	PPS		
Cost Center Description	Program Covered Charges			Cost of Services				
	Part A	Part B						
		Not Subject to Deductibles & Co Insurance	Subject to Deductibles & Co Insurance	Part A	Not Subject to Deductibles & Co Insurance	Subject to Deductibles & Co Insurance		
	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	452,249	0	0	15.00	
16.00	Cost of Drugs		0	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	887,581						1.00
2.00	Physical Therapy	648,924						2.00
3.00	Occupational Therapy	272,836						3.00
4.00	Speech Pathology	10,302						4.00
5.00	Medical Social Services	9,276						5.00
6.00	Home Health Aide	100,878						6.00
7.00	Total (sum of lines 1-6)	1,929,797						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: 150109 HHA CCN: 157124	Period: From 01/01/2015 To 12/31/2015	Worksheet H-3 Part II Date/Time Prepared: 5/27/2016 10:30 am
		Title XVIII	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	0.405221	0	0	col. 2, line 2.00	1.00
2.00	Occupational Therapy	67.00	0.298783	0	0	col. 2, line 3.00	2.00
3.00	Speech Pathology	68.00	0.599423	0	0	col. 2, line 4.00	3.00
4.00	Cost of Medical Supplies	71.00	0.182186	0	0	col. 2, line 15.00	4.00
5.00	Cost of Drugs	73.00	0.175499	0	0	col. 2, line 16.00	5.00
5.01	Cost of Drugs 1	73.01	2.222930	0	0	col. 2, line 16.01	5.01

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 150109 HHA CCN: 157124	Period: From 01/01/2015 To 12/31/2015	Worksheet H-4 Part I-II Date/Time Prepared: 5/27/2016 10:30 am
		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		0	1,776,948
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	13,843
13.00	Total PPS Reimbursement - LUPA Episodes		0	30,101
14.00	Total PPS Reimbursement - PEP Episodes		0	11,915
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	0
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	1,763
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	1,834,570
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	1,834,570
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	1,834,570
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	1,834,570
30.00	NET MSP		0	-5,589
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
31.00	Subtotal (see instructions)		0	1,828,981
31.01	Sequestration adjustment (see instructions)		0	36,580
32.00	Interim payments (see instructions)		0	1,792,401
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	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: 150109
HHA CCN: 157124

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

Worksheet H-5
Date/Time Prepared:
5/27/2016 10:30 am
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		1,792,401	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		1,792,401	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		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		1,792,401	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 150109	Period: From 01/01/2015 To 12/31/2015	Worksheet I-5 Date/Time Prepared: 5/27/2016 10:30 am
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		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	0		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	0	0	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012	0	0	5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013	0	0	5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014	0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	0	0	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	0		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.000000		14.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150109

Period: From 01/01/2015

Worksheet K

Hospice CCN: 151563

To 12/31/2015

Date/Time Prepared: 5/27/2016 10:30 am

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		98,023	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	543,850	0	0	5,356	99,133	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	3,037	0	0	6,031	0	7.00
8.00	Inpatient - Respite Care	3,380	0	0	1,000	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	25,920	0	9.00
10.00	Nursing Care	344,455	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	1,462	0	0	0	0	11.00
12.00	Physical Therapy	3,313	0	0	0	0	12.00
13.00	Occupational Therapy	7	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	37,382	0	0	0	0	15.00
16.00	Spiritual Counseling	68,725	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	54,098	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	174,478	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	28,813	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	1,683	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,059,709	0	0	39,990	400,447	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150109

Period: From 01/01/2015

Worksheet K

Hospice CCN: 151563

To 12/31/2015

Date/Time Prepared: 5/27/2016 10:30 am

		Hospice I				
	Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
	6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	98,023	0	98,023	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	5.00
6.00	Administrative and General	648,339	0	648,339	-1,620	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	9,068	0	9,068	0	7.00
8.00	Inpatient - Respite Care	4,380	0	4,380	0	8.00
VISITING SERVICES						
9.00	Physician Services	25,920	0	25,920	0	9.00
10.00	Nursing Care	344,455	0	344,455	0	10.00
11.00	Nursing Care-Continuous Home Care	1,462	0	1,462	0	11.00
12.00	Physical Therapy	3,313	0	3,313	0	12.00
13.00	Occupational Therapy	7	0	7	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services	37,382	0	37,382	0	15.00
16.00	Spiritual Counseling	68,725	0	68,725	0	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	54,098	0	54,098	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	174,478	0	174,478	0	22.00
23.00	Analgesics	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	28,813	0	28,813	0	30.00
31.00	Outpatient Services (including E/R Dept.)	1,683	0	1,683	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,500,146	0	1,500,146	-1,620	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150109

Period: From 01/01/2015

Worksheet K-1

Hospice CCN: 151563

To 12/31/2015

Date/Time Prepared: 5/27/2016 10:30 am

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	144,489	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	192	0	2,779	7.00
8.00	Inpatient - Respite Care	0	0	603	0	2,711	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	344,455	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	1,462	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	37,382	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	38,177	144,489	351,407	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150109

Period: From 01/01/2015

Worksheet K-1

Hospice CCN: 151563

To 12/31/2015

Date/Time Prepared: 5/27/2016 10:30 am

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	399,361	543,850	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		66	0	3,037	7.00
8.00	Inpatient - Respite Care		66	0	3,380	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	344,455	10.00
11.00	Nursing Care-Continuous Home Care		0	0	1,462	11.00
12.00	Physical Therapy	3,313	0	0	3,313	12.00
13.00	Occupational Therapy	7	0	0	7	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	37,382	15.00
16.00	Spiritual Counseling		0	68,725	68,725	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		54,098	0	54,098	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	3,320	54,230	468,086	1,059,709	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 150109		Period: From 01/01/2015 To 12/31/2015		Worksheet K-3	
		Hospice CCN: 151563				Date/Time Prepared: 5/27/2016 10:30 am	
		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	0	0	0	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 150109	Period: From 01/01/2015	Worksheet K-3
		Hospice CCN: 151563	To 12/31/2015	Date/Time Prepared: 5/27/2016 10:30 am

		Total Therapists	Aides	All-Other	Hospice I Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	5,356	5,356	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	6,031	6,031	7.00
8.00	Inpatient - Respite Care		0	1,000	1,000	8.00
VISITING SERVICES						
9.00	Physician Services		0	25,920	25,920	9.00
10.00	Nursing Care		0	0	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	0	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	1,683	1,683	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	39,990	39,990	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150109

Period: From 01/01/2015

Worksheet K-4

Hospice CCN: 151563

To 12/31/2015

Part I
Date/Time Prepared:
5/27/2016 10:30 am

		CAPITAL RELATED COST				Hospice I	
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	98,023		98,023			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	646,719	0	98,023	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	9,068	0	0	0	0	7.00
8.00	Inpatient - Respite Care	4,380	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	25,920	0	0	0	0	9.00
10.00	Nursing Care	344,455	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	1,462	0	0	0	0	11.00
12.00	Physical Therapy	3,313	0	0	0	0	12.00
13.00	Occupational Therapy	7	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	37,382	0	0	0	0	15.00
16.00	Spiritual Counseling	68,725	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	54,098	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	174,478	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	28,813	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	1,683	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,498,526	0	98,023	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST		Provider CCN: 150109	Period: From 01/01/2015	Worksheet K-4
		Hospice CCN: 151563	To 12/31/2015	Part I Date/Time Prepared: 5/27/2016 10:30 am
		Hospice I		
	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col . 5A ± col . 6)
	5.00	5A	6.00	7.00
GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.			1.00
2.00	Capital Related Costs-Movable Equip.			2.00
3.00	Plant Operation and Maintenance			3.00
4.00	Transportation - Staff			4.00
5.00	Volunteer Service Coordination	0		5.00
6.00	Administrative and General	0	744,742	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	9,068	7.00
8.00	Inpatient - Respite Care	0	4,380	8.00
VISITING SERVICES				
9.00	Physician Services	0	25,920	9.00
10.00	Nursing Care	0	344,455	10.00
11.00	Nursing Care-Continuous Home Care	0	1,462	11.00
12.00	Physical Therapy	0	3,313	12.00
13.00	Occupational Therapy	0	7	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	37,382	15.00
16.00	Spiritual Counseling	0	68,725	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	54,098	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	174,478	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	0	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	28,813	30.00
31.00	Outpatient Services (including E/R Dept.)	0	1,683	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	0	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	1,498,526	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150109

Period: From 01/01/2015

Worksheet K-4

Hospice CCN: 151563

To 12/31/2015

Part II
Date/Time Prepared:
5/27/2016 10:30 am

		CAPITAL RELATED COST		PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
		BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT (\$ VALUE)				
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0					1.00
2.00	Capital Related Costs-Movable Equip.	0	1,174				2.00
3.00	Plant Operation and Maintenance	0	0	0			3.00
4.00	Transportation - Staff	0	0	0	0		4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	1,174	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	0	98,023	0	0	0	39.00
40.00	Unit Cost Multiplier	0.000000	83.494889	0.000000	0.000000	0.000000	40.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150109

Period: From 01/01/2015

Worksheet K-4

Hospice CCN: 151563

To 12/31/2015

Part II
Date/Time Prepared:
5/27/2016 10:30 am

Hospice I

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	
		6A	6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-744,742	753,784	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	9,068	7.00
8.00	Inpatient - Respite Care	0	4,380	8.00
VISITING SERVICES				
9.00	Physician Services	0	25,920	9.00
10.00	Nursing Care	0	344,455	10.00
11.00	Nursing Care-Continuous Home Care	0	1,462	11.00
12.00	Physical Therapy	0	3,313	12.00
13.00	Occupational Therapy	0	7	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	37,382	15.00
16.00	Spiritual Counseling	0	68,725	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	54,098	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	174,478	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	0	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	28,813	30.00
31.00	Outpatient Services (including E/R Dept.)	0	1,683	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	0	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		744,742	39.00
40.00	Unit Cost Multiplier		0.988005	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150109

Period:

Worksheet K-5

Hospice CCN: 151563

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

Part I
Date/Time Prepared:
5/27/2016 10:30 am

Cost Center Description		Hospice Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
			BLDG & FIXT	MVBLE EQUIP			
			1.00	2.00			
		0	101,356	20,523	385,055	0	1.00
1.00	Administrative and General		101,356	20,523	385,055	0	1.00
2.00	Inpatient - General Care	18,027	0	0	0	0	2.00
3.00	Inpatient - Respite Care	8,707	0	0	0	0	3.00
4.00	Physician Services	51,529	0	0	0	0	4.00
5.00	Nursing Care	684,779	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	2,906	0	0	0	0	6.00
7.00	Physical Therapy	6,586	0	0	0	0	7.00
8.00	Occupational Therapy	14	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	74,316	0	0	0	0	10.00
11.00	Spiritual Counseling	136,626	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	107,547	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	346,863	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	57,280	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	3,346	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	1,498,526	101,356	20,523	385,055	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150109

Period:

Worksheet K-5

Hospice CCN: 151563

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

Part I
Date/Time Prepared:
5/27/2016 10:30 am

Cost Center Description		Hospice I				Subtotal	
		MGMT INFO SYSTEMS	PURCHASING	ADMITTING	PATIENT ACCOUNTING		
		5.02	5.03	5.04	5.05	5A.05	
1.00	Administrative and General	138,906	1,384	2,341	20,949	670,514	1.00
2.00	Inpatient - General Care	0	0	0	0	18,027	2.00
3.00	Inpatient - Respite Care	0	0	0	0	8,707	3.00
4.00	Physician Services	0	0	0	0	51,529	4.00
5.00	Nursing Care	0	0	0	0	684,779	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	2,906	6.00
7.00	Physical Therapy	0	0	0	0	6,586	7.00
8.00	Occupational Therapy	0	0	0	0	14	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	74,316	10.00
11.00	Spiritual Counseling	0	0	0	0	136,626	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	107,547	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	346,863	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	57,280	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	3,346	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	138,906	1,384	2,341	20,949	2,169,040	34.00
35.00	Unit Cost Multiplier (see instructions)					0.000000	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150109

Period:

Worksheet K-5

Hospice CCN: 151563

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

Part I
Date/Time Prepared:
5/27/2016 10:30 am

Cost Center Description		Hospice I					
		OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.06	7.00	8.00	9.00	10.00	
1.00	Administrative and General	47,024	130,259	0	40,698	0	1.00
2.00	Inpatient - General Care	1,264	0	0	0	0	2.00
3.00	Inpatient - Respite Care	611	0	0	0	0	3.00
4.00	Physician Services	3,614	0	0	0	0	4.00
5.00	Nursing Care	48,025	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	204	0	0	0	0	6.00
7.00	Physical Therapy	462	0	0	0	0	7.00
8.00	Occupational Therapy	1	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	5,212	0	0	0	0	10.00
11.00	Spiritual Counseling	9,582	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	7,542	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	24,326	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	4,017	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	235	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	152,119	130,259	0	40,698	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150109

Period: From 01/01/2015

Worksheet K-5

Hospice CCN: 151563

To 12/31/2015

Part I
Date/Time Prepared:
5/27/2016 10:30 am

Cost Center Description		Hospice I					
		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	41,919	83,054	0	0	10,619	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	41,919	83,054	0	0	10,619	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150109

Period: From 01/01/2015

Worksheet K-5

Hospice CCN: 151563

To 12/31/2015

Part I
Date/Time Prepared:
5/27/2016 10:30 am

Cost Center Description		Hospice I				Subtotal (col s. 4A-23)	Intern & Post Residents Cost & Post Stepdown Adjustments	
		SOCIAL SERVICE	NURSING SCHOOL	PARAMED ED PRGM				
		17.00	20.00	23.00	24.00		25.00	
1.00	Administrative and General	0	0	0	1,024,087			1.00
2.00	Inpatient - General Care	0	0	0	19,291		0	2.00
3.00	Inpatient - Respite Care	0	0	0	9,318		0	3.00
4.00	Physician Services	0	0	0	55,143		0	4.00
5.00	Nursing Care	0	0	0	732,804		0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	3,110		0	6.00
7.00	Physical Therapy	0	0	0	7,048		0	7.00
8.00	Occupational Therapy	0	0	0	15		0	8.00
9.00	Speech/ Language Pathology	0	0	0	0		0	9.00
10.00	Medical Social Services	0	0	0	79,528		0	10.00
11.00	Spiritual Counseling	0	0	0	146,208		0	11.00
12.00	Dietary Counseling	0	0	0	0		0	12.00
13.00	Counseling - Other	0	0	0	0		0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	115,089		0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0		0	15.00
16.00	Other	0	0	0	0		0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	371,189		0	17.00
18.00	Analgesics	0	0	0	0		0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0		0	19.00
20.00	Other - Specify	0	0	0	0		0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0		0	21.00
22.00	Patient Transportation	0	0	0	0		0	22.00
23.00	Imaging Services	0	0	0	0		0	23.00
24.00	Labs and Diagnostics	0	0	0	0		0	24.00
25.00	Medical Supplies	0	0	0	61,297		0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	3,581		0	26.00
27.00	Radiation Therapy	0	0	0	0		0	27.00
28.00	Chemotherapy	0	0	0	0		0	28.00
29.00	Other	0	0	0	0		0	29.00
30.00	Bereavement Program Costs	0	0	0	0		0	30.00
31.00	Volunteer Program Costs	0	0	0	0		0	31.00
32.00	Fundraising	0	0	0	0		0	32.00
33.00	Other Program Costs	0	0	0	0		0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	2,627,708		0	34.00
35.00	Unit Cost Multiplier (see instructions)							35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150109

Period: From 01/01/2015

Worksheet K-5

Hospice CCN: 151563

To 12/31/2015

Part I
Date/Time Prepared:
5/27/2016 10:30 am

Cost Center Description		Subtotal	Allocated	Total Hospice	Hospice I	
		(col s. 24 ± 25)	Hospice A&G (See Part II)	Costs (col s. 26 ± 27)		
		26.00	27.00	28.00		
1.00	Administrative and General					1.00
2.00	Inpatient - General Care	19,291	12,319	31,610		2.00
3.00	Inpatient - Respite Care	9,318	5,951	15,269		3.00
4.00	Physician Services	55,143	35,215	90,358		4.00
5.00	Nursing Care	732,804	467,974	1,200,778		5.00
6.00	Nursing Care-Continuous Home Care	3,110	1,986	5,096		6.00
7.00	Physical Therapy	7,048	4,501	11,549		7.00
8.00	Occupational Therapy	15	10	25		8.00
9.00	Speech/ Language Pathology	0	0	0		9.00
10.00	Medical Social Services	79,528	50,787	130,315		10.00
11.00	Spiritual Counseling	146,208	93,370	239,578		11.00
12.00	Dietary Counseling	0	0	0		12.00
13.00	Counseling - Other	0	0	0		13.00
14.00	Home Health Aide and Homemaker	115,089	73,497	188,586		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0		15.00
16.00	Other	0	0	0		16.00
17.00	Drugs, Biological and Infusion Therapy	371,189	237,045	608,234		17.00
18.00	Analgesics	0	0	0		18.00
19.00	Sedatives / Hypnotics	0	0	0		19.00
20.00	Other - Specify	0	0	0		20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0		21.00
22.00	Patient Transportation	0	0	0		22.00
23.00	Imaging Services	0	0	0		23.00
24.00	Labs and Diagnostics	0	0	0		24.00
25.00	Medical Supplies	61,297	39,145	100,442		25.00
26.00	Outpatient Services (including E/R Dept.)	3,581	2,287	5,868		26.00
27.00	Radiation Therapy	0	0	0		27.00
28.00	Chemotherapy	0	0	0		28.00
29.00	Other	0	0	0		29.00
30.00	Bereavement Program Costs	0	0	0		30.00
31.00	Volunteer Program Costs	0	0	0		31.00
32.00	Fundraising	0	0	0		32.00
33.00	Other Program Costs	0	0	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	2,627,708		2,627,708		34.00
35.00	Unit Cost Multiplier (see instructions)		0.638609			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150109

Hospice CCN: 151563

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

Worksheet K-5
Part II
Date/Time Prepared:
5/27/2016 10:30 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONE LINES)	MGMT INFO SYSTEMS (MANHOURS)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
1.00 Administrative and General	3,809	3,809	1,059,709	0	28,358	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	3,809	3,809	1,059,709	0	28,358	34.00
35.00 Total cost to be allocated	101,356	20,523	385,055	0	138,906	35.00
36.00 Unit Cost Multiplier (see instructions)	26.609609	5.388028	0.363359	0.000000	4.898300	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150109

Hospice CCN: 151563

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

Worksheet K-5
Part II
Date/Time Prepared:
5/27/2016 10:30 am

Cost Center Description	Hospice I					OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
	PURCHASING (COSTED REQUIRE)	ADMINISTRATIVE (GROSS CHARGES)	PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliation			
	5.03	5.04	5.05	5A.06	5.06		
1.00 Administrative and General	28,813	4,518,792	4,518,792	0	670,514	1.00	
2.00 Inpatient - General Care	0	0	0	0	18,027	2.00	
3.00 Inpatient - Respite Care	0	0	0	0	8,707	3.00	
4.00 Physician Services	0	0	0	0	51,529	4.00	
5.00 Nursing Care	0	0	0	0	684,779	5.00	
6.00 Nursing Care-Continuous Home Care	0	0	0	0	2,906	6.00	
7.00 Physical Therapy	0	0	0	0	6,586	7.00	
8.00 Occupational Therapy	0	0	0	0	14	8.00	
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00	
10.00 Medical Social Services	0	0	0	0	74,316	10.00	
11.00 Spiritual Counseling	0	0	0	0	136,626	11.00	
12.00 Dietary Counseling	0	0	0	0	0	12.00	
13.00 Counseling - Other	0	0	0	0	0	13.00	
14.00 Home Health Aide and Homemaker	0	0	0	0	107,547	14.00	
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00	
16.00 Other	0	0	0	0	0	16.00	
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	346,863	17.00	
18.00 Analgesics	0	0	0	0	0	18.00	
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00	
20.00 Other - Specify	0	0	0	0	0	20.00	
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00	
22.00 Patient Transportation	0	0	0	0	0	22.00	
23.00 Imaging Services	0	0	0	0	0	23.00	
24.00 Labs and Diagnostics	0	0	0	0	0	24.00	
25.00 Medical Supplies	0	0	0	0	57,280	25.00	
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	3,346	26.00	
27.00 Radiation Therapy	0	0	0	0	0	27.00	
28.00 Chemotherapy	0	0	0	0	0	28.00	
29.00 Other	0	0	0	0	0	29.00	
30.00 Bereavement Program Costs	0	0	0	0	0	30.00	
31.00 Volunteer Program Costs	0	0	0	0	0	31.00	
32.00 Fundraising	0	0	0	0	0	32.00	
33.00 Other Program Costs	0	0	0	0	0	33.00	
34.00 Total (sum of lines 1 thru 33) (2)	28,813	4,518,792	4,518,792		2,169,040	34.00	
35.00 Total cost to be allocated	1,384	2,341	20,949		152,119	35.00	
36.00 Unit Cost Multiplier (see instructions)	0.048034	0.000518	0.004636		0.070132	36.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150109

Period:

Worksheet K-5

Hospice CCN: 151563

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

Part II
Date/Time Prepared:
5/27/2016 10:30 am

Cost Center Description	Hospice I					
	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	
	7.00	8.00	9.00	10.00	11.00	
1.00 Administrative and General	3,809	0	3,809	0	28,358	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	3,809	0	3,809	0	28,358	34.00
35.00 Total cost to be allocated	130,259	0	40,698	0	41,919	35.00
36.00 Unit Cost Multiplier (see instructions)	34.197690	0.000000	10.684694	0.000000	1.478207	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150109

Hospice CCN: 151563

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

Worksheet K-5
Part II
Date/Time Prepared:
5/27/2016 10:30 am

Cost Center Description		Hospice I					
		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		(DIRECT NURSING)	(COSTED REQUIS.)		(GROSS CHARGES)	(TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
1.00	Administrative and General	28,358	0	0	4,518,792	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	28,358	0	0	4,518,792	0	34.00
35.00	Total cost to be allocated	83,054	0	0	10,619	0	35.00
36.00	Unit Cost Multiplier (see instructions)	2.928768	0.000000	0.000000	0.002350	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150109
Hospice CCN: 151563

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

Worksheet K-5
Part II
Date/Time Prepared:
5/27/2016 10:30 am

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

COMPUTATION OF TOTAL HOSPICE SHARED COSTS		Provider CCN: 150109	Period: From 01/01/2015	Worksheet K-5		
		Hospice CCN: 151563	To 12/31/2015	Part III Date/Time Prepared: 5/27/2016 10:30 am		
Cost Center Description		Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)	
		0	1.00	2.00	3.00	
ANCI LLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.405221	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.298783	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.599423	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.175499	0	0	4.00
4.01	DIABETES CENTER	73.01	2.247804	0	0	4.01
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00				5.00
6.00	LABORATORY	60.00	0.117467	0	0	6.00
6.01	BLOOD LABORATORY	60.01				6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.182186	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00				8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.100057	0	0	9.00
10.00	OTHER ANCI LLARY SERVICE COST CENTERS	76.00				10.00
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.305449	0	0	10.98
11.00	Totals (sum of lines 1-10)					11.00

CALCULATION OF HOSPICE PER DIEM COST		Provider CCN: 150109 Hospice CCN: 151563		Period: From 01/01/2015 To 12/31/2015		Worksheet K-6 Date/Time Prepared: 5/27/2016 10:30 am	
		Hospice I					
		Title XVIII	Title XIX	Other	Total		
		1.00	2.00	3.00	4.00		
1.00	Total cost (see instructions)				2,627,708	1.00	
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				13,074	2.00	
3.00	Average cost per diem (line 1 divided by line 2)				200.99	3.00	
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	12,650				4.00	
5.00	Aggregate Medicare cost (line 3 time line 4)	2,542,524				5.00	
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		84			6.00	
7.00	Aggregate Medicaid cost (line 3 time line 60)		16,883			7.00	
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	0				8.00	
9.00	Aggregate SNF cost (line 3 time line 8)	0				9.00	
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		0			10.00	
11.00	Aggregate NF cost (line 3 times line 10)		0			11.00	
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)				340	12.00	
13.00	Aggregate cost for other days (line 3 times line 12)				68,337	13.00	

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150109	Period: From 01/01/2015 To 12/31/2015	Worksheet L Parts I-III Date/Time Prepared: 5/27/2016 10:30 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,106,421	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		411,349	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)		122.32	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)		3.01	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		26.20	8.00
9.00	Sum of lines 7 and 8		29.21	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.10	10.00
11.00	Disproportionate share adjustment (see instructions)		189,492	11.00
12.00	Total prospective capital payments (see instructions)		3,707,262	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