

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).

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

Provider CCN: 150069	Period: From 01/01/2015 To 12/31/2015	Worksheet 5 Parts I-III Date/Time Prepared: 5/18/2016 3:58 pm
----------------------	---------------------------------------	---

PART I - COST REPORT STATUS

Provider use only
 1. Electronically filed cost report
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

Date: 5/18/2016 Time: 3:58 pm

Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 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 KING'S DAUGHTERS' HOSPITAL (150069) 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.

Encryption Information

ECR: Date: 5/18/2016 Time: 3:58 pm
 gmKUWqacoIPYIjweokCiLTdgt37LQ0
 Y1qxn0ARRSHMH1VgngINUUPfvbEio
 L7jq1J1fTm0HPbmp
 PI: Date: 5/18/2016 Time: 3:58 pm
 l25cP2.8Sxtgygw:P7d1oe1JL2Ge0
 pP5Kt0U1zp18A9c1Xq7keJ7H6FRsnt
 m2sg0cVP6Z0GstYQ

(Signed) Randall J. Falty
 Officer or Administrator of Provider(s)
 CFO
 Title
 5-20-16
 Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-223,854	40,790	34,356	306,667	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0	0	0		0	6.00
9.00 HOME HEALTH AGENCY I	0	0	1		0	9.00
200.00 Total	0	-223,854	40,791	34,356	306,667	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: 150069		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/18/2016 2:29 pm					
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box: 447 State: IN Zip Code: 47250- County: JEFFERSON		3.00		4.00					
1.00 Street: ONE KINGS DAUGHTERS DRIVE		2.00 City: MADISON									
		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	
3.00	Hospital and Hospital-Based Component Identification:										
	Hospital	KING'S DAUGHTERS' HOSPITAL	150069	99915	1	06/17/1966	N	P	O	3.00	
4.00	Subprovider - IPF									4.00	
5.00	Subprovider - IRF									5.00	
6.00	Subprovider - (Other)									6.00	
7.00	Swing Beds - SNF									7.00	
8.00	Swing Beds - NF									8.00	
9.00	Hospital-Based SNF									9.00	
10.00	Hospital-Based NF									10.00	
11.00	Hospital-Based OLTC									11.00	
12.00	Hospital-Based HHA	KING'S DAUGHTERS' HOSPITAL HHA	157141	99915		03/08/1985	N	P	N	12.00	
13.00	Separately Certified ASC									13.00	
14.00	Hospital-Based Hospice	KING'S DAUGHTERS'	151535	99915		09/01/1995				14.00	
15.00	Hospital-Based Health Clinic - RHC									15.00	
16.00	Hospital-Based Health Clinic - FQHC									16.00	
17.00	Hospital-Based (CMHC) I									17.00	
18.00	Renal Dialysis									18.00	
19.00	Other									19.00	
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2015	12/31/2015		20.00	
21.00	Type of Control (see instructions)						2		21.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.							3	N		23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	552	831	0	11	1,350	0		24.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0		25.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150069	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/18/2016 2:29 pm		
		Urban/Rural	S	Date of Geogr		
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	2				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	2				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	1				35.00
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	01/01/2015	12/31/2015			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N			40.00
		V	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	N	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	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.					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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150069		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/18/2016 2:29 pm	
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.20	
					1.00		
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01	
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N	63.00	
				Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
<u>Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.</u>							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unwei ghted FTEs Nonprovi der Si te	Unwei ghted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150069	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/18/2016 2:29 pm		
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				1.00	2.00	3.00
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		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)				0	76.00
				1.00		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N		86.00
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	N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150069		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/18/2016 2:29 pm		
		V		XIX				
		1.00		2.00				
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00		95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N			96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00		97.00	
Rural Providers								
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N					105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N					106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	N					107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N					108.00	
		Physical	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.	N					117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	0					118.00	
		Premiums	Losses	Insurance				
		1.00	2.00	3.00				
118.01	List amounts of malpractice premiums and paid losses:	1,030,936	0			0	118.01	
						1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.					N	118.02	
119.00	DO NOT USE THIS LINE						119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	Y		Y			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: 150069		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/18/2016 2:29 pm		
				1.00		2.00		
All Providers								
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)			N		140.00		
		1.00		2.00		3.00		
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.								
141.00	Name:		Contractor's Name:		Contractor's Number:			
142.00	Street:		PO Box:					
143.00	City:		State:		Zip Code:			
						1.00		
144.00	Are provider based physicians' costs included in Worksheet A?			Y		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.			N		145.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.			N		146.00		
						1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00		
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00		
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00		
		Part A		Part B		Title V		
		1.00		2.00		3.00		
						Title XIX		
						4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital		N		N		155.00	
156.00	Subprovider - IPF		N		N		156.00	
157.00	Subprovider - IRF		N		N		157.00	
158.00	SUBPROVIDER						158.00	
159.00	SNF		N		N		159.00	
160.00	HOME HEALTH AGENCY		N		N		160.00	
161.00	CMHC				N		161.00	
						1.00		
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00		
		Name		County		State		
		0		1.00		2.00		
						3.00		
						4.00		
						5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00		
						1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00		
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0		
168.01	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		
				Beginni ng		Endi ng		
				1.00		2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			10/01/2014		09/30/2015		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 150069	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/18/2016 2:29 pm
			1.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)		N 171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150069	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/18/2016 2:29 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	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?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N		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.			N	15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N			N
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y		02/22/2016	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: 150069	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/18/2016 2:29 pm	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			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?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
					1.00
					2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	LUCIA		GERBER	41.00
42.00	Enter the employer/company name of the cost report preparer.	BLUE & CO., LLC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	502.992.3524		LGERBER@BLUEANDCO.COM	43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	02/22/2016	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.	SENIOR MANAGER	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150069

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

Worksheet S-3
Part I
Date/Time Prepared:
5/18/2016 2:29 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	83	30,295	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)		83	30,295	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	6	2,190	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		89	32,485	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		89				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: 150069

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

Worksheet S-3
Part I
Date/Time Prepared:
5/18/2016 2:29 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	6,313	1,420	10,570			1.00
2.00 HMO and other (see instructions)	734	739				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)	6,313	1,420	10,570			7.00
8.00 INTENSIVE CARE UNIT	918	129	1,440			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		354	1,194			13.00
14.00 Total (see instructions)	7,231	1,903	13,204	0.00	773.34	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	6,728	655	9,563	0.00	16.24	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)	2,253	6	2,597			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				0.00	789.58	27.00
28.00 Observation Bed Days		545	2,801			28.00
29.00 Ambulance Trips	1,943					29.00
30.00 Employee discount days (see instruction)			226			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	102	159			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: 150069

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

Worksheet S-3
Part I
Date/Time Prepared:
5/18/2016 2:29 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,677	484	3,220	1.00
2.00 HMO and other (see instructions)			166	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,677	484	3,220	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 150069		Period: From 01/01/2015 To 12/31/2015		Worksheet S-3 Part II Date/Time Prepared: 5/18/2016 2:29 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	50,615,373	391	50,615,764	1,675,992.60	30.20	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		529,567	0	529,567	4,028.74	131.45	3.00
4.00	Physician-Part A - Administrative		10,071	0	10,071	102.00	98.74	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		2,668,791	0	2,668,791	11,680.00	228.49	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		20,327,144	12,245	20,339,389	488,566.19	41.63	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		0	0	0	0.00	0.00	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		150,000	0	150,000	799.75	187.56	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		8,285,461	0	8,285,461			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		3,411,977	0	3,411,977			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		134,818	0	134,818			21.00
22.00	Physician Part A - Administrative		1,298	0	1,298			22.00
22.01	Physician Part A - Teaching		215,789	0	215,789			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	29,939	0	29,939	2,048.37	14.62	26.00
27.00	Administrative & General	5.00	6,240,720	0	6,240,720	267,375.75	23.34	27.00
28.00	Administrative & General under contract (see inst.)		721,832	0	721,832	4,155.22	173.72	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	622,137	0	622,137	28,384.90	21.92	30.00
31.00	Laundry & Linen Service	8.00	39,545	0	39,545	4,089.04	9.67	31.00
32.00	Housekeeping	9.00	623,021	0	623,021	57,255.60	10.88	32.00
33.00	Housekeeping under contract (see instructions)		217,494	0	217,494	13,266.43	16.39	33.00
34.00	Dietary	10.00	652,301	-361,406	290,895	21,393.68	13.60	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	361,406	361,406	26,579.00	13.60	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	265,958	0	265,958	7,436.30	35.76	38.00
39.00	Central Services and Supply	14.00	86,048	0	86,048	10,137.48	8.49	39.00
40.00	Pharmacy	15.00	820,619	0	820,619	22,545.57	36.40	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150069

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

Worksheet S-3
Part II
Date/Time Prepared:
5/18/2016 2:29 pm

	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	
41.00	Medical Records & Medical Records Library	16.00 604,017	0	604,017	29,891.89	20.21	41.00
42.00	Social Service	17.00 204,990	0	204,990	7,011.60	29.24	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150069

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

Worksheet S-3
Part III
Date/Time Prepared:
5/18/2016 2:29 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries 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)	48,356,341	391	48,356,732	1,677,705.51	28.82	1.00
2.00	Excluded area salaries (see instructions)	20,327,144	12,245	20,339,389	488,566.19	41.63	2.00
3.00	Subtotal salaries (line 1 minus line 2)	28,029,197	-11,854	28,017,343	1,189,139.32	23.56	3.00
4.00	Subtotal other wages & related costs (see inst.)	150,000	0	150,000	799.75	187.56	4.00
5.00	Subtotal wage-related costs (see inst.)	8,286,759	0	8,286,759	0.00	29.58	5.00
6.00	Total (sum of lines 3 thru 5)	36,465,956	-11,854	36,454,102	1,189,939.07	30.64	6.00
7.00	Total overhead cost (see instructions)	11,128,621	0	11,128,621	501,570.83	22.19	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150069	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part IV Date/Time Prepared: 5/18/2016 2:29 pm
				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)		1,702,855	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)		6,762,157	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		78,777	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)		138,602	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		219,596	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		3,121,571	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		25,786	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		12,049,344	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 150069	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part V Date/Time Prepared: 5/18/2016 2:29 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	Subprovider - IPF			0 3.00
4.00	Subprovider - IRF			0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF			0 8.00
9.00	Hospital-Based NF			0 9.00
10.00	Hospital-Based OLTC			0 10.00
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC			0 12.00
13.00	Hospital-Based Hospice		0	0 13.00
14.00	Hospital-Based Health Clinic RHC			0 14.00
15.00	Hospital-Based Health Clinic FQHC			0 15.00
16.00	Hospital-Based-CMHC			0 16.00
17.00	Renal Dialysis			0 17.00
18.00	Other		0	0 18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 150069 Component CCN: 157141		Period: From 01/01/2015 To 12/31/2015		Worksheet S-4 Date/Time Prepared: 5/18/2016 2:29 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County					0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	0	0	0	0	
2.00	Unduplicated Census Count (see instructions)	0.00	323.00	0.00	0.00	0.00	
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	0.00		0.00	0.00	0.00	
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	
5.00	Other Administrative Personnel			0.00	0.00	0.00	
6.00	Direct Nursing Service			0.00	0.00	0.00	
7.00	Nursing Supervisor			0.00	0.00	0.00	
8.00	Physical Therapy Service			0.00	0.00	0.00	
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	
10.00	Occupational Therapy Service			0.00	0.00	0.00	
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	
12.00	Speech Pathology Service			0.00	0.00	0.00	
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	
14.00	Medical Social Service			0.00	0.00	0.00	
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	
16.00	Home Health Aide			0.00	0.00	0.00	
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	
18.00	Other (specify)			0.00	0.00	0.00	
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			2			
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			50031			
20.01				50034			
		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	2,337	264	61	52	2,714	
22.00	Skilled Nursing Visit Charges	521,151	58,872	13,603	11,596	605,222	
23.00	Physical Therapy Visits	2,088	59	22	79	2,248	
24.00	Physical Therapy Visit Charges	417,600	11,800	4,400	15,800	449,600	
25.00	Occupational Therapy Visits	416	6	4	20	446	
26.00	Occupational Therapy Visit Charges	91,936	1,326	884	4,420	98,566	
27.00	Speech Pathology Visits	7	0	0	1	8	
28.00	Speech Pathology Visit Charges	1,596	0	0	228	1,824	
29.00	Medical Social Service Visits	1	0	0	0	1	
30.00	Medical Social Service Visit Charges	302	0	0	0	302	
31.00	Home Health Aide Visits	1,108	185	3	15	1,311	
32.00	Home Health Aide Visit Charges	145,148	24,235	393	1,965	171,741	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	5,957	514	90	167	6,728	
34.00	Other Charges	0	0	0	0	0	
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	1,177,733	96,233	19,280	34,009	1,327,255	
36.00	Total Number of Episodes (standard/non outlier)	314		31	12	357	
37.00	Total Number of Outlier Episodes		11		0	11	
38.00	Total Non-Routine Medical Supply Charges	101,248	22,104	3,941	1,031	128,324	

HOSPITAL IDENTIFICATION DATA

Provider CCN: 150069
Component CCN: 151535

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

Worksheet S-9
Parts I & II
Date/Time Prepared:
5/18/2016 2:29 pm

		Hospice I						
		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
PART I - ENROLLMENT DAYS								
1.00	Continuous Home Care	0	0	0	0	0	0	
2.00	Routine Home Care	1,691	6	0	0	204	1,901	
3.00	Inpatient Respite Care	2	0	0	0	0	2	
4.00	General Inpatient Care	15	0	0	0	0	15	
5.00	Total Hospice Days	1,708	6	0	0	204	1,918	
Part II - CENSUS DATA								
6.00	Number of Patients Receiving Hospice Care	0	0	0	0	0	0	
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00				
8.00	Average Length of Stay (line 5/line 6)	0.00	0.00	0.00	0.00	0.00	0.00	
9.00	Unduplicated Census Count	61	0	0	0	7	68	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150069

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

Worksheet A
Date/Time Prepared:
5/18/2016 2:29 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		18,346,127	18,346,127	204,191	18,550,318	1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO		0	0	23,993	23,993	1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	0	0	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	29,939	13,381,191	13,411,130	-134,818	13,276,312	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	6,240,720	12,164,260	18,404,980	-326,090	18,078,890	5.00
7.00	00700	OPERATION OF PLANT	622,137	2,281,216	2,903,353	0	2,903,353	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	39,545	271,686	311,231	0	311,231	8.00
9.00	00900	HOUSEKEEPING	623,021	505,867	1,128,888	0	1,128,888	9.00
10.00	01000	DIETARY	652,301	472,940	1,125,241	-623,438	501,803	10.00
11.00	01100	CAFETERIA	0	0	0	623,438	623,438	11.00
13.00	01300	NURSING ADMINISTRATION	265,958	741	266,699	0	266,699	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	86,048	565,294	651,342	0	651,342	14.00
15.00	01500	PHARMACY	820,619	4,209,821	5,030,440	0	5,030,440	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	604,017	280,580	884,597	0	884,597	16.00
17.00	01700	SOCIAL SERVICE	204,990	2,241	207,231	0	207,231	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	664,385	664,385	19.00
23.00	02300	RADIOLOGY SCHOOL	96,948	1,439	98,387	0	98,387	23.00
23.01	02301	HUB SITE - 3RD YEAR MED STUDENTS	14,144	0	14,144	0	14,144	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,031,981	198,156	5,230,137	-704,440	4,525,697	30.00
31.00	03100	INTENSIVE CARE UNIT	906,327	6,143	912,470	0	912,470	31.00
43.00	04300	NURSERY	0	0	0	330,836	330,836	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,699,698	538,022	2,237,720	0	2,237,720	50.00
51.00	05100	RECOVERY ROOM	242,930	2,366	245,296	0	245,296	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	373,604	373,604	52.00
53.00	05300	ANESTHESIOLOGY	1,404,617	664,464	2,069,081	-529,567	1,539,514	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,074,939	1,063,237	4,138,176	-11,854	4,126,322	54.00
54.01	03630	ULTRA SOUND	106,518	51,727	158,245	0	158,245	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	61,077	178,580	239,657	0	239,657	54.02
55.00	03480	ONCOLOGY	920,747	954,767	1,875,514	0	1,875,514	55.00
57.00	05700	CT SCAN	210,612	244,304	454,916	0	454,916	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	134,976	134,951	269,927	0	269,927	58.00
59.00	05900	CARDIAC CATHETERIZATION	195,586	2,927	198,513	0	198,513	59.00
60.00	06000	LABORATORY	1,571,518	2,919,842	4,491,360	0	4,491,360	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	308,620	308,620	0	308,620	62.00
65.00	06500	RESPIRATORY THERAPY	612,570	60,351	672,921	0	672,921	65.00
66.00	06600	PHYSICAL THERAPY	1,695,939	41,628	1,737,567	-1,381	1,736,186	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
69.01	03610	SLEEP LAB	126,499	73,235	199,734	0	199,734	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,389,354	3,389,354	0	3,389,354	71.00
71.01	07101	IV SOLUTIONS	0	98,531	98,531	0	98,531	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,973,731	2,973,731	0	2,973,731	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03140	CARDIOLOGY	426,436	83,017	509,453	0	509,453	76.00
76.97	07697	CARDIAC REHABILITATION	70,621	8,991	79,612	0	79,612	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	130,039	2,343	132,382	0	132,382	90.00
91.00	09100	EMERGENCY	1,475,304	208,382	1,683,686	0	1,683,686	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,320,199	167,271	1,487,470	0	1,487,470	95.00
101.00	10100	HOME HEALTH AGENCY	903,658	88,313	991,971	391	992,362	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	132,011	110,599	242,610	-391	242,219	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	32,755,189	67,057,255	99,812,444	-111,141	99,701,303	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	160,368	160,368	190.00
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	MOB	1,365,217	174,028	1,539,245	-869	1,538,376	194.01
194.02	07952	PHYSICIAN CLINICS	5,134,436	1,345,733	6,480,169	-48,358	6,431,811	194.02
194.03	07953	PHYS PRAC BUS OFC	598,646	22,384	621,030	0	621,030	194.03
194.04	07954	MOB - MAIN CAMPUS	202,458	25,773	228,231	0	228,231	194.04
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0	0	0	0	0	194.05
194.06	07956	KDH - MC FAMILY PRACTICE	4,123,916	269,602	4,393,518	0	4,393,518	194.06
194.07	07957	KDH - MC ORTHOPEDICS	2,995,003	437,832	3,432,835	0	3,432,835	194.07
194.08	07958	KDH - MC GENERAL SURGERY	1,171,005	34,087	1,205,092	0	1,205,092	194.08

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 150069		Period: From 01/01/2015 To 12/31/2015		Worksheet A Date/Time Prepared: 5/18/2016 2:29 pm	
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	
194.09	07959	KDH - MC ENT	517,180	10,608	527,788	0	527,788	194.09
194.10	07960	KDH - MC UROLOGY	61,248	609,408	670,656	0	670,656	194.10
194.11	07961	KDH - MC OB/GYN	1,691,075	361,361	2,052,436	0	2,052,436	194.11
200.00		TOTAL (SUM OF LINES 118-199)	50,615,373	70,348,071	120,963,444	0	120,963,444	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150069

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

Worksheet A
Date/Time Prepared:
5/18/2016 2:29 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-2,209,835	16,340,483	1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	23,993	1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-2,512,812	10,763,500	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-2,338,207	15,740,683	5.00
7.00	00700	OPERATION OF PLANT	-19,012	2,884,341	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	311,231	8.00
9.00	00900	HOUSEKEEPING	0	1,128,888	9.00
10.00	01000	DIETARY	0	501,803	10.00
11.00	01100	CAFETERIA	-332,066	291,372	11.00
13.00	01300	NURSING ADMINISTRATION	-117,540	149,159	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	651,342	14.00
15.00	01500	PHARMACY	-22,434	5,008,006	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-2,340	882,257	16.00
17.00	01700	SOCIAL SERVICE	0	207,231	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-664,385	0	19.00
23.00	02300	RADIOLOGY SCHOOL	0	98,387	23.00
23.01	02301	HUB SITE - 3RD YEAR MED STUDENTS	0	14,144	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-124,095	4,401,602	30.00
31.00	03100	INTENSIVE CARE UNIT	0	912,470	31.00
43.00	04300	NURSERY	0	330,836	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-289,146	1,948,574	50.00
51.00	05100	RECOVERY ROOM	0	245,296	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	373,604	52.00
53.00	05300	ANESTHESIOLOGY	-1,512,253	27,261	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,729,126	2,397,196	54.00
54.01	03630	ULTRA SOUND	0	158,245	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	239,657	54.02
55.00	03480	ONCOLOGY	-789,200	1,086,314	55.00
57.00	05700	CT SCAN	0	454,916	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	269,927	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	198,513	59.00
60.00	06000	LABORATORY	-52,346	4,439,014	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	308,620	62.00
65.00	06500	RESPIRATORY THERAPY	0	672,921	65.00
66.00	06600	PHYSICAL THERAPY	-845	1,735,341	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
69.01	03610	SLEEP LAB	-450	199,284	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,389,354	71.00
71.01	07101	IV SOLUTIONS	0	98,531	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,973,731	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00	03140	CARDIOLOGY	-640	508,813	76.00
76.97	07697	CARDIAC REHABILITATION	0	79,612	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	132,382	90.00
91.00	09100	EMERGENCY	-176,204	1,507,482	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-65	1,487,405	95.00
101.00	10100	HOME HEALTH AGENCY	0	992,362	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	0	242,219	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-12,893,001	86,808,302	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	160,368	190.00
194.00	07950	OTHER NON-REIMBURSABLE	0	0	194.00
194.01	07951	MOB	0	1,538,376	194.01
194.02	07952	PHYSICIAN CLINICS	0	6,431,811	194.02
194.03	07953	PHYS PRAC BUS OFC	0	621,030	194.03
194.04	07954	MOB - MAIN CAMPUS	0	228,231	194.04
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0	0	194.05
194.06	07956	KDH - MC FAMILY PRACTICE	0	4,393,518	194.06
194.07	07957	KDH - MC ORTHOPEDICS	0	3,432,835	194.07
194.08	07958	KDH - MC GENERAL SURGERY	0	1,205,092	194.08
194.09	07959	KDH - MC ENT	0	527,788	194.09
194.10	07960	KDH - MC UROLOGY	0	670,656	194.10

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150069

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

Worksheet A
Date/Time Prepared:
5/18/2016 2:29 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
194.11	07961	KDH - MC OB/GYN	0	2,052,436	194.11
200.00		TOTAL (SUM OF LINES 118-199)	-12,893,001	108,070,443	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00	3.00	4.00	5.00		
A - CAFETERIA					
1.00	CAFETERIA	11.00	361,406	262,032	1.00
	O		361,406	262,032	
D - RADIOLOGY DIRECTOR					
1.00	PHYSICIAN CLINICS	194.02	11,854	0	1.00
	O		11,854	0	
E - DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	1.01	0	23,993	1.00
	O		0	23,993	
F - NURSERY- L&D					
1.00	NURSERY	43.00	326,031	4,805	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	368,178	5,426	2.00
	O		694,209	10,231	
H - GIFT SHOP					
1.00	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	190.00	0	160,368	1.00
	O		0	160,368	
K - CRNA EXPENSE					
1.00	NONPHYSICIAN ANESTHETISTS	19.00	529,567	134,818	1.00
2.00	O	0.00	0	0	2.00
	O		529,567	134,818	
L - TELEPHONE EXPENSE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	62,462	1.00
2.00	O	0.00	0	0	2.00
3.00	O	0.00	0	0	3.00
	O		0	62,462	
N - INSURANCE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	228,184	1.00
	O		0	228,184	
O - HHA MSW SALARIES					
1.00	HOME HEALTH AGENCY	101.00	391	0	1.00
	TOTALS		391	0	
500.00	Grand Total: Increases		1,597,427	882,088	500.00

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - CAFETERIA						
1.00	DIETARY	10.00	361,406	262,032	0		1.00
	O		361,406	262,032			
	D - RADIOLOGY DIRECTOR						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	11,854	0	0		1.00
	O		11,854	0			
	E - DEPRECIATION						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	23,993	9		1.00
	O		0	23,993			
	F - NURSERY- L&D						
1.00	ADULTS & PEDIATRICS	30.00	694,209	10,231	0		1.00
2.00	O	0.00	0	0	0		2.00
	O		694,209	10,231			
	H - GIFT SHOP						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	160,368	0		1.00
	O		0	160,368			
	K - CRNA EXPENSE						
1.00	ANESTHESIOLOGY	53.00	529,567	0	0		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	134,818	0		2.00
	O		529,567	134,818			
	L - TELEPHONE EXPENSE						
1.00	PHYSICAL THERAPY	66.00	0	1,381	0		1.00
2.00	MOB	194.01	0	869	0		2.00
3.00	PHYSICIAN CLINICS	194.02	0	60,212	0		3.00
	O		0	62,462			
	N - INSURANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	228,184	12		1.00
	O		0	228,184			
	O - HHA MSW SALARIES						
1.00	HOSPICE	116.00	0	391	0		1.00
	TOTALS		0	391			
500.00	Grand Total: Decreases		1,597,036	882,479			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150069

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

Worksheet A-7
Part I
Date/Time Prepared:
5/18/2016 2:29 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	4,087,536	8,549	0	8,549	0	1.00
2.00	Land Improvements	836,574	5,125	0	5,125	0	2.00
3.00	Buildings and Fixtures	112,651,666	6,463,869	0	6,463,869	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	57,482,148	6,025,496	0	6,025,496	705,644	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	175,057,924	12,503,039	0	12,503,039	705,644	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	175,057,924	12,503,039	0	12,503,039	705,644	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	4,096,085	0				1.00
2.00	Land Improvements	841,699	0				2.00
3.00	Buildings and Fixtures	119,115,535	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	62,802,000	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	186,855,319	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	186,855,319	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150069

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

Worksheet A-7
Part II
Date/Time Prepared:
5/18/2016 2:29 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	12,554,036	258,152	5,499,049	0	34,890	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	0	0	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	12,554,036	258,152	5,499,049	0	34,890	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	18,346,127				1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	0				1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	18,346,127				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150069

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

Worksheet A-7
Part III
Date/Time Prepared:
5/18/2016 2:29 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	113,309,070	0	113,309,070	0.661410	0	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	0	0	0.000000	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	58,005,273	0	58,005,273	0.338590	0	2.00
3.00	Total (sum of lines 1-2)	171,314,343	0	171,314,343	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	12,531,208	188,552	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	0	0	23,993	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	12,555,201	188,552	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	3,357,649	228,184	34,890	0	16,340,483	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	0	0	0	23,993	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	3,357,649	228,184	34,890	0	16,364,476	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-37,150	NEW CAP REL COSTS-BLDG & FIXT		1.00	11 1.00
1.01 Investment income - NEW CAP REL COSTS-BLDG & FIXT HHA/HO (chapter 2)			NEW CAP REL COSTS-BLDG & FIXT HHA/HO		1.01	0 1.01
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP		2.00	0 2.00
3.00 Investment income - other (chapter 2)		0			0.00	0 3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	0 4.00
5.00 Refunds and rebates of expenses (chapter 8)	A	-66,988	ADMINISTRATIVE & GENERAL		5.00	0 5.00
6.00 Rental of provider space by suppliers (chapter 8)	A	-69,600	NEW CAP REL COSTS-BLDG & FIXT		1.00	10 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-2,628	OPERATION OF PLANT		7.00	0 7.00
8.00 Television and radio service (chapter 21)	A	-16,384	OPERATION OF PLANT		7.00	0 8.00
9.00 Parking lot (chapter 21)		0			0.00	0 9.00
10.00 Provider-based physician adjustment	A-8-2	-4,637,820				0 10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B	-36,550	RADIOLOGY-DIAGNOSTIC		54.00	0 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0				0 12.00
13.00 Laundry and linen service		0			0.00	0 13.00
14.00 Cafeteria-employees and guests	B	-332,066	CAFETERIA		11.00	0 14.00
15.00 Rental of quarters to employee and others		0			0.00	0 15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	0 16.00
17.00 Sale of drugs to other than patients		0			0.00	0 17.00
18.00 Sale of medical records and abstracts	B	-2,340	MEDICAL RECORDS & LIBRARY		16.00	0 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	0 19.00
20.00 Vending machines		0			0.00	0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY		65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY		66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00	25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			NEW CAP REL COSTS-BLDG & FIXT		1.00	0 26.00
26.01 Depreciation - NEW CAP REL COSTS-BLDG & FIXT HHA/HO			NEW CAP REL COSTS-BLDG & FIXT HHA/HO		1.01	0 26.01
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			NEW CAP REL COSTS-MVBLE EQUIP		2.00	0 27.00
28.00 Non-physician Anesthetist	A	-664,385	NONPHYSICIAN ANESTHETISTS		19.00	28.00
29.00 Physicians' assistant		0			0.00	0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY		67.00	30.00
30.99 Hospice (non-distinct) (see instructions)			ADULTS & PEDIATRICS		30.00	30.99

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00			3.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 PATIENT PHONES - SALARY	A	-8,769	0	ADMINISTRATIVE & GENERAL	5.00	0	33.00
34.00			0		0.00	0	34.00
35.00 PHARMACY - SELF INSURANCE	B	-22,434	0	PHARMACY	15.00	0	35.00
36.00 DONATIONS EXPENSE	A	-31,913	0	ADMINISTRATIVE & GENERAL	5.00	0	36.00
37.00 ADVERTISING	A	-169,376	0	ADMINISTRATIVE & GENERAL	5.00	0	37.00
38.00 HOSPITAL ASSOCIATION DUES	A	-7,537	0	ADMINISTRATIVE & GENERAL	5.00	0	38.00
39.00 SELF INSURANCE	A	-2,512,812	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	39.00
40.00 PHYSICIAN RECRUITING	A	-467,025	0	ADMINISTRATIVE & GENERAL	5.00	0	40.00
41.00 UNNECESSARY BORROWING	A	-2,104,250	0	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	41.00
42.00 CARRYFORWARD ADJ 1989 PARKING GARAGE	A	1,165	0	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	42.00
43.00 HAF MEDICAID TAX OFFSET	A	-1,586,599	0	ADMINISTRATIVE & GENERAL	5.00	0	43.00
44.00			0		0.00	0	44.00
45.00 BAXTER PUMP REVENUE	B	-117,540	0	NURSING ADMINISTRATION	13.00	0	45.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-12,893,001					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.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150069

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

Worksheet A-8-2

Date/Time Prepared:
5/18/2016 2:29 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	124,095	124,095	0	206,300	0	1.00
2.00	50.00	OPERATING ROOM	289,146	289,146	0	182,900	0	2.00
3.00	53.00	ANESTHESIOLOGY	637,203	637,203	0	233,500	0	3.00
4.00	53.00	ANESTHESIOLOGY	875,050	875,050	0	233,500	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	183,790	183,790	0	265,200	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	1,508,786	1,508,786	0	265,200	0	6.00
7.00	55.00	ONCOLOGY	352,682	352,682	0	265,200	0	7.00
8.00	55.00	ONCOLOGY	276,219	276,219	0	265,200	0	8.00
9.00	55.00	ONCOLOGY	160,299	160,299	0	265,200	0	9.00
10.00	60.00	LABORATORY	150,000	0	150,000	253,900	800	10.00
11.00	66.00	PHYSICAL THERAPY	845	845	0	206,300	0	11.00
12.00	69.01	SLEEP LAB	10,071	0	10,071	206,300	97	12.00
13.00	76.00	CARDIOLOGY	640	640	0	206,300	0	13.00
14.00	91.00	EMERGENCY	176,204	176,204	0	206,300	0	14.00
15.00	95.00	AMBULANCE SERVICES	561	0	561	206,300	5	15.00
200.00			4,745,591	4,584,959	160,632		902	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	50.00	OPERATING ROOM	0	0	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	6.00
7.00	55.00	ONCOLOGY	0	0	0	0	0	7.00
8.00	55.00	ONCOLOGY	0	0	0	0	0	8.00
9.00	55.00	ONCOLOGY	0	0	0	0	0	9.00
10.00	60.00	LABORATORY	97,654	4,883	0	0	0	10.00
11.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	11.00
12.00	69.01	SLEEP LAB	9,621	481	0	0	0	12.00
13.00	76.00	CARDIOLOGY	0	0	0	0	0	13.00
14.00	91.00	EMERGENCY	0	0	0	0	0	14.00
15.00	95.00	AMBULANCE SERVICES	496	25	0	0	0	15.00
200.00			107,771	5,389	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	124,095		1.00
2.00	50.00	OPERATING ROOM	0	0	0	289,146		2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	637,203		3.00
4.00	53.00	ANESTHESIOLOGY	0	0	0	875,050		4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	183,790		5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	1,508,786		6.00
7.00	55.00	ONCOLOGY	0	0	0	352,682		7.00
8.00	55.00	ONCOLOGY	0	0	0	276,219		8.00
9.00	55.00	ONCOLOGY	0	0	0	160,299		9.00
10.00	60.00	LABORATORY	0	97,654	52,346	52,346		10.00
11.00	66.00	PHYSICAL THERAPY	0	0	0	845		11.00
12.00	69.01	SLEEP LAB	0	9,621	450	450		12.00
13.00	76.00	CARDIOLOGY	0	0	0	640		13.00
14.00	91.00	EMERGENCY	0	0	0	176,204		14.00
15.00	95.00	AMBULANCE SERVICES	0	496	65	65		15.00
200.00			0	107,771	52,861	4,637,820		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150069

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

Worksheet B
Part I
Date/Time Prepared:
5/18/2016 2: 29 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW BLDG & FIXT HHA/HO	NEW MVBLE EQUIP		
		1.00	1.01	2.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	16,340,483	16,340,483			1.00
1.01 00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	23,993	0	23,993		1.01
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	0		0		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	10,763,500	0	0	10,763,500	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	15,740,683	1,768,329	0	1,342,241	5.00
7.00 00700	OPERATION OF PLANT	2,884,341	2,191,585	0	133,810	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	311,231	81,561	0	8,505	8.00
9.00 00900	HOUSEKEEPING	1,128,888	142,967	0	134,000	9.00
10.00 01000	DIETARY	501,803	269,289	0	62,566	10.00
11.00 01100	CAFETERIA	291,372	108,905	0	77,732	11.00
13.00 01300	NURSING ADMINISTRATION	149,159	95,597	0	57,203	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	651,342	132,483	0	18,507	14.00
15.00 01500	PHARMACY	5,008,006	98,464	0	176,500	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	882,257	246,481	0	129,913	16.00
17.00 01700	SOCIAL SERVICE	207,231	63,246	0	44,089	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
23.00 02300	RADIOLOGY SCHOOL	98,387	28,285	0	20,852	23.00
23.01 02301	HUB SITE - 3RD YEAR MED STUDENTS	14,144	0	0	3,042	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	4,401,602	1,703,243	0	932,972	30.00
31.00 03100	INTENSIVE CARE UNIT	912,470	71,633	0	194,934	31.00
43.00 04300	NURSERY	330,836	83,658	0	70,123	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	1,948,574	752,366	0	365,573	50.00
51.00 05100	RECOVERY ROOM	245,296	58,839	0	52,250	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	373,604	0	0	79,188	52.00
53.00 05300	ANESTHESIOLOGY	27,261	5,563	0	188,207	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,397,196	463,906	0	658,811	54.00
54.01 03630	ULTRA SOUND	158,245	0	0	22,910	54.01
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	239,657	20,668	0	13,137	54.02
55.00 03480	ONCOLOGY	1,086,314	529,335	0	198,035	55.00
57.00 05700	CT SCAN	454,916	38,299	0	45,299	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	269,927	46,215	0	29,031	58.00
59.00 05900	CARDIAC CATHETERIZATION	198,513	36,544	0	42,067	59.00
60.00 06000	LABORATORY	4,439,014	266,978	0	338,004	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	308,620	11,939	0	0	62.00
65.00 06500	RESPIRATORY THERAPY	672,921	51,222	0	131,752	65.00
66.00 06600	PHYSICAL THERAPY	1,735,341	622,321	0	364,764	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
69.01 03610	SLEEP LAB	199,284	35,902	0	27,208	69.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,389,354	0	0	0	71.00
71.01 07101	IV SOLUTIONS	98,531	0	0	0	71.01
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	2,973,731	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00 03140	CARDIOLOGY	508,813	258,762	0	91,718	76.00
76.97 07697	CARDIAC REHABILITATION	79,612	30,083	0	15,189	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	132,382	32,522	0	27,969	90.00
91.00 09100	EMERGENCY	1,507,482	593,908	0	317,310	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	1,487,405	202,491	0	283,950	95.00
101.00 10100	HOME HEALTH AGENCY	992,362	0	18,881	194,444	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	242,219	0	5,112	28,309	116.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	86,808,302	11,143,589	23,993	6,922,114	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	160,368	58,068	0	0	190.00
194.00 07950	OTHER NON-REIMBURSABLE	0	0	0	0	194.00
194.01 07951	MOB	1,538,376	1,761,482	0	293,632	194.01
194.02 07952	PHYSICIAN CLINICS	6,431,811	1,489,498	0	1,104,320	194.02
194.03 07953	PHYS PRAC BUS OFC	621,030	42,321	0	128,757	194.03
194.04 07954	MOB - MAIN CAMPUS	228,231	1,845,525	0	43,545	194.04
194.05 07955	ONCOLOGY - NONREIMBURSABLE	0	0	0	0	194.05
194.06 07956	KDH - MC FAMILY PRACTICE	4,393,518	0	0	886,976	194.06

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150069

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

Worksheet B
Part I
Date/Time Prepared:
5/18/2016 2:29 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW BLDG & FIXT HHA/HO	NEW MVBLE EQUIP		
	0	1.00	1.01	2.00	4.00	
194.07 07957 KDH - MC ORTHOPEDICS	3,432,835	0	0	0	644,168	194.07
194.08 07958 KDH - MC GENERAL SURGERY	1,205,092	0	0	0	251,861	194.08
194.09 07959 KDH - MC ENT	527,788	0	0	0	111,236	194.09
194.10 07960 KDH - MC UROLOGY	670,656	0	0	0	13,173	194.10
194.11 07961 KDH - MC OB/GYN	2,052,436	0	0	0	363,718	194.11
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)	108,070,443	16,340,483	23,993	0	10,763,500	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150069

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

Worksheet B
Part I
Date/Time Prepared:
5/18/2016 2:29 pm

Cost Center Description		Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		4A	5.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	18,851,253	18,851,253			5.00
7.00	00700	OPERATION OF PLANT	5,209,736	1,100,770	6,310,506		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	401,297	84,790	41,077	527,164	8.00
9.00	00900	HOUSEKEEPING	1,405,855	297,045	72,003	0	1,774,903
10.00	01000	DIETARY	833,658	176,144	135,622	0	0
11.00	01100	CAFETERIA	478,009	100,999	54,848	0	0
13.00	01300	NURSING ADMINISTRATION	301,959	63,801	48,146	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	802,332	169,526	66,723	0	21,729
15.00	01500	PHARMACY	5,282,970	1,116,244	49,590	0	21,159
16.00	01600	MEDICAL RECORDS & LIBRARY	1,258,651	265,942	124,136	0	0
17.00	01700	SOCIAL SERVICE	314,566	66,465	31,853	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
23.00	02300	RADIOLOGY SCHOOL	147,524	31,170	14,245	0	5,534
23.01	02301	HUB SITE - 3RD YEAR MED STUDENTS	17,186	3,631	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	7,037,817	1,487,027	857,807	193,515	931,132
31.00	03100	INTENSIVE CARE UNIT	1,179,037	249,120	36,077	0	38,087
43.00	04300	NURSERY	484,617	102,395	42,133	0	5,697
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,066,513	647,927	378,915	99,235	114,708
51.00	05100	RECOVERY ROOM	356,385	75,301	29,633	11,409	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	452,792	95,671	0	0	21,566
53.00	05300	ANESTHESIOLOGY	221,031	46,702	2,802	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,519,913	743,726	233,638	31,449	70,192
54.01	03630	ULTRA SOUND	181,155	38,276	0	3,124	6,836
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	273,462	57,780	10,409	2,054	1,912
55.00	03480	ONCOLOGY	1,813,684	383,215	266,590	16,400	0
57.00	05700	CT SCAN	538,514	113,783	19,288	14,429	6,022
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	345,173	72,932	23,275	3,966	3,866
59.00	05900	CARDIAC CATHETERIZATION	277,124	58,554	18,405	0	14,486
60.00	06000	LABORATORY	5,043,996	1,065,751	134,459	0	41,749
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	320,559	67,731	6,013	0	0
65.00	06500	RESPIRATORY THERAPY	855,895	180,843	25,797	0	0
66.00	06600	PHYSICAL THERAPY	2,722,426	575,224	313,421	41,416	20,020
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0
69.01	03610	SLEEP LAB	262,394	55,441	18,082	1,872	13,835
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,389,354	716,140	0	0	0
71.01	07101	I.V. SOLUTIONS	98,531	20,819	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,973,731	628,323	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	03140	CARDIOLOGY	859,293	181,561	130,321	15,997	18,759
76.97	07697	CARDIAC REHABILITATION	124,884	26,387	15,151	0	12,289
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	192,873	40,752	16,379	62	10,946
91.00	09100	EMERGENCY	2,418,700	511,050	299,111	72,102	157,719
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	1,973,846	417,056	101,981	11,984	0
101.00	10100	HOME HEALTH AGENCY	1,205,687	254,751	59,223	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	275,640	58,240	16,034	0	0
118.00	11800	SUBTOTALS (SUM OF LINES 1-117)	77,770,022	12,449,005	3,693,187	519,014	1,538,243
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	218,436	46,154	29,245	0	8,749
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	0	0
194.01	07951	MOB	3,593,490	759,272	887,138	1,079	0
194.02	07952	PHYSICIAN CLINICS	9,025,629	1,907,075	750,158	2,603	0
194.03	07953	PHYS PRAC BUS OFC	792,108	167,365	21,314	0	0
194.04	07954	MOB - MAIN CAMPUS	2,117,301	447,367	929,464	0	227,911
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0	0	0	0	0
194.06	07956	KDH - MC FAMILY PRACTICE	5,280,494	1,115,721	0	308	0
194.07	07957	KDH - MC ORTHOPEDICS	4,077,003	861,434	0	855	0
194.08	07958	KDH - MC GENERAL SURGERY	1,456,953	307,841	0	1,059	0
194.09	07959	KDH - MC ENT	639,024	135,020	0	0	0
194.10	07960	KDH - MC UROLOGY	683,829	144,487	0	0	0
194.11	07961	KDH - MC OB/GYN	2,416,154	510,512	0	2,246	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150069

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

Worksheet B
Part I
Date/Time Prepared:
5/18/2016 2:29 pm

Cost Center Description		Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		4A	5.00	7.00	8.00	9.00	
200.00	Cross Foot Adjustments	0					200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	108,070,443	18,851,253	6,310,506	527,164	1,774,903	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150069

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

Worksheet B
Part I
Date/Time Prepared:
5/18/2016 2:29 pm

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	1,145,424					10.00
11.00	01100	0	633,856				11.00
13.00	01300	0	5,472	419,378			13.00
14.00	01400	0	7,460	0	1,067,770		14.00
15.00	01500	0	16,592	0	11,190	6,497,745	15.00
16.00	01600	0	21,998	0	0	0	16.00
17.00	01700	0	5,160	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
23.00	02300	0	2,520	0	0	0	23.00
23.01	02301	0	15	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,063,185	136,191	206,556	310,847	0	30.00
31.00	03100	82,239	20,654	31,325	2,575	0	31.00
43.00	04300	0	7,826	11,869	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	50,617	76,769	419,714	0	50.00
51.00	05100	0	5,511	8,359	5,757	0	51.00
52.00	05200	0	8,838	13,404	0	0	52.00
53.00	05300	0	12,263	0	26,591	0	53.00
54.00	05400	0	53,022	0	7,633	0	54.00
54.01	03630	0	2,418	0	5,582	0	54.01
54.02	03450	0	1,721	0	5,952	0	54.02
55.00	03480	0	20,640	0	12,069	0	55.00
57.00	05700	0	6,180	0	4,328	0	57.00
58.00	05800	0	3,067	0	0	0	58.00
59.00	05900	0	4,814	0	3,737	0	59.00
60.00	06000	0	59,563	0	59,062	0	60.00
62.00	06200	0	0	0	0	0	62.00
65.00	06500	0	16,722	0	2,222	0	65.00
66.00	06600	0	42,534	0	3,990	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	0	0	0	0	69.00
69.01	03610	0	2,613	0	0	0	69.01
71.00	07100	0	0	0	0	0	71.00
71.01	07101	0	0	0	0	0	71.01
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	6,497,745	73.00
76.00	03140	0	13,250	0	3,351	0	76.00
76.97	07697	0	2,571	0	168	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	1,533	0	24	0	90.00
91.00	09100	0	46,876	71,096	69,268	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	54,996	0	4,520	0	95.00
101.00	10100	0	0	0	4,967	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	0	113.00
116.00	11600	0	0	0	0	0	116.00
118.00		1,145,424	633,637	419,378	963,547	6,497,745	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
194.00	07950	0	0	0	545	0	194.00
194.01	07951	0	0	0	8,094	0	194.01
194.02	07952	0	219	0	38,351	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	0	0	857	0	194.04
194.05	07955	0	0	0	0	0	194.05
194.06	07956	0	0	0	12,960	0	194.06
194.07	07957	0	0	0	7,943	0	194.07
194.08	07958	0	0	0	7,996	0	194.08
194.09	07959	0	0	0	4,174	0	194.09
194.10	07960	0	0	0	7,717	0	194.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150069

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

Worksheet B
Part I
Date/Time Prepared:
5/18/2016 2:29 pm

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
194.11	07961 KDH - MC OB/GYN	0	0	0	15,586	0	194.11
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,145,424	633,856	419,378	1,067,770	6,497,745	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 150069		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part I Date/Time Prepared: 5/18/2016 2:29 pm	
Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	RADIOLOGY SCHOOL	HUB SITE - 3RD YEAR MED STUDENTS	
			16.00	17.00	19.00	23.00	23.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,670,727					16.00
17.00	01700	SOCIAL SERVICE	0	418,044				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
23.00	02300	RADIOLOGY SCHOOL	0	0		200,993		23.00
23.01	02301	HUB SITE - 3RD YEAR MED STUDENTS	0	0			20,832	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	82,800	334,645	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	17,242	45,594	0	0	0	31.00
43.00	04300	NURSERY	8,951	37,805	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	172,169	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	32,382	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,108	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	33,618	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	42,904	0	0	200,993	20,832	54.00
54.01	03630	ULTRA SOUND	11,617	0	0	0	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	30,553	0	0	0	0	54.02
55.00	03480	ONCOLOGY	33,514	0	0	0	0	55.00
57.00	05700	CT SCAN	92,088	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	28,990	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	17,706	0	0	0	0	59.00
60.00	06000	LABORATORY	186,074	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	9,596	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	37,200	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	71,818	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
69.01	03610	SLEEP LAB	9,666	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	54,219	0	0	0	0	71.00
71.01	07101	IV SOLUTIONS	16,070	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	80,883	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	373,202	0	0	0	0	73.00
76.00	03140	CARDIOLOGY	59,877	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	3,924	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	885	0	0	0	0	90.00
91.00	09100	EMERGENCY	126,674	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	25,997	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,670,727	418,044	0	200,993	20,832	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	MOB	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN CLINICS	0	0	0	0	0	194.02
194.03	07953	PHYS PRAC BUS OFC	0	0	0	0	0	194.03
194.04	07954	MOB - MAIN CAMPUS	0	0	0	0	0	194.04
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0	0	0	0	0	194.05
194.06	07956	KDH - MC FAMILY PRACTICE	0	0	0	0	0	194.06
194.07	07957	KDH - MC ORTHOPEDICS	0	0	0	0	0	194.07
194.08	07958	KDH - MC GENERAL SURGERY	0	0	0	0	0	194.08
194.09	07959	KDH - MC ENT	0	0	0	0	0	194.09
194.10	07960	KDH - MC UROLOGY	0	0	0	0	0	194.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150069

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

Worksheet B
Part I
Date/Time Prepared:
5/18/2016 2:29 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	RADIOLOGY SCHOOL	HUB SITE - 3RD YEAR MED STUDENTS	
		16.00	17.00	19.00	23.00	23.01	
194.11	07961 KDH - MC OB/GYN	0	0	0	0	0	194.11
200.00	Cross Foot Adjustments			0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,670,727	418,044	0	200,993	20,832	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150069

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

Worksheet B
Part I
Date/Time Prepared:
5/18/2016 2:29 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
1.01	00101				1.01
2.00	00200				2.00
4.00	00400				4.00
5.00	00500				5.00
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				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				17.00
19.00	01900				19.00
23.00	02300				23.00
23.01	02301				23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	12,641,522	0	12,641,522	30.00
31.00	03100	1,701,950	0	1,701,950	31.00
43.00	04300	701,293	0	701,293	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	5,026,567	0	5,026,567	50.00
51.00	05100	524,737	0	524,737	51.00
52.00	05200	602,379	0	602,379	52.00
53.00	05300	343,007	0	343,007	53.00
54.00	05400	4,924,302	0	4,924,302	54.00
54.01	03630	249,008	0	249,008	54.01
54.02	03450	383,843	0	383,843	54.02
55.00	03480	2,546,112	0	2,546,112	55.00
57.00	05700	794,632	0	794,632	57.00
58.00	05800	481,269	0	481,269	58.00
59.00	05900	394,826	0	394,826	59.00
60.00	06000	6,590,654	0	6,590,654	60.00
62.00	06200	403,899	0	403,899	62.00
65.00	06500	1,118,679	0	1,118,679	65.00
66.00	06600	3,790,849	0	3,790,849	66.00
67.00	06700	0	0	0	67.00
68.00	06800	0	0	0	68.00
69.00	06900	0	0	0	69.00
69.01	03610	363,903	0	363,903	69.01
71.00	07100	4,159,713	0	4,159,713	71.00
71.01	07101	135,420	0	135,420	71.01
72.00	07200	3,682,937	0	3,682,937	72.00
73.00	07300	6,870,947	0	6,870,947	73.00
76.00	03140	1,282,409	0	1,282,409	76.00
76.97	07697	185,374	0	185,374	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	263,454	0	263,454	90.00
91.00	09100	3,772,596	0	3,772,596	91.00
92.00	09200		0		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	2,590,380	0	2,590,380	95.00
101.00	10100	1,524,628	0	1,524,628	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300				113.00
116.00	11600	349,914	0	349,914	116.00
118.00		68,401,203	0	68,401,203	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	302,584	0	302,584	190.00
194.00	07950	545	0	545	194.00
194.01	07951	5,249,073	0	5,249,073	194.01
194.02	07952	11,724,035	0	11,724,035	194.02
194.03	07953	980,787	0	980,787	194.03
194.04	07954	3,722,900	0	3,722,900	194.04
194.05	07955	0	0	0	194.05
194.06	07956	6,409,483	0	6,409,483	194.06
194.07	07957	4,947,235	0	4,947,235	194.07
194.08	07958	1,773,849	0	1,773,849	194.08

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150069

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

Worksheet B
Part I
Date/Time Prepared:
5/18/2016 2:29 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
194.09	07959 KDH - MC ENT	778,218	0	778,218	194.09
194.10	07960 KDH - MC UROLOGY	836,033	0	836,033	194.10
194.11	07961 KDH - MC OB/GYN	2,944,498	0	2,944,498	194.11
200.00	Cross Foot Adjustments	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	108,070,443	0	108,070,443	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150069	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/18/2016 2:29 pm
-------------------------------------	--	----------------------	---	--

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal
		NEW BLDG & FIXT	NEW BLDG & FIXT HHA/HO	NEW MVBLE EQUIP	
		1.00	1.01	2.00	
GENERAL SERVICE COST CENTERS					
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01 00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO				1.01
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	1,768,329	0	5.00
7.00 00700	OPERATION OF PLANT	0	2,191,585	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	81,561	0	8.00
9.00 00900	HOUSEKEEPING	0	142,967	0	9.00
10.00 01000	DIETARY	0	269,289	0	10.00
11.00 01100	CAFETERIA	0	108,905	0	11.00
13.00 01300	NURSING ADMINISTRATION	0	95,597	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	132,483	0	14.00
15.00 01500	PHARMACY	0	98,464	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	246,481	0	16.00
17.00 01700	SOCIAL SERVICE	0	63,246	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	19.00
23.00 02300	RADIOLOGY SCHOOL	0	28,285	0	23.00
23.01 02301	HUB SITE - 3RD YEAR MED STUDENTS	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	0	1,703,243	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	71,633	0	31.00
43.00 04300	NURSERY	0	83,658	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	0	752,366	0	50.00
51.00 05100	RECOVERY ROOM	0	58,839	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	5,563	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	463,906	0	54.00
54.01 03630	ULTRA SOUND	0	0	0	54.01
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	20,668	0	54.02
55.00 03480	ONCOLOGY	0	529,335	0	55.00
57.00 05700	CT SCAN	0	38,299	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	46,215	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	36,544	0	59.00
60.00 06000	LABORATORY	0	266,978	0	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	11,939	0	62.00
65.00 06500	RESPIRATORY THERAPY	0	51,222	0	65.00
66.00 06600	PHYSICAL THERAPY	0	622,321	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
69.01 03610	SLEEP LAB	0	35,902	0	69.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
71.01 07101	IV SOLUTIONS	0	0	0	71.01
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
76.00 03140	CARDIOLOGY	0	258,762	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	30,083	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC	0	32,522	0	90.00
91.00 09100	EMERGENCY	0	593,908	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 09500	AMBULANCE SERVICES	0	202,491	0	95.00
101.00 10100	HOME HEALTH AGENCY	0	0	18,881	101.00
SPECIAL PURPOSE COST CENTERS					
113.00 11300	INTEREST EXPENSE	0	0	0	113.00
116.00 11600	HOSPICE	0	0	5,112	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	11,143,589	23,993	118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	58,068	0	190.00
194.00 07950	OTHER NON-REIMBURSABLE	0	0	0	194.00
194.01 07951	MOB	0	1,761,482	0	194.01
194.02 07952	PHYSICIAN CLINICS	0	1,489,498	0	194.02
194.03 07953	PHYS PRAC BUS OFC	0	42,321	0	194.03
194.04 07954	MOB - MAIN CAMPUS	0	1,845,525	0	194.04
194.05 07955	ONCOLOGY - NONREIMBURSABLE	0	0	0	194.05
194.06 07956	KDH - MC FAMILY PRACTICE	0	0	0	194.06
194.07 07957	KDH - MC ORTHOPEDICS	0	0	0	194.07

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150069

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

Worksheet B
Part II
Date/Time Prepared:
5/18/2016 2:29 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		NEW BLDG & FIXT	NEW BLDG & FIXT HHA/HO	NEW MVBLE EQUIP		
		1.00	1.01	2.00		
194.08 07958 KDH - MC GENERAL SURGERY	0	0	0	0	0	194.08
194.09 07959 KDH - MC ENT	0	0	0	0	0	194.09
194.10 07960 KDH - MC UROLOGY	0	0	0	0	0	194.10
194.11 07961 KDH - MC OB/GYN	0	0	0	0	0	194.11
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)	0	16,340,483	23,993	0	16,364,476	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150069	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/18/2016 2:29 pm	
Cost Center Description	EMPLOYEE BENEFITS DEPARTMENT 4.00	ADMINISTRATIVE & GENERAL 5.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO					1.01
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0				4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	1,768,329			5.00
7.00 00700	OPERATION OF PLANT	0	103,257	2,294,842		7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	7,954	14,938	104,453	8.00
9.00 00900	HOUSEKEEPING	0	27,864	26,184	0	197,015
10.00 01000	DIETARY	0	16,523	49,320	0	0
11.00 01100	CAFETERIA	0	9,474	19,946	0	0
13.00 01300	NURSING ADMINISTRATION	0	5,985	17,508	0	0
14.00 01400	CENTRAL SERVICES & SUPPLY	0	15,902	24,264	0	2,412
15.00 01500	PHARMACY	0	104,708	18,033	0	2,349
16.00 01600	MEDICAL RECORDS & LIBRARY	0	24,946	45,142	0	0
17.00 01700	SOCIAL SERVICE	0	6,235	11,583	0	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
23.00 02300	RADIOLOGY SCHOOL	0	2,924	5,180	0	614
23.01 02301	HUB SITE - 3RD YEAR MED STUDENTS	0	341	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	139,490	311,945	38,344	103,357
31.00 03100	INTENSIVE CARE UNIT	0	23,369	13,120	0	4,228
43.00 04300	NURSERY	0	9,605	15,322	0	632
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	60,778	137,794	19,663	12,733
51.00 05100	RECOVERY ROOM	0	7,064	10,776	2,261	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	8,974	0	0	2,394
53.00 05300	ANESTHESIOLOGY	0	4,381	1,019	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	69,765	84,963	6,231	7,791
54.01 03630	ULTRA SOUND	0	3,590	0	619	759
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	5,420	3,785	407	212
55.00 03480	ONCOLOGY	0	35,947	96,946	3,249	0
57.00 05700	CT SCAN	0	10,673	7,014	2,859	668
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	6,841	8,464	786	429
59.00 05900	CARDIAC CATHETERIZATION	0	5,493	6,693	0	1,608
60.00 06000	LABORATORY	0	99,972	48,896	0	4,634
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	6,353	2,187	0	0
65.00 06500	RESPIRATORY THERAPY	0	16,964	9,381	0	0
66.00 06600	PHYSICAL THERAPY	0	53,958	113,977	8,206	2,222
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	0
69.01 03610	SLEEP LAB	0	5,201	6,575	371	1,536
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	67,177	0	0	0
71.01 07101	IV SOLUTIONS	0	1,953	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	58,939	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00 03140	CARDIOLOGY	0	17,031	47,392	3,170	2,082
76.97 07697	CARDIAC REHABILITATION	0	2,475	5,510	0	1,364
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	3,823	5,956	12	1,215
91.00 09100	EMERGENCY	0	47,939	108,773	14,286	17,507
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	39,122	37,086	2,374	0
101.00 10100	HOME HEALTH AGENCY	0	23,897	21,537	0	0
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	0	5,463	5,831	0	0
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	1,167,770	1,343,040	102,838	170,746
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	4,329	10,635	0	971
194.00 07950	OTHER NON-REIMBURSABLE	0	0	0	0	0
194.01 07951	MOB	0	71,223	322,612	214	0
194.02 07952	PHYSICIAN CLINICS	0	178,894	272,798	516	0
194.03 07953	PHYS PRAC BUS OFC	0	15,700	7,751	0	0
194.04 07954	MOB - MAIN CAMPUS	0	41,965	338,006	0	25,298
194.05 07955	ONCOLOGY - NONREIMBURSABLE	0	0	0	0	0
194.06 07956	KDH - MC FAMILY PRACTICE	0	104,659	0	61	0
194.07 07957	KDH - MC ORTHOPEDICS	0	80,806	0	169	0
194.08 07958	KDH - MC GENERAL SURGERY	0	28,877	0	210	0
194.09 07959	KDH - MC ENT	0	12,665	0	0	0
194.10 07960	KDH - MC UROLOGY	0	13,553	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150069		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/18/2016 2:29 pm	
Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT 4.00	ADMINISTRATIVE & GENERAL 5.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
194.11	07961	KDH - MC OB/GYN	0	47,888	0	445	0	194.11
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)	0	1,768,329	2,294,842	104,453	197,015	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150069		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/18/2016 2:29 pm	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	335,132					10.00
11.00	01100	CAFETERIA	0	138,325				11.00
13.00	01300	NURSING ADMINISTRATION	0	1,194	120,284			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,628	0	176,689		14.00
15.00	01500	PHARMACY	0	3,621	0	1,852	229,027	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,801	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	1,126	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	RADIOLOGY SCHOOL	0	550	0	0	0	23.00
23.01	02301	HUB SITE - 3RD YEAR MED STUDENTS	0	3	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	311,070	29,719	59,245	51,437	0	30.00
31.00	03100	INTENSIVE CARE UNIT	24,062	4,507	8,984	426	0	31.00
43.00	04300	NURSERY	0	1,708	3,404	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	11,046	22,019	69,453	0	50.00
51.00	05100	RECOVERY ROOM	0	1,203	2,397	953	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,929	3,844	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	2,676	0	4,400	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	11,571	0	1,263	0	54.00
54.01	03630	ULTRA SOUND	0	528	0	924	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	376	0	985	0	54.02
55.00	03480	ONCOLOGY	0	4,504	0	1,997	0	55.00
57.00	05700	CT SCAN	0	1,349	0	716	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	669	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,051	0	618	0	59.00
60.00	06000	LABORATORY	0	12,998	0	9,773	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	3,649	0	368	0	65.00
66.00	06600	PHYSICAL THERAPY	0	9,282	0	660	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
69.01	03610	SLEEP LAB	0	570	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
71.01	07101	IV SOLUTIONS	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	229,027	73.00
76.00	03140	CARDIOLOGY	0	2,891	0	554	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	561	0	28	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	335	0	4	0	90.00
91.00	09100	EMERGENCY	0	10,230	20,391	11,462	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	12,002	0	748	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	822	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	335,132	138,277	120,284	159,443	229,027	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	90	0	194.00
194.01	07951	MOB	0	0	0	1,339	0	194.01
194.02	07952	PHYSICIAN CLINICS	0	48	0	6,346	0	194.02
194.03	07953	PHYS PRAC BUS OFC	0	0	0	0	0	194.03
194.04	07954	MOB - MAIN CAMPUS	0	0	0	142	0	194.04
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0	0	0	0	0	194.05
194.06	07956	KDH - MC FAMILY PRACTICE	0	0	0	2,145	0	194.06
194.07	07957	KDH - MC ORTHOPEDICS	0	0	0	1,314	0	194.07
194.08	07958	KDH - MC GENERAL SURGERY	0	0	0	1,323	0	194.08
194.09	07959	KDH - MC ENT	0	0	0	691	0	194.09
194.10	07960	KDH - MC UROLOGY	0	0	0	1,277	0	194.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150069

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

Worksheet B
Part II
Date/Time Prepared:
5/18/2016 2:29 pm

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
194.11	07961 KDH - MC OB/GYN	0	0	0	2,579	0	194.11
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)	335,132	138,325	120,284	176,689	229,027	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150069

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

Worksheet B
Part II
Date/Time Prepared:
5/18/2016 2:29 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	RADIOLOGY SCHOOL	HUB SITE - 3RD YEAR MED STUDENTS	
		16.00	17.00	19.00	23.00	23.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	321,370				16.00
17.00	01700	SOCIAL SERVICE	0	82,190			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0		19.00
23.00	02300	RADIOLOGY SCHOOL	0	0	37,553		23.00
23.01	02301	HUB SITE - 3RD YEAR MED STUDENTS	0	0		344	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	15,923	65,793			30.00
31.00	03100	INTENSIVE CARE UNIT	3,316	8,964			31.00
43.00	04300	NURSERY	1,721	7,433			43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	33,108	0			50.00
51.00	05100	RECOVERY ROOM	6,227	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,944	0			52.00
53.00	05300	ANESTHESIOLOGY	6,465	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,251	0			54.00
54.01	03630	ULTRA SOUND	2,234	0			54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	5,875	0			54.02
55.00	03480	ONCOLOGY	6,445	0			55.00
57.00	05700	CT SCAN	17,709	0			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,575	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	3,405	0			59.00
60.00	06000	LABORATORY	35,782	0			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,845	0			62.00
65.00	06500	RESPIRATORY THERAPY	7,154	0			65.00
66.00	06600	PHYSICAL THERAPY	13,811	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
69.01	03610	SLEEP LAB	1,859	0			69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,426	0			71.00
71.01	07101	IV SOLUTIONS	3,090	0			71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,554	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	71,853	0			73.00
76.00	03140	CARDIOLOGY	11,514	0			76.00
76.97	07697	CARDIAC REHABILITATION	755	0			76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	170	0			90.00
91.00	09100	EMERGENCY	24,360	0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	4,999	0			95.00
101.00	10100	HOME HEALTH AGENCY	0	0			101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0			116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	321,370	82,190	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0			190.00
194.00	07950	OTHER NON-REIMBURSABLE	0	0			194.00
194.01	07951	MOB	0	0			194.01
194.02	07952	PHYSICIAN CLINICS	0	0			194.02
194.03	07953	PHYS PRAC BUS OFC	0	0			194.03
194.04	07954	MOB - MAIN CAMPUS	0	0			194.04
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0	0			194.05
194.06	07956	KDH - MC FAMILY PRACTICE	0	0			194.06
194.07	07957	KDH - MC ORTHOPEDICS	0	0			194.07
194.08	07958	KDH - MC GENERAL SURGERY	0	0			194.08
194.09	07959	KDH - MC ENT	0	0			194.09
194.10	07960	KDH - MC UROLOGY	0	0			194.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150069

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

Worksheet B
Part II
Date/Time Prepared:
5/18/2016 2:29 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	RADIOLOGY SCHOOL	HUB SITE - 3RD YEAR MED STUDENTS	
		16.00	17.00	19.00	23.00	23.01	
194.11	07961 KDH - MC OB/GYN	0	0				194.11
200.00	Cross Foot Adjustments			0	37,553	344	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	321,370	82,190	0	37,553	344	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150069

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

Worksheet B
Part II
Date/Time Prepared:
5/18/2016 2:29 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
1.01	00101				1.01
2.00	00200				2.00
4.00	00400				4.00
5.00	00500				5.00
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				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				17.00
19.00	01900				19.00
23.00	02300				23.00
23.01	02301				23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	2,829,566	0	2,829,566	30.00
31.00	03100	162,609	0	162,609	31.00
43.00	04300	123,483	0	123,483	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	1,118,960	0	1,118,960	50.00
51.00	05100	89,720	0	89,720	51.00
52.00	05200	19,085	0	19,085	52.00
53.00	05300	24,504	0	24,504	53.00
54.00	05400	653,741	0	653,741	54.00
54.01	03630	8,654	0	8,654	54.01
54.02	03450	37,728	0	37,728	54.02
55.00	03480	678,423	0	678,423	55.00
57.00	05700	79,287	0	79,287	57.00
58.00	05800	68,979	0	68,979	58.00
59.00	05900	55,412	0	55,412	59.00
60.00	06000	479,033	0	479,033	60.00
62.00	06200	22,324	0	22,324	62.00
65.00	06500	88,738	0	88,738	65.00
66.00	06600	824,437	0	824,437	66.00
67.00	06700	0	0	0	67.00
68.00	06800	0	0	0	68.00
69.00	06900	0	0	0	69.00
69.01	03610	52,014	0	52,014	69.01
71.00	07100	77,603	0	77,603	71.00
71.01	07101	5,043	0	5,043	71.01
72.00	07200	74,493	0	74,493	72.00
73.00	07300	300,880	0	300,880	73.00
76.00	03140	343,396	0	343,396	76.00
76.97	07697	40,776	0	40,776	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	44,037	0	44,037	90.00
91.00	09100	848,856	0	848,856	91.00
92.00	09200		0		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	298,822	0	298,822	95.00
101.00	10100	65,137	0	65,137	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300				113.00
116.00	11600	16,406	0	16,406	116.00
118.00		9,532,146	0	9,532,146	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	74,003	0	74,003	190.00
194.00	07950	90	0	90	194.00
194.01	07951	2,156,870	0	2,156,870	194.01
194.02	07952	1,948,100	0	1,948,100	194.02
194.03	07953	65,772	0	65,772	194.03
194.04	07954	2,250,936	0	2,250,936	194.04
194.05	07955	0	0	0	194.05
194.06	07956	106,865	0	106,865	194.06
194.07	07957	82,289	0	82,289	194.07
194.08	07958	30,410	0	30,410	194.08

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150069

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

Worksheet B
Part II
Date/Time Prepared:
5/18/2016 2:29 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
194.09	07959 KDH - MC ENT	13,356	0	13,356	194.09
194.10	07960 KDH - MC UROLOGY	14,830	0	14,830	194.10
194.11	07961 KDH - MC OB/GYN	50,912	0	50,912	194.11
200.00	Cross Foot Adjustments	37,897	0	37,897	200.00
201.00	Negative Cost Centers	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	16,364,476	0	16,364,476	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150069

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

Worksheet B-1

Date/Time Prepared:
5/18/2016 2:29 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	
	NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT HHA/HO (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)			
	1.00	1.01	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	381,860				1.00
1.01 00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	3,492			1.01
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP			385,352		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	50,044,013	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	41,324	0	41,324	6,240,720	5.00
7.00 00700	OPERATION OF PLANT	51,215	0	51,215	622,137	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,906	0	1,906	39,545	8.00
9.00 00900	HOUSEKEEPING	3,341	0	3,341	623,021	9.00
10.00 01000	DIETARY	6,293	0	6,293	290,895	10.00
11.00 01100	CAFETERIA	2,545	0	2,545	361,406	11.00
13.00 01300	NURSING ADMINISTRATION	2,234	0	2,234	265,958	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	3,096	0	3,096	86,048	14.00
15.00 01500	PHARMACY	2,301	0	2,301	820,619	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	5,760	0	5,760	604,017	16.00
17.00 01700	SOCIAL SERVICE	1,478	0	1,478	204,990	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
23.00 02300	RADIOLOGY SCHOOL	661	0	661	96,948	23.00
23.01 02301	HUB SITE - 3RD YEAR MED STUDENTS	0	0	0	14,144	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	39,803	0	39,803	4,337,772	30.00
31.00 03100	INTENSIVE CARE UNIT	1,674	0	1,674	906,327	31.00
43.00 04300	NURSERY	1,955	0	1,955	326,031	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	17,582	0	17,582	1,699,698	50.00
51.00 05100	RECOVERY ROOM	1,375	0	1,375	242,930	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	368,178	52.00
53.00 05300	ANESTHESIOLOGY	130	0	130	875,050	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	10,841	0	10,841	3,063,085	54.00
54.01 03630	ULTRA SOUND	0	0	0	106,518	54.01
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	483	0	483	61,077	54.02
55.00 03480	ONCOLOGY	12,370	0	12,370	920,747	55.00
57.00 05700	CT SCAN	895	0	895	210,612	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,080	0	1,080	134,976	58.00
59.00 05900	CARDIAC CATHETERIZATION	854	0	854	195,586	59.00
60.00 06000	LABORATORY	6,239	0	6,239	1,571,518	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	279	0	279	0	62.00
65.00 06500	RESPIRATORY THERAPY	1,197	0	1,197	612,570	65.00
66.00 06600	PHYSICAL THERAPY	14,543	0	14,543	1,695,939	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
69.01 03610	SLEEP LAB	839	0	839	126,499	69.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
71.01 07101	IV SOLUTIONS	0	0	0	0	71.01
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
76.00 03140	CARDIOLOGY	6,047	0	6,047	426,436	76.00
76.97 07697	CARDIAC REHABILITATION	703	0	703	70,621	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	760	0	760	130,039	90.00
91.00 09100	EMERGENCY	13,879	0	13,879	1,475,304	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	4,732	0	4,732	1,320,199	95.00
101.00 10100	HOME HEALTH AGENCY	0	2,748	2,748	904,049	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	0	744	744	131,620	116.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	260,414	3,492	263,906	32,183,829	-18,851,253
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	1,357	0	1,357	0	190.00
194.00 07950	OTHER NON-REIMBURSABLE	0	0	0	0	194.00
194.01 07951	MOB	41,164	0	41,164	1,365,217	194.01
194.02 07952	PHYSICIAN CLINICS	34,808	0	34,808	5,134,436	194.02
194.03 07953	PHYS PRAC BUS OFC	989	0	989	598,646	194.03
194.04 07954	MOB - MAIN CAMPUS	43,128	0	43,128	202,458	194.04
194.05 07955	ONCOLOGY - NONREIMBURSABLE	0	0	0	0	194.05
194.06 07956	KDH - MC FAMILY PRACTICE	0	0	0	4,123,916	194.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150069

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

Worksheet B-1

Date/Time Prepared:
5/18/2016 2:29 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	
	NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT HHA/HO (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)			
	1.00	1.01	2.00			
194.07 07957 KDH - MC ORTHOPEDICS	0	0	0	2,995,003	0	194.07
194.08 07958 KDH - MC GENERAL SURGERY	0	0	0	1,171,005	0	194.08
194.09 07959 KDH - MC ENT	0	0	0	517,180	0	194.09
194.10 07960 KDH - MC UROLOGY	0	0	0	61,248	0	194.10
194.11 07961 KDH - MC OB/GYN	0	0	0	1,691,075	0	194.11
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)	16,340,483	23,993	0	10,763,500		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	42.791816	6.870848	0.000000	0.215081		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)				0		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)				0.000000		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150069

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

Worksheet B-1

Date/Time Prepared:
5/18/2016 2:29 pm

Cost Center Description		ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	89,219,190				5.00
7.00	00700	OPERATION OF PLANT	5,209,736	292,813			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	401,297	1,906	452,048		8.00
9.00	00900	HOUSEKEEPING	1,405,855	3,341	0	43,619	9.00
10.00	01000	DIETARY	833,658	6,293	0	0	10.00
11.00	01100	CAFETERIA	478,009	2,545	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	301,959	2,234	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	802,332	3,096	0	534	14.00
15.00	01500	PHARMACY	5,282,970	2,301	0	520	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,258,651	5,760	0	0	16.00
17.00	01700	SOCIAL SERVICE	314,566	1,478	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
23.00	02300	RADIOLOGY SCHOOL	147,524	661	0	136	23.00
23.01	02301	HUB SITE - 3RD YEAR MED STUDENTS	17,186	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	7,037,817	39,803	165,942	22,883	30.00
31.00	03100	INTENSIVE CARE UNIT	1,179,037	1,674	0	936	31.00
43.00	04300	NURSERY	484,617	1,955	0	140	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,066,513	17,582	85,095	2,819	50.00
51.00	05100	RECOVERY ROOM	356,385	1,375	9,783	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	452,792	0	0	530	52.00
53.00	05300	ANESTHESIOLOGY	221,031	130	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,519,913	10,841	26,968	1,725	54.00
54.01	03630	ULTRA SOUND	181,155	0	2,679	168	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	273,462	483	1,761	47	54.02
55.00	03480	ONCOLOGY	1,813,684	12,370	14,063	0	55.00
57.00	05700	CT SCAN	538,514	895	12,373	148	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	345,173	1,080	3,401	95	58.00
59.00	05900	CARDIAC CATHETERIZATION	277,124	854	0	356	59.00
60.00	06000	LABORATORY	5,043,996	6,239	0	1,026	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	320,559	279	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	855,895	1,197	0	0	65.00
66.00	06600	PHYSICAL THERAPY	2,722,426	14,543	35,515	492	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
69.01	03610	SLEEP LAB	262,394	839	1,605	340	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,389,354	0	0	0	71.00
71.01	07101	IV SOLUTIONS	98,531	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,973,731	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03140	CARDIOLOGY	859,293	6,047	13,718	461	76.00
76.97	07697	CARDIAC REHABILITATION	124,884	703	0	302	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	192,873	760	53	269	90.00
91.00	09100	EMERGENCY	2,418,700	13,879	61,828	3,876	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	1,973,846	4,732	10,276	0	95.00
101.00	10100	HOME HEALTH AGENCY	1,205,687	2,748	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	275,640	744	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	58,918,769	171,367	445,060	37,803	49,333
NONREIMBURSABLE COST CENTERS							
190.00	19000	GI FT, FLOWER, COFFEE SHOP, & CANTEEN	218,436	1,357	0	215	190.00
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	0	194.00
194.01	07951	MOB	3,593,490	41,164	925	0	194.01
194.02	07952	PHYSICIAN CLINICS	9,025,629	34,808	2,232	0	194.02
194.03	07953	PHYS PRAC BUS OFC	792,108	989	0	0	194.03
194.04	07954	MOB - MAIN CAMPUS	2,117,301	43,128	0	5,601	194.04
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0	0	0	0	194.05
194.06	07956	KDH - MC FAMILY PRACTICE	5,280,494	0	264	0	194.06
194.07	07957	KDH - MC ORTHOPEDICS	4,077,003	0	733	0	194.07
194.08	07958	KDH - MC GENERAL SURGERY	1,456,953	0	908	0	194.08
194.09	07959	KDH - MC ENT	639,024	0	0	0	194.09

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150069

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

Worksheet B-1

Date/Time Prepared:
5/18/2016 2:29 pm

Cost Center Description		ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		5.00	7.00	8.00	9.00	10.00	
194.10	07960 KDH - MC UROLOGY	683,829	0	0	0	0	194.10
194.11	07961 KDH - MC OB/GYN	2,416,154	0	1,926	0	0	194.11
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	18,851,253	6,310,506	527,164	1,774,903	1,145,424	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.211291	21.551318	1.166168	40.691052	23.218211	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,768,329	2,294,842	104,453	197,015	335,132	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.019820	7.837227	0.231066	4.516724	6.793262	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150069

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

Worksheet B-1

Date/Time Prepared:
5/18/2016 2:29 pm

Cost Center Description		CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	861,304					11.00
13.00	01300	7,436	375,735				13.00
14.00	01400	10,137	0	444,558			14.00
15.00	01500	22,546	0	4,659	100		15.00
16.00	01600	29,892	0	0	0	262,469,855	16.00
17.00	01700	7,012	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
23.00	02300	3,424	0	0	0	0	23.00
23.01	02301	20	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	185,061	185,061	129,419	0	13,008,657	30.00
31.00	03100	28,065	28,065	1,072	0	2,708,803	31.00
43.00	04300	10,634	10,634	0	0	1,406,264	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	68,780	68,780	174,744	0	27,049,386	50.00
51.00	05100	7,489	7,489	2,397	0	5,087,506	51.00
52.00	05200	12,009	12,009	0	0	1,588,057	52.00
53.00	05300	16,664	0	11,071	0	5,281,754	53.00
54.00	05400	72,048	0	3,178	0	6,740,656	54.00
54.01	03630	3,285	0	2,324	0	1,825,080	54.01
54.02	03450	2,339	0	2,478	0	4,800,178	54.02
55.00	03480	28,046	0	5,025	0	5,265,296	55.00
57.00	05700	8,398	0	1,802	0	14,467,894	57.00
58.00	05800	4,167	0	0	0	4,554,609	58.00
59.00	05900	6,542	0	1,556	0	2,781,778	59.00
60.00	06000	80,936	0	24,590	0	29,233,907	60.00
62.00	06200	0	0	0	0	1,507,592	62.00
65.00	06500	22,722	0	925	0	5,844,407	65.00
66.00	06600	57,797	0	1,661	0	11,283,312	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	0	0	0	0	69.00
69.01	03610	3,550	0	0	0	1,518,650	69.01
71.00	07100	0	0	0	0	8,518,324	71.00
71.01	07101	0	0	0	0	2,524,691	71.01
72.00	07200	0	0	0	0	12,707,497	72.00
73.00	07300	0	0	0	100	58,616,807	73.00
76.00	03140	18,004	0	1,395	0	9,407,176	76.00
76.97	07697	3,493	0	70	0	616,452	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	2,083	0	10	0	139,101	90.00
91.00	09100	63,697	63,697	28,839	0	19,901,628	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	74,730	0	1,882	0	4,084,393	95.00
101.00	10100	0	0	2,068	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
116.00	11600	0	0	0	0	0	116.00
118.00		861,006	375,735	401,165	100	262,469,855	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
194.00	07950	0	0	227	0	0	194.00
194.01	07951	0	0	3,370	0	0	194.01
194.02	07952	298	0	15,967	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	0	357	0	0	194.04
194.05	07955	0	0	0	0	0	194.05
194.06	07956	0	0	5,396	0	0	194.06
194.07	07957	0	0	3,307	0	0	194.07
194.08	07958	0	0	3,329	0	0	194.08

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150069

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

Worksheet B-1

Date/Time Prepared:
5/18/2016 2:29 pm

Cost Center Description		CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
194.09	07959 KDH - MC ENT	0	0	1,738	0	0	194.09
194.10	07960 KDH - MC UROLOGY	0	0	3,213	0	0	194.10
194.11	07961 KDH - MC OB/GYN	0	0	6,489	0	0	194.11
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)	633,856	419,378	1,067,770	6,497,745	1,670,727	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.735926	1.116154	2.401869	64,977.450000	0.006365	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	138,325	120,284	176,689	229,027	321,370	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.160600	0.320130	0.397449	2,290.270000	0.001224	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150069

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

Worksheet B-1

Date/Time Prepared:
5/18/2016 2:29 pm

Cost Center Description		SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	RADIOLOGY SCHOOL (ASSIGNED TIME)	HUB SITE - 3RD YEAR MED STUDENTS (ASSIGNED TIME)	
		17.00	19.00	23.00	23.01	
GENERAL SERVICE COST CENTERS						
1.00	00100					1.00
1.01	00101					1.01
2.00	00200					2.00
4.00	00400					4.00
5.00	00500					5.00
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100					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	13,203				17.00
19.00	01900	0	0			19.00
23.00	02300	0		1,000		23.00
23.01	02301	0			1,000	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	10,569	0	0	0	30.00
31.00	03100	1,440	0	0	0	31.00
43.00	04300	1,194	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	0	0	0	0	50.00
51.00	05100	0	0	0	0	51.00
52.00	05200	0	0	0	0	52.00
53.00	05300	0	0	0	0	53.00
54.00	05400	0	0	1,000	1,000	54.00
54.01	03630	0	0	0	0	54.01
54.02	03450	0	0	0	0	54.02
55.00	03480	0	0	0	0	55.00
57.00	05700	0	0	0	0	57.00
58.00	05800	0	0	0	0	58.00
59.00	05900	0	0	0	0	59.00
60.00	06000	0	0	0	0	60.00
62.00	06200	0	0	0	0	62.00
65.00	06500	0	0	0	0	65.00
66.00	06600	0	0	0	0	66.00
67.00	06700	0	0	0	0	67.00
68.00	06800	0	0	0	0	68.00
69.00	06900	0	0	0	0	69.00
69.01	03610	0	0	0	0	69.01
71.00	07100	0	0	0	0	71.00
71.01	07101	0	0	0	0	71.01
72.00	07200	0	0	0	0	72.00
73.00	07300	0	0	0	0	73.00
76.00	03140	0	0	0	0	76.00
76.97	07697	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	0	0	0	0	90.00
91.00	09100	0	0	0	0	91.00
92.00	09200	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	0	0	0	0	95.00
101.00	10100	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	0	0	0	0	113.00
116.00	11600	0	0	0	0	116.00
118.00		13,203	0	1,000	1,000	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	0	0	0	0	190.00
194.00	07950	0	0	0	0	194.00
194.01	07951	0	0	0	0	194.01
194.02	07952	0	0	0	0	194.02
194.03	07953	0	0	0	0	194.03
194.04	07954	0	0	0	0	194.04
194.05	07955	0	0	0	0	194.05
194.06	07956	0	0	0	0	194.06
194.07	07957	0	0	0	0	194.07
194.08	07958	0	0	0	0	194.08

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150069

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

Worksheet B-1

Date/Time Prepared:
5/18/2016 2:29 pm

Cost Center Description		SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	RADIOLOGY SCHOOL (ASSIGNED TIME)	HUB SITE - 3RD YEAR MED STUDENTS (ASSIGNED TIME)		
		17.00	19.00	23.00	23.01		
194.09	07959 KDH - MC ENT	0	0	0	0		194.09
194.10	07960 KDH - MC UROLOGY	0	0	0	0		194.10
194.11	07961 KDH - MC OB/GYN	0	0	0	0		194.11
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)	418,044	0	200,993	20,832		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	31.662804	0.000000	200.993000	20.832000		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	82,190	0	37,553	344		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	6.225100	0.000000	37.553000	0.344000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150069

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

Worksheet C
Part I
Date/Time Prepared:
5/18/2016 2:29 pm

		Title XVIII		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	RCE Disallowance	Total Costs		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,641,522		12,641,522	0	12,641,522	30.00
31.00	03100	INTENSIVE CARE UNIT	1,701,950		1,701,950	0	1,701,950	31.00
43.00	04300	NURSERY	701,293		701,293	0	701,293	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,026,567		5,026,567	0	5,026,567	50.00
51.00	05100	RECOVERY ROOM	524,737		524,737	0	524,737	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	602,379		602,379	0	602,379	52.00
53.00	05300	ANESTHESIOLOGY	343,007		343,007	0	343,007	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,924,302		4,924,302	0	4,924,302	54.00
54.01	03630	ULTRA SOUND	249,008		249,008	0	249,008	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	383,843		383,843	0	383,843	54.02
55.00	03480	ONCOLOGY	2,546,112		2,546,112	0	2,546,112	55.00
57.00	05700	CT SCAN	794,632		794,632	0	794,632	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	481,269		481,269	0	481,269	58.00
59.00	05900	CARDIAC CATHETERIZATION	394,826		394,826	0	394,826	59.00
60.00	06000	LABORATORY	6,590,654		6,590,654	52,346	6,643,000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	403,899		403,899	0	403,899	62.00
65.00	06500	RESPIRATORY THERAPY	1,118,679	0	1,118,679	0	1,118,679	65.00
66.00	06600	PHYSICAL THERAPY	3,790,849	0	3,790,849	0	3,790,849	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	69.00
69.01	03610	SLEEP LAB	363,903		363,903	450	364,353	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,159,713		4,159,713	0	4,159,713	71.00
71.01	07101	IV SOLUTIONS	135,420		135,420	0	135,420	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,682,937		3,682,937	0	3,682,937	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,870,947		6,870,947	0	6,870,947	73.00
76.00	03140	CARDIOLOGY	1,282,409		1,282,409	0	1,282,409	76.00
76.97	07697	CARDIAC REHABILITATION	185,374		185,374	0	185,374	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	263,454		263,454	0	263,454	90.00
91.00	09100	EMERGENCY	3,772,596		3,772,596	0	3,772,596	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,648,177		2,648,177		2,648,177	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,590,380		2,590,380	65	2,590,445	95.00
101.00	10100	HOME HEALTH AGENCY	1,524,628		1,524,628		1,524,628	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	349,914		349,914		349,914	116.00
200.00		Subtotal (see instructions)	71,049,380	0	71,049,380	52,861	71,102,241	200.00
201.00		Less Observation Beds	2,648,177		2,648,177		2,648,177	201.00
202.00		Total (see instructions)	68,401,203	0	68,401,203	52,861	68,454,064	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150069

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

Worksheet C
Part I
Date/Time Prepared:
5/18/2016 2:29 pm

		Title XVII			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	13,008,657		13,008,657		30.00
31.00	03100	INTENSIVE CARE UNIT	2,708,803		2,708,803		31.00
43.00	04300	NURSERY	1,406,264		1,406,264		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,266,793	19,782,593	27,049,386	0.185829	50.00
51.00	05100	RECOVERY ROOM	1,431,093	3,656,413	5,087,506	0.103142	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,584,118	3,939	1,588,057	0.379318	52.00
53.00	05300	ANESTHESIOLOGY	1,585,204	3,696,550	5,281,754	0.064942	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,283,776	5,456,880	6,740,656	0.730538	54.00
54.01	03630	ULTRA SOUND	245,601	1,579,478	1,825,079	0.136437	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	303,947	4,496,231	4,800,178	0.079964	54.02
55.00	03480	ONCOLOGY	67,263	5,198,033	5,265,296	0.483565	55.00
57.00	05700	CT SCAN	2,343,745	12,124,149	14,467,894	0.054924	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	270,822	4,283,787	4,554,609	0.105666	58.00
59.00	05900	CARDIAC CATHETERIZATION	598,988	2,182,791	2,781,779	0.141933	59.00
60.00	06000	LABORATORY	5,182,741	24,051,167	29,233,908	0.225446	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	801,331	706,261	1,507,592	0.267910	62.00
65.00	06500	RESPIRATORY THERAPY	4,649,597	1,194,809	5,844,406	0.191410	65.00
66.00	06600	PHYSICAL THERAPY	1,405,395	9,877,918	11,283,313	0.335969	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	69.00
69.01	03610	SLEEP LAB	0	1,518,650	1,518,650	0.239623	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,732,343	4,785,982	8,518,325	0.488325	71.00
71.01	07101	IV SOLUTIONS	1,417,541	1,107,150	2,524,691	0.053638	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,550,154	3,157,343	12,707,497	0.289824	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	27,930,913	30,685,894	58,616,807	0.117218	73.00
76.00	03140	CARDIOLOGY	1,855,446	7,551,730	9,407,176	0.136322	76.00
76.97	07697	CARDIAC REHABILITATION	679	615,773	616,452	0.300711	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,391	137,710	139,101	1.893976	90.00
91.00	09100	EMERGENCY	3,488,661	16,412,967	19,901,628	0.189562	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	566,624	1,844,016	2,410,640	1.098537	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	8,324	4,076,069	4,084,393	0.634214	95.00
101.00	10100	HOME HEALTH AGENCY	0	1,969,062	1,969,062		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	456,761	456,761		116.00
200.00		Subtotal (see instructions)	94,696,214	172,610,106	267,306,320		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	94,696,214	172,610,106	267,306,320		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150069	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/18/2016 2:29 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.185829		50.00
51.00	05100 RECOVERY ROOM	0.103142		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.379318		52.00
53.00	05300 ANESTHESIOLOGY	0.064942		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.730538		54.00
54.01	03630 ULTRA SOUND	0.136437		54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.079964		54.02
55.00	03480 ONCOLOGY	0.483565		55.00
57.00	05700 CT SCAN	0.054924		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.105666		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.141933		59.00
60.00	06000 LABORATORY	0.227236		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.267910		62.00
65.00	06500 RESPIRATORY THERAPY	0.191410		65.00
66.00	06600 PHYSICAL THERAPY	0.335969		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
69.01	03610 SLEEP LAB	0.239919		69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.488325		71.00
71.01	07101 IV SOLUTIONS	0.053638		71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.289824		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.117218		73.00
76.00	03140 RADIOLOGY	0.136322		76.00
76.97	07697 CARDIAC REHABILITATION	0.300711		76.97
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	1.893976		90.00
91.00	09100 EMERGENCY	0.189562		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.098537		92.00
	OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0.634230		95.00
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150069

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

Worksheet C
Part I
Date/Time Prepared:
5/18/2016 2:29 pm

		Title XIX		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		12,641,522	0	12,641,522	30.00
31.00	03100 INTENSIVE CARE UNIT		1,701,950	0	1,701,950	31.00
43.00	04300 NURSERY		701,293	0	701,293	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		5,026,567	0	5,026,567	50.00
51.00	05100 RECOVERY ROOM		524,737	0	524,737	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		602,379	0	602,379	52.00
53.00	05300 ANESTHESIOLOGY		343,007	0	343,007	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		4,924,302	0	4,924,302	54.00
54.01	03630 ULTRA SOUND		249,008	0	249,008	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC		383,843	0	383,843	54.02
55.00	03480 ONCOLOGY		2,546,112	0	2,546,112	55.00
57.00	05700 CT SCAN		794,632	0	794,632	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		481,269	0	481,269	58.00
59.00	05900 CARDIAC CATHETERIZATION		394,826	0	394,826	59.00
60.00	06000 LABORATORY		6,590,654	52,346	6,643,000	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		403,899	0	403,899	62.00
65.00	06500 RESPIRATORY THERAPY	0	1,118,679	0	1,118,679	65.00
66.00	06600 PHYSICAL THERAPY	0	3,790,849	0	3,790,849	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
69.01	03610 SLEEP LAB		363,903	450	364,353	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		4,159,713	0	4,159,713	71.00
71.01	07101 IV SOLUTIONS		135,420	0	135,420	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		3,682,937	0	3,682,937	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		6,870,947	0	6,870,947	73.00
76.00	03140 RADIOLOGY		1,282,409	0	1,282,409	76.00
76.97	07697 CARDIAC REHABILITATION		185,374	0	185,374	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		263,454	0	263,454	90.00
91.00	09100 EMERGENCY		3,772,596	0	3,772,596	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		2,648,177	0	2,648,177	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES		2,590,380	65	2,590,445	95.00
101.00	10100 HOME HEALTH AGENCY		1,524,628	0	1,524,628	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
116.00	11600 HOSPICE		349,914		349,914	116.00
200.00	Subtotal (see instructions)	0	71,049,380	52,861	71,102,241	200.00
201.00	Less Observation Beds		2,648,177		2,648,177	201.00
202.00	Total (see instructions)	0	68,401,203	52,861	68,454,064	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150069

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

Worksheet C
Part I
Date/Time Prepared:
5/18/2016 2:29 pm

		Title XIX			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	13,008,657		13,008,657		30.00
31.00	03100	INTENSIVE CARE UNIT	2,708,803		2,708,803		31.00
43.00	04300	NURSERY	1,406,264		1,406,264		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,266,793	19,782,593	27,049,386	0.185829	50.00
51.00	05100	RECOVERY ROOM	1,431,093	3,656,413	5,087,506	0.103142	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,584,118	3,939	1,588,057	0.379318	52.00
53.00	05300	ANESTHESIOLOGY	1,585,204	3,696,550	5,281,754	0.064942	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,283,776	5,456,880	6,740,656	0.730538	54.00
54.01	03630	ULTRA SOUND	245,601	1,579,478	1,825,079	0.136437	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	303,947	4,496,231	4,800,178	0.079964	54.02
55.00	03480	ONCOLOGY	67,263	5,198,033	5,265,296	0.483565	55.00
57.00	05700	CT SCAN	2,343,745	12,124,149	14,467,894	0.054924	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	270,822	4,283,787	4,554,609	0.105666	58.00
59.00	05900	CARDIAC CATHETERIZATION	598,988	2,182,791	2,781,779	0.141933	59.00
60.00	06000	LABORATORY	5,182,741	24,051,167	29,233,908	0.225446	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	801,331	706,261	1,507,592	0.267910	62.00
65.00	06500	RESPIRATORY THERAPY	4,649,597	1,194,809	5,844,406	0.191410	65.00
66.00	06600	PHYSICAL THERAPY	1,405,395	9,877,918	11,283,313	0.335969	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	69.00
69.01	03610	SLEEP LAB	0	1,518,650	1,518,650	0.239623	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,732,343	4,785,982	8,518,325	0.488325	71.00
71.01	07101	IV SOLUTIONS	1,417,541	1,107,150	2,524,691	0.053638	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,550,154	3,157,343	12,707,497	0.289824	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	27,930,913	30,685,894	58,616,807	0.117218	73.00
76.00	03140	CARDIOLOGY	1,855,446	7,551,730	9,407,176	0.136322	76.00
76.97	07697	CARDIAC REHABILITATION	679	615,773	616,452	0.300711	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,391	137,710	139,101	1.893976	90.00
91.00	09100	EMERGENCY	3,488,661	16,412,967	19,901,628	0.189562	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	566,624	1,844,016	2,410,640	1.098537	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	8,324	4,076,069	4,084,393	0.634214	95.00
101.00	10100	HOME HEALTH AGENCY	0	1,969,062	1,969,062		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	456,761	456,761		116.00
200.00		Subtotal (see instructions)	94,696,214	172,610,106	267,306,320		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	94,696,214	172,610,106	267,306,320		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150069

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

Worksheet C
Part I
Date/Time Prepared:
5/18/2016 2:29 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
INPATIENT ROUTINE SERVICE COST CENTERS		11.00			
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
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
53.00	05300 ANESTHESIOLOGY	0.000000			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	03630 ULTRA SOUND	0.000000			54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.000000			54.02
55.00	03480 ONCOLOGY	0.000000			55.00
57.00	05700 CT SCAN	0.000000			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000 LABORATORY	0.000000			60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
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
69.01	03610 SLEEP LAB	0.000000			69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
71.01	07101 IV SOLUTIONS	0.000000			71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000			73.00
76.00	03140 RADIOLOGY	0.000000			76.00
76.97	07697 CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000			90.00
91.00	09100 EMERGENCY	0.000000			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0.000000			95.00
101.00	10100 HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				113.00
116.00	11600 HOSPICE				116.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150069		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part I Date/Time Prepared: 5/18/2016 2:29 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	2,829,566	0	2,829,566	13,371	211.62	30.00
31.00	INTENSIVE CARE UNIT	162,609		162,609	1,440	112.92	31.00
43.00	NURSERY	123,483		123,483	1,194	103.42	43.00
200.00	Total (Lines 30-199)	3,115,658		3,115,658	16,005		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	6,313	1,335,957				
31.00	INTENSIVE CARE UNIT	918	103,661				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	7,231	1,439,618				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150069	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part II Date/Time Prepared: 5/18/2016 2:29 pm
--	--	----------------------	---	--

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	1,118,960	27,049,386	0.041367	3,293,753	136,253	50.00
51.00	05100	RECOVERY ROOM	89,720	5,087,506	0.017635	610,841	10,772	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,085	1,588,057	0.012018	0	0	52.00
53.00	05300	ANESTHESIOLOGY	24,504	5,281,754	0.004639	678,747	3,149	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	653,741	6,740,656	0.096985	910,373	88,293	54.00
54.01	03630	ULTRA SOUND	8,654	1,825,079	0.004742	135,577	643	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	37,728	4,800,178	0.007860	196,922	1,548	54.02
55.00	03480	ONCOLOGY	678,423	5,265,296	0.128848	44,277	5,705	55.00
57.00	05700	CT SCAN	79,287	14,467,894	0.005480	1,576,009	8,637	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	68,979	4,554,609	0.015145	168,317	2,549	58.00
59.00	05900	CARDIAC CATHETERIZATION	55,412	2,781,779	0.019920	323,738	6,449	59.00
60.00	06000	LABORATORY	479,033	29,233,908	0.016386	3,441,021	56,385	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	22,324	1,507,592	0.014808	429,877	6,366	62.00
65.00	06500	RESPIRATORY THERAPY	88,738	5,844,406	0.015183	3,426,765	52,029	65.00
66.00	06600	PHYSICAL THERAPY	824,437	11,283,313	0.073067	985,500	72,008	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0	0	69.00
69.01	03610	SLEEP LAB	52,014	1,518,650	0.034250	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	77,603	8,518,325	0.009110	1,672,761	15,239	71.00
71.01	07101	IV SOLUTIONS	5,043	2,524,691	0.001997	788,381	1,574	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	74,493	12,707,497	0.005862	5,199,734	30,481	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	300,880	58,616,807	0.005133	17,175,566	88,162	73.00
76.00	03140	CARDIOLOGY	343,396	9,407,176	0.036504	1,377,136	50,271	76.00
76.97	07697	CARDIAC REHABILITATION	40,776	616,452	0.066146	233	15	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	44,037	139,101	0.316583	51	16	90.00
91.00	09100	EMERGENCY	848,856	19,901,628	0.042653	2,067,811	88,198	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	592,744	2,410,640	0.245887	388,210	95,456	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	6,628,867	243,672,380		44,891,600	820,198	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150069		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part III Date/Time Prepared: 5/18/2016 2:29 pm	
Cost Center Description			Title XVIII		Hospital		PPS	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	13,371	0.00	6,313	0		30.00
31.00	03100	INTENSIVE CARE UNIT	1,440	0.00	918	0		31.00
43.00	04300	NURSERY	1,194	0.00	0	0		43.00
200.00		Total (lines 30-199)	16,005		7,231	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150069	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/18/2016 2:29 pm
--	----------------------	---------------------------------------	---

Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	221,825	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	54.02
55.00	03480	ONCOLOGY	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
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
69.01	03610	SLEEP LAB	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
71.01	07101	IV SOLUTIONS	0	0	0	0	71.01
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
76.00	03140	CARDIOLOGY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	221,825	0	95.00
200.00		Total (lines 50-199)	0	0	221,825	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150069	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/18/2016 2:29 pm
--	----------------------	---------------------------------------	---

Cost Center Description		Title XVIII			Hospital		PPS	
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	27,049,386	0.000000	0.000000	3,293,753	50.00
51.00	05100	RECOVERY ROOM	0	5,087,506	0.000000	0.000000	610,841	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,588,057	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	5,281,754	0.000000	0.000000	678,747	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	221,825	6,740,656	0.032909	0.032909	910,373	54.00
54.01	03630	ULTRA SOUND	0	1,825,079	0.000000	0.000000	135,577	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	4,800,178	0.000000	0.000000	196,922	54.02
55.00	03480	ONCOLOGY	0	5,265,296	0.000000	0.000000	44,277	55.00
57.00	05700	CT SCAN	0	14,467,894	0.000000	0.000000	1,576,009	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	4,554,609	0.000000	0.000000	168,317	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,781,779	0.000000	0.000000	323,738	59.00
60.00	06000	LABORATORY	0	29,233,908	0.000000	0.000000	3,441,021	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,507,592	0.000000	0.000000	429,877	62.00
65.00	06500	RESPIRATORY THERAPY	0	5,844,406	0.000000	0.000000	3,426,765	65.00
66.00	06600	PHYSICAL THERAPY	0	11,283,313	0.000000	0.000000	985,500	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0.000000	0	69.00
69.01	03610	SLEEP LAB	0	1,518,650	0.000000	0.000000	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,518,325	0.000000	0.000000	1,672,761	71.00
71.01	07101	IV SOLUTIONS	0	2,524,691	0.000000	0.000000	788,381	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	12,707,497	0.000000	0.000000	5,199,734	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	58,616,807	0.000000	0.000000	17,175,566	73.00
76.00	03140	CARDIOLOGY	0	9,407,176	0.000000	0.000000	1,377,136	76.00
76.97	07697	CARDIAC REHABILITATION	0	616,452	0.000000	0.000000	233	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	139,101	0.000000	0.000000	51	90.00
91.00	09100	EMERGENCY	0	19,901,628	0.000000	0.000000	2,067,811	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,410,640	0.000000	0.000000	388,210	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	221,825	243,672,380			44,891,600	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150069	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/18/2016 2:29 pm
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	7,673,472	0	50.00
51.00	05100 RECOVERY ROOM	0	871,947	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	876,359	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	29,959	1,647,382	54,214	54.00
54.01	03630 ULTRA SOUND	0	284,948	0	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	2,067,659	0	54.02
55.00	03480 ONCOLOGY	0	2,518,957	0	55.00
57.00	05700 CT SCAN	0	4,285,764	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	1,380,050	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	1,016,196	0	59.00
60.00	06000 LABORATORY	0	2,804,375	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	245,427	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	371,523	0	65.00
66.00	06600 PHYSICAL THERAPY	0	3,319	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
69.01	03610 SLEEP LAB	0	521,604	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	941,429	0	71.00
71.01	07101 IV SOLUTIONS	0	295,175	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	1,538,602	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	13,064,555	0	73.00
76.00	03140 RADIOLOGY	0	3,579,501	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	264,955	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	14,674	0	90.00
91.00	09100 EMERGENCY	0	3,940,064	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	632,597	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	29,959	50,840,534	54,214	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150069	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/18/2016 2:29 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0.185829	7,673,472	0	0	1,425,954	50.00	
51.00 05100 RECOVERY ROOM	0.103142	871,947	0	0	89,934	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.379318	0	0	0	0	52.00	
53.00 05300 ANESTHESIOLOGY	0.064942	876,359	0	0	56,913	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.730538	1,647,382	0	0	1,203,475	54.00	
54.01 03630 ULTRA SOUND	0.136437	284,948	0	0	38,877	54.01	
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.079964	2,067,659	0	0	165,338	54.02	
55.00 03480 ONCOLOGY	0.483565	2,518,957	0	10	1,218,079	55.00	
57.00 05700 CT SCAN	0.054924	4,285,764	0	0	235,391	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.105666	1,380,050	0	0	145,824	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0.141933	1,016,196	0	0	144,232	59.00	
60.00 06000 LABORATORY	0.225446	2,804,375	1,880	0	632,235	60.00	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.267910	245,427	0	0	65,752	62.00	
65.00 06500 RESPIRATORY THERAPY	0.191410	371,523	0	0	71,113	65.00	
66.00 06600 PHYSICAL THERAPY	0.335969	3,319	0	0	1,115	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00	
69.01 03610 SLEEP LAB	0.239623	521,604	0	0	124,988	69.01	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.488325	941,429	0	0	459,723	71.00	
71.01 07101 IV SOLUTIONS	0.053638	295,175	0	0	15,833	71.01	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.289824	1,538,602	0	0	445,924	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0.117218	13,064,555	0	30,770	1,531,401	73.00	
76.00 03140 RADIOLOGY	0.136322	3,579,501	0	0	487,965	76.00	
76.97 07697 CARDIAC REHABILITATION	0.300711	264,955	0	0	79,675	76.97	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	1.893976	14,674	0	0	27,792	90.00	
91.00 09100 EMERGENCY	0.189562	3,940,064	0	23	746,886	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.098537	632,597	0	0	694,931	92.00	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0.634214		0			95.00	
200.00	Subtotal (see instructions)		50,840,534	1,880	30,803	10,109,350	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		50,840,534	1,880	30,803	10,109,350	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150069	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/18/2016 2:29 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 03630 ULTRA SOUND	0	0		54.01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0		54.02
55.00 03480 ONCOLOGY	0	5		55.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	424	0		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
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
69.01 03610 SLEEP LAB	0	0		69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
71.01 07101 IV SOLUTIONS	0	0		71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	3,607		73.00
76.00 03140 RADIOLOGY	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	4		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	424	3,616		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	424	3,616		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150069	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/18/2016 2:29 pm
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.185829	0	0	3,804,327	0
51.00 05100 RECOVERY ROOM	0.103142	0	0	788,610	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.379318	0	0	5,023	0
53.00 05300 ANESTHESIOLOGY	0.064942	0	0	761,529	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.730538	0	0	992,542	0
54.01 03630 ULTRA SOUND	0.136437	0	0	426,902	0
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.079964	0	0	414,584	0
55.00 03480 ONCOLOGY	0.483565	0	0	330,781	0
57.00 05700 CT SCAN	0.054924	0	0	1,839,329	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.105666	0	0	758,873	0
59.00 05900 CARDIAC CATHETERIZATION	0.141933	0	0	294,740	0
60.00 06000 LABORATORY	0.225446	0	0	4,187,429	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.267910	0	0	88,652	0
65.00 06500 RESPIRATORY THERAPY	0.191410	0	0	213,731	0
66.00 06600 PHYSICAL THERAPY	0.335969	0	0	1,443,948	0
67.00 06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0
69.01 03610 SLEEP LAB	0.239623	0	0	257,743	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.488325	0	0	58,450	0
71.01 07101 IV SOLUTIONS	0.053638	0	0	205,201	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.289824	0	0	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.117218	0	0	3,245,631	0
76.00 03140 RADIOLOGY	0.136322	0	0	857,682	0
76.97 07697 CARDIAC REHABILITATION	0.300711	0	0	15,771	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	1.893976	0	0	10,970	0
91.00 09100 EMERGENCY	0.189562	0	0	5,186,663	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.098537	0	0	1,161,807	0
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0.634214	0	0		95.00
200.00	Subtotal (see instructions)	0	0	27,350,918	0
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	27,350,918	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150069	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/18/2016 2:29 pm
		Title XIX	Hospital	Cost

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	706,954	50.00
51.00	05100 RECOVERY ROOM	0	81,339	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	1,905	52.00
53.00	05300 ANESTHESIOLOGY	0	49,455	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	725,090	54.00
54.01	03630 ULTRA SOUND	0	58,245	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	33,152	54.02
55.00	03480 ONCOLOGY	0	159,954	55.00
57.00	05700 CT SCAN	0	101,023	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	80,187	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	41,833	59.00
60.00	06000 LABORATORY	0	944,039	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	23,751	62.00
65.00	06500 RESPIRATORY THERAPY	0	40,910	65.00
66.00	06600 PHYSICAL THERAPY	0	485,122	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
69.01	03610 SLEEP LAB	0	61,761	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	28,543	71.00
71.01	07101 IV SOLUTIONS	0	11,007	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	380,446	73.00
76.00	03140 RADIOLOGY	0	116,921	76.00
76.97	07697 CARDIAC REHABILITATION	0	4,743	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	20,777	90.00
91.00	09100 EMERGENCY	0	983,194	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,276,288	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0		95.00
200.00	Subtotal (see instructions)	0	6,416,639	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	6,416,639	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150069	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/18/2016 2:29 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		13,371	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		13,371	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)		10,570	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)		6,313	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)		12,641,522	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)		12,641,522	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)		12,641,522	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)		945.44	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,968,563	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)		5,968,563	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150069		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/18/2016 2:29 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	1,701,950	1,440	1,181.91	918	1,084,993		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					8,860,049		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					15,913,605		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,439,618		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					850,157		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,289,775		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					13,623,830		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					2,801		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					945.44		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,648,177		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150069		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/18/2016 2:29 pm	
		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	2,829,566	12,641,522	0.223831	2,648,177	592,744	90.00
91.00	Nursing School cost	0	12,641,522	0.000000	2,648,177	0	91.00
92.00	Allied health cost	0	12,641,522	0.000000	2,648,177	0	92.00
93.00	All other Medical Education	0	12,641,522	0.000000	2,648,177	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150069	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/18/2016 2:29 pm
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		13,371	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		13,371	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)		10,570	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)		1,420	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)		1,194	15.00
16.00	Nursery days (title V or XIX only)		354	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)		12,641,522	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)		12,641,522	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)		12,641,522	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)		945.44	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,342,525	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)		1,342,525	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150069		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
Title XIX		Hospital		Cost			
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	701,293	1,194	587.35	354	207,922		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	1,701,950	1,440	1,181.91	129	152,466		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,722,111		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,425,024		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)						2,801	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						945.44	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						2,648,177	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150069		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/18/2016 2:29 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,829,566	12,641,522	0.223831	2,648,177	592,744	90.00
91.00	Nursing School cost	0	12,641,522	0.000000	2,648,177	0	91.00
92.00	Allied health cost	0	12,641,522	0.000000	2,648,177	0	92.00
93.00	All other Medical Education	0	12,641,522	0.000000	2,648,177	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150069	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/18/2016 2:29 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		6,587,645	30.00
31.00	03100	INTENSIVE CARE UNIT		1,699,490	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.185829	3,293,753	50.00
51.00	05100	RECOVERY ROOM	0.103142	610,841	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.379318	0	52.00
53.00	05300	ANESTHESIOLOGY	0.064942	678,747	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.730538	910,373	54.00
54.01	03630	ULTRA SOUND	0.136437	135,577	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.079964	196,922	54.02
55.00	03480	ONCOLOGY	0.483565	44,277	55.00
57.00	05700	CT SCAN	0.054924	1,576,009	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.105666	168,317	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.141933	323,738	59.00
60.00	06000	LABORATORY	0.227236	3,441,021	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.267910	429,877	62.00
65.00	06500	RESPIRATORY THERAPY	0.191410	3,426,765	65.00
66.00	06600	PHYSICAL THERAPY	0.335969	985,500	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	69.00
69.01	03610	SLEEP LAB	0.239919	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.488325	1,672,761	71.00
71.01	07101	IV SOLUTIONS	0.053638	788,381	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.289824	5,199,734	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.117218	17,175,566	73.00
76.00	03140	CARDIOLOGY	0.136322	1,377,136	76.00
76.97	07697	CARDIAC REHABILITATION	0.300711	233	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.893976	51	90.00
91.00	09100	EMERGENCY	0.189562	2,067,811	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.098537	388,210	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		44,891,600	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)		44,891,600	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150069	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/18/2016 2:29 pm	
Cost Center Description		Title XIX	Hospital	Cost	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		2,034,580	30.00
31.00	03100	INTENSIVE CARE UNIT		235,211	31.00
43.00	04300	NURSERY		804,390	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.185829	1,704,527	50.00
51.00	05100	RECOVERY ROOM	0.103142	225,642	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.379318	802,554	52.00
53.00	05300	ANESTHESIOLOGY	0.064942	245,161	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.730538	136,754	54.00
54.01	03630	ULTRA SOUND	0.136437	42,825	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.079964	22,347	54.02
55.00	03480	ONCOLOGY	0.483565	17,968	55.00
57.00	05700	CT SCAN	0.054924	316,908	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.105666	40,397	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.141933	14,121	59.00
60.00	06000	LABORATORY	0.225446	814,039	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.267910	78,240	62.00
65.00	06500	RESPIRATORY THERAPY	0.191410	395,779	65.00
66.00	06600	PHYSICAL THERAPY	0.335969	86,706	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	69.00
69.01	03610	SLEEP LAB	0.239623	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.488325	120,369	71.00
71.01	07101	IV SOLUTIONS	0.053638	216,606	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.289824	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.117218	3,714,489	73.00
76.00	03140	CARDIOLOGY	0.136322	163,210	76.00
76.97	07697	CARDIAC REHABILITATION	0.300711	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.893976	0	90.00
91.00	09100	EMERGENCY	0.189562	445,344	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.098537	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		9,603,986	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		9,603,986	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150069	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/18/2016 2:29 pm
		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)		9,195,171	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		2,704,316	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)		143,193	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		74.21	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.98	30.00
31.00	Percentage of Medicaid patient days (see instructions)		20.19	31.00
32.00	Sum of lines 30 and 31		25.17	32.00
33.00	Allowable disproportionate share percentage (see instructions)		9.98	33.00
34.00	Disproportionate share adjustment (see instructions)		296,893	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150069	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/18/2016 2:29 pm	
		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)		7,647,644,885	6,406,145,534	35.00
35.01	Factor 3 (see instructions)		0.000086283	0.000087360	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		659,862	559,643	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		493,540	140,675	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		634,215		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)		12,973,788		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		13,243,737		48.00
49.00	Total payment for inpatient operating costs (see instructions)		13,243,737		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		995,932		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		14,510		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		29,959		58.00
59.00	Total (sum of amounts on lines 49 through 58)		14,284,138		59.00
60.00	Primary payer payments		6,071		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		14,278,067		61.00
62.00	Deductibles billed to program beneficiaries		1,516,116		62.00
63.00	Coinurance billed to program beneficiaries		40,624		63.00
64.00	Allowable bad debts (see instructions)		185,018		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		120,262		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		73,678		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		12,841,589		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		18,712		70.93
70.94	HRR adjustment amount (see instructions)		-42,836		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150069	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/18/2016 2:29 pm	
		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)		12,817,465		71.00
71.01	Sequestration adjustment (see instructions)		256,349		71.01
72.00	Interim payments		12,784,970		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)		-223,854		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)		664,820		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

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150069

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/18/2016 2:29 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	9,195,171	0	9,898,771	0	9,898,771	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	2,704,316	0	0	3,351,526	3,351,526	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	143,193	0	133,433	9,760	143,193	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0998	0.0998	0.0998	0.0998		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	296,893	0	213,272	83,621	296,893	11.00
11.01	Uncompensated care payments	36.00	634,215	0	493,540	140,675	634,215	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	12,973,788	0	9,388,206	3,585,582	12,973,788	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	13,243,737	0	9,898,771	3,351,526	13,250,297	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	13,243,737	0	9,892,211	3,351,526	13,243,737	15.00
16.00	Payment for inpatient program capital	50.00	995,932	0	772,400	223,532	995,932	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	0	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150069

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/18/2016 2:29 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	10,664,611	3,575,058	14,239,669	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	948,139	0	731,344	216,795	948,139	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	47,793	0	41,056	6,737	47,793	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	995,932	0	772,400	223,532	995,932	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5			Provider CCN: 150069	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/18/2016 2:29 pm	
			Title XVIII	Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)	
	0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00				1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	9,195,171	9,195,171		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	2,704,316		2,704,316	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	143,193	133,433	9,759	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	4.00
Indirect Medical Education Adjustment						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA						
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	9.01
Disproportionate Share Adjustment						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0998	0.0998	0.0998	10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	296,893	229,420	67,473	11.00
11.01	Uncompensated care payments	36.00	634,215	493,540	140,675	11.01
Additional payment for high percentage of ESRD beneficiary discharges						
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	12,973,788	10,051,565	2,922,223	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	13,243,737	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	13,243,737	13,243,737	0	15.00
16.00	Payment for inpatient program capital	50.00	995,932	779,137	216,795	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	18.00
19.00	SUBTOTAL			14,022,874	216,795	14,239,669

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 150069	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/18/2016 2:29 pm
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	948,139	731,344	216,795	948,139	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	47,793	47,793	0	47,793	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	995,932	779,137	216,795	995,932	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	18,712	7,345	11,367	18,712	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-42,836	-19,309	-23,527	-42,836	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150069	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/18/2016 2:29 pm
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		4,040	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		10,055,136	2.00
3.00	PPS payments		11,110,580	3.00
4.00	Outlier payment (see instructions)		34,231	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		54,214	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		4,040	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		32,683	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)		32,683	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)		32,683	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		28,643	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)		4,040	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)		11,199,025	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,391,344	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)		8,811,721	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)		8,811,721	30.00
31.00	Primary payer payments		2,183	31.00
32.00	Subtotal (line 30 minus line 31)		8,809,538	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)		396,243	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		257,558	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		290,422	36.00
37.00	Subtotal (see instructions)		9,067,096	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-38	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		9,067,134	40.00
40.01	Sequestration adjustment (see instructions)		181,343	40.01
41.00	Interim payments		8,845,001	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		40,790	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150069

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

Worksheet E-1
Part I
Date/Time Prepared:
5/18/2016 2:29 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		12,784,970		8,812,401	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	ADJUSTMENTS TO PROVIDER		0	07/17/2015	32,600	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		32,600	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)		12,784,970		8,845,001	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		40,790	6.01	
6.02	SETTLEMENT TO PROGRAM		223,854		0	6.02	
7.00	Total Medicare program liability (see instructions)		12,561,116		8,885,791	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: 150069

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

Worksheet E-1
Part II
Date/Time Prepared:
5/18/2016 2:29 pm

Title XVIII		Hospital	PPS
			1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS			
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION			
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	3,220	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	7,231	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	734	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	12,010	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	267,306,320	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	1,716,714	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)	805,740	8.00
9.00	Sequestration adjustment amount (see instructions)	16,115	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	789,625	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH			
30.00	Initial/interim HIT payment adjustment (see instructions)	755,269	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)	34,356	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150069	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part VII Date/Time Prepared: 5/18/2016 2:29 pm	
		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		3,425,024		1.00
2.00	Medical and other services			6,416,639	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		3,425,024	6,416,639	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)		3,425,024	6,416,639	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		9,603,986	27,350,918	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)		9,603,986	27,350,918	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)		9,603,986	27,350,918	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		6,178,962	20,934,279	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)		3,425,024	6,416,639	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)		3,425,024	6,416,639	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)		3,425,024	6,416,639	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		3,425,024	6,416,639	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		3,425,024	6,416,639	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)		3,425,024	6,416,639	40.00
41.00	Interim payments		3,313,992	6,221,004	41.00
42.00	Balance due provider/program (line 40 minus line 41)		111,032	195,635	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: 150069

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

Worksheet G

Date/Time Prepared:
5/18/2016 2:29 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	16,607,672	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	12,214,616	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	2,580,826	0	0	0	7.00
8.00	Prepaid expenses	1,651,346	0	0	0	8.00
9.00	Other current assets	173,898	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	33,228,358	0	0	0	11.00
FIXED ASSETS						
12.00	Land	4,937,784	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	119,152,734	0	0	0	15.00
16.00	Accumulated depreciation	-22,584,024	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	1,199,766	0	0	0	21.00
22.00	Accumulated depreciation	-1,011,813	0	0	0	22.00
23.00	Major movable equipment	61,661,998	0	0	0	23.00
24.00	Accumulated depreciation	-38,399,490	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)	124,956,955	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	90,783,631	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	90,783,631	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	248,968,944	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	2,506,516	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	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	11,560,951	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	14,067,467	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	95,261,235	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	1,307,645	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	96,568,880	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	110,636,347	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	138,332,597	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	138,332,597	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	248,968,944	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150069

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

Worksheet G-1

Date/Time Prepared:
5/18/2016 2:29 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		126,434,134			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		11,898,463				2.00
3.00	Total (sum of line 1 and line 2)		138,332,597			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)		138,332,597			0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		138,332,597			0	19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150069

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/18/2016 2:29 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	17,845,655		17,845,655	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	17,845,655		17,845,655	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	3,019,443		3,019,443	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	3,019,443		3,019,443	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	20,865,098		20,865,098	17.00
18.00	Ancillary services	73,826,750	150,115,795	223,942,545	18.00
19.00	Outpatient services	3,527,172	20,826,260	24,353,432	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		2,020,340	2,020,340	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	456,761	456,761	26.00
27.00	PRO FEES	3,140	81,008,524	81,011,664	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	98,222,160	254,427,680	352,649,840	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		120,963,444		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		120,963,444		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150069

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

Worksheet G-3

Date/Time Prepared:
5/18/2016 2:29 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	352,649,840	1.00
2.00	Less contractual allowances and discounts on patients' accounts	219,823,255	2.00
3.00	Net patient revenues (line 1 minus line 2)	132,826,585	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	120,963,444	4.00
5.00	Net income from service to patients (line 3 minus line 4)	11,863,141	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	499,146	6.00
7.00	Income from investments	1,831,744	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	332,066	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	181,867	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	69,600	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER NONPATIENT REVENUE	101,892	24.00
24.01	GAIN/LOSS ON SALE	780,563	24.01
24.02	OTHER NONPATIENT OP REVENUE	106,654	24.02
25.00	Total other income (sum of lines 6-24)	3,903,532	25.00
26.00	Total (line 5 plus line 25)	15,766,673	26.00
27.00	GAIN/LOSS ON SALE	3,868,210	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	3,868,210	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	11,898,463	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150069

Period: From 01/01/2015

Worksheet H

HHA CCN: 157141

To 12/31/2015

Date/Time Prepared: 5/18/2016 2:29 pm

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	264,377	0	0	12,208	276,585	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	349,304	0	36,820	0	386,124	6.00
7.00	Physical Therapy	197,266	0	21,246	0	218,512	7.00
8.00	Occupational Therapy	47,168	0	5,063	0	52,231	8.00
9.00	Speech Pathology	1,212	0	178	0	1,390	9.00
10.00	Medical Social Services	0	0	76	0	76	10.00
11.00	Home Health Aide	44,331	0	11,840	0	56,171	11.00
12.00	Supplies (see instructions)	0	0	0	882	882	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	903,658	0	75,223	13,090	991,971	24.00
	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	0	276,585	0	276,585		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	386,124	0	386,124		6.00
7.00	Physical Therapy	0	218,512	0	218,512		7.00
8.00	Occupational Therapy	0	52,231	0	52,231		8.00
9.00	Speech Pathology	0	1,390	0	1,390		9.00
10.00	Medical Social Services	391	467	0	467		10.00
11.00	Home Health Aide	0	56,171	0	56,171		11.00
12.00	Supplies (see instructions)	0	882	0	882		12.00
13.00	Drugs	0	0	0	0		13.00
14.00	DME	0	0	0	0		14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	0	0	0		23.00
24.00	Total (sum of lines 1-23)	391	992,362	0	992,362		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: 150069	Period: From 01/01/2015 To 12/31/2015	Worksheet H-1 Part I Date/Time Prepared: 5/18/2016 2:29 pm
		HHA CCN: 157141	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	0		0		0	2.00	
3.00	Plant Operation & Maintenance	0	0	0		0	3.00	
4.00	Transportation	0	0	0	0	0	4.00	
5.00	Administrative and General	276,585	0	0	0	276,585	5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	386,124	0	0	0	386,124	6.00	
7.00	Physical Therapy	218,512	0	0	0	218,512	7.00	
8.00	Occupational Therapy	52,231	0	0	0	52,231	8.00	
9.00	Speech Pathology	1,390	0	0	0	1,390	9.00	
10.00	Medical Social Services	467	0	0	0	467	10.00	
11.00	Home Health Aide	56,171	0	0	0	56,171	11.00	
12.00	Supplies (see instructions)	882	0	0	0	882	12.00	
13.00	Drugs	0	0	0	0	0	13.00	
14.00	DME	0	0	0	0	0	14.00	
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	23.00	
24.00	Total (sum of lines 1-23)	992,362	0	0	0	992,362	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	276,585					5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	149,203	535,327				6.00	
7.00	Physical Therapy	84,436	302,948				7.00	
8.00	Occupational Therapy	20,183	72,414				8.00	
9.00	Speech Pathology	537	1,927				9.00	
10.00	Medical Social Services	180	647				10.00	
11.00	Home Health Aide	21,705	77,876				11.00	
12.00	Supplies (see instructions)	341	1,223				12.00	
13.00	Drugs	0	0				13.00	
14.00	DME	0	0				14.00	
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0				15.00	
16.00	Respiratory Therapy	0	0				16.00	
17.00	Private Duty Nursing	0	0				17.00	
18.00	Clinic	0	0				18.00	
19.00	Health Promotion Activities	0	0				19.00	
20.00	Day Care Program	0	0				20.00	
21.00	Home Delivered Meals Program	0	0				21.00	
22.00	Homemaker Service	0	0				22.00	
23.00	All Others (specify)	0	0				23.00	
24.00	Total (sum of lines 1-23)		992,362				24.00	

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 150069 HHA CCN: 157141	Period: From 01/01/2015 To 12/31/2015	Worksheet H-1 Part II Date/Time Prepared: 5/18/2016 2:29 pm
			Home Health Agency I	PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-276,585	715,777
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	386,124
7.00	Physical Therapy	0	0	0	0	0	218,512
8.00	Occupational Therapy	0	0	0	0	0	52,231
9.00	Speech Pathology	0	0	0	0	0	1,390
10.00	Medical Social Services	0	0	0	0	0	467
11.00	Home Health Aide	0	0	0	0	0	56,171
12.00	Supplies (see instructions)	0	0	0	0	0	882
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-276,585	715,777
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		276,585
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.386412

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150069

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

Worksheet H-2 Part I

HHA CCN: 157141

Home Health Agency I

Date/Time Prepared: 5/18/2016 2:29 pm

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		NEW BLDG & FIXT	NEW BLDG & FIXT HHA/HO	NEW MVBLE EQUIP			
		0	1.00	1.01			
1.00 Administrative and General	0	0	18,881	0	56,862	75,743	1.00
2.00 Skilled Nursing Care	535,327	0	0	0	75,129	610,456	2.00
3.00 Physical Therapy	302,948	0	0	0	42,428	345,376	3.00
4.00 Occupational Therapy	72,414	0	0	0	10,145	82,559	4.00
5.00 Speech Pathology	1,927	0	0	0	261	2,188	5.00
6.00 Medical Social Services	647	0	0	0	84	731	6.00
7.00 Home Health Aide	77,876	0	0	0	9,535	87,411	7.00
8.00 Supplies (see instructions)	1,223	0	0	0	0	1,223	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)	992,362	0	18,881	0	194,444	1,205,687	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.						0.000000	21.00
Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
	5.00	7.00	8.00	9.00	10.00	11.00	
1.00 Administrative and General	16,004	59,223	0	0	0	0	1.00
2.00 Skilled Nursing Care	128,985	0	0	0	0	0	2.00
3.00 Physical Therapy	72,975	0	0	0	0	0	3.00
4.00 Occupational Therapy	17,444	0	0	0	0	0	4.00
5.00 Speech Pathology	462	0	0	0	0	0	5.00
6.00 Medical Social Services	154	0	0	0	0	0	6.00
7.00 Home Health Aide	18,469	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	258	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)	254,751	59,223	0	0	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150069

Period: From 01/01/2015

Worksheet H-2

HHA CCN: 157141

To 12/31/2015

Part I
Date/Time Prepared:
5/18/2016 2:29 pm

Home Health Agency I

PPS

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		13.00	14.00	15.00	16.00	17.00	19.00	
1.00	Administrative and General	0	0	0	0	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	4,967	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	4,967	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		RADIOLOGY SCHOOL	HUB SITE - 3RD YEAR MED STUDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	
		23.00	23.01	24.00	25.00	26.00	27.00	
1.00	Administrative and General	0	0	150,970	0	150,970	0	1.00
2.00	Skilled Nursing Care	0	0	739,441	0	739,441	81,267	2.00
3.00	Physical Therapy	0	0	418,351	0	418,351	45,978	3.00
4.00	Occupational Therapy	0	0	100,003	0	100,003	10,991	4.00
5.00	Speech Pathology	0	0	2,650	0	2,650	291	5.00
6.00	Medical Social Services	0	0	885	0	885	97	6.00
7.00	Home Health Aide	0	0	105,880	0	105,880	11,637	7.00
8.00	Supplies (see instructions)	0	0	6,448	0	6,448	709	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	1,524,628	0	1,524,628	150,970	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.						0.109904	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: 150069

Period:

Worksheet H-2

HHA CCN: 157141

From 01/01/2015

Part I

To 12/31/2015

Date/Time Prepared:

Home Health Agency I

PPS

Cost Center Description		Total HHA Costs		
		28.00		
1.00	Administrative and General			1.00
2.00	Skilled Nursing Care	820,708		2.00
3.00	Physical Therapy	464,329		3.00
4.00	Occupational Therapy	110,994		4.00
5.00	Speech Pathology	2,941		5.00
6.00	Medical Social Services	982		6.00
7.00	Home Health Aide	117,517		7.00
8.00	Supplies (see instructions)	7,157		8.00
9.00	Drugs	0		9.00
10.00	DME	0		10.00
11.00	Home Dialysis Aide Services	0		11.00
12.00	Respiratory Therapy	0		12.00
13.00	Private Duty Nursing	0		13.00
14.00	Clinic	0		14.00
15.00	Health Promotion Activities	0		15.00
16.00	Day Care Program	0		16.00
17.00	Home Delivered Meals Program	0		17.00
18.00	Homemaker Service	0		18.00
19.00	All Others (specify)	0		19.00
20.00	Total (sum of lines 1-19) (2)	1,524,628		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 STATISTICAL BASIS

Provider CCN: 150069
HHA CCN: 157141

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

Worksheet H-2 Part II
Date/Time Prepared: 5/18/2016 2:29 pm

Home Health Agency I PPS

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT HHA/HO (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
	1.00	1.01	2.00				
1.00 Administrative and General	0	2,748	2,748	264,377	0	75,743	1.00
2.00 Skilled Nursing Care	0	0	0	349,304	0	610,456	2.00
3.00 Physical Therapy	0	0	0	197,266	0	345,376	3.00
4.00 Occupational Therapy	0	0	0	47,168	0	82,559	4.00
5.00 Speech Pathology	0	0	0	1,212	0	2,188	5.00
6.00 Medical Social Services	0	0	0	391	0	731	6.00
7.00 Home Health Aide	0	0	0	44,331	0	87,411	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	1,223	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	2,748	2,748	904,049	0	1,205,687	20.00
21.00 Total cost to be allocated	0	18,881	0	194,444	0	254,751	21.00
22.00 Unit cost multiplier	0.000000	6.870815	0.000000	0.215081	0	0.211291	22.00

Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
	7.00	8.00	9.00	10.00	11.00	13.00	
	1.00 Administrative and General	2,748	0	0	0	0	
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)	2,748	0	0	0	0	0	20.00
21.00 Total cost to be allocated	59,223	0	0	0	0	0	21.00
22.00 Unit cost multiplier	21.551310	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 150069 HHA CCN: 157141	Period: From 01/01/2015 To 12/31/2015	Worksheet H-2 Part II Date/Time Prepared: 5/18/2016 2:29 pm
---	---	---	--

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	RADIOLOGY SCHOOL (ASSIGNED TIME)	
		14.00	15.00	16.00	17.00	19.00	23.00	
1.00	Administrative and General	0	0	0	0	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)	2,068	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)	2,068	0	0	0	0	0	20.00
21.00	Total cost to be allocated	4,967	0	0	0	0	0	21.00
22.00	Unit cost multiplier	2.401838	0.000000	0.000000	0.000000	0.000000	0.000000	22.00
Cost Center Description		HUB SITE - 3RD YEAR MED STUDENTS (ASSIGNED TIME)						
		23.01						
1.00	Administrative and General	0						1.00
2.00	Skilled Nursing Care	0						2.00
3.00	Physical Therapy	0						3.00
4.00	Occupational Therapy	0						4.00
5.00	Speech Pathology	0						5.00
6.00	Medical Social Services	0						6.00
7.00	Home Health Aide	0						7.00
8.00	Supplies (see instructions)	0						8.00
9.00	Drugs	0						9.00
10.00	DME	0						10.00
11.00	Home Dialysis Aide Services	0						11.00
12.00	Respiratory Therapy	0						12.00
13.00	Private Duty Nursing	0						13.00
14.00	Clinic	0						14.00
15.00	Health Promotion Activities	0						15.00
16.00	Day Care Program	0						16.00
17.00	Home Delivered Meals Program	0						17.00
18.00	Homemaker Service	0						18.00
19.00	All Others (specify)	0						19.00
20.00	Total (sum of lines 1-19)	0						20.00
21.00	Total cost to be allocated	0						21.00
22.00	Unit cost multiplier	0.000000						22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150069	Period: From 01/01/2015 To 12/31/2015	Worksheet H-3 Part I Date/Time Prepared: 5/18/2016 2:29 pm
		HHA CCN: 157141	Title XVIII	Home Health Agency I PPS

Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)
	0	1.00	2.00	3.00	4.00	5.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	820,708		820,708	4,200	195.41	1.00
2.00	Physical Therapy	3.00	464,329	0	464,329	3,051	152.19	2.00
3.00	Occupational Therapy	4.00	110,994	0	110,994	604	183.76	3.00
4.00	Speech Pathology	5.00	2,941	0	2,941	14	210.07	4.00
5.00	Medical Social Services	6.00	982		982	1	982.00	5.00
6.00	Home Health Aide	7.00	117,517		117,517	1,693	69.41	6.00
7.00	Total (sum of lines 1-6)		1,517,471	0	1,517,471	9,563		7.00

Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits		Ratio (col. 3 ÷ col. 4)
				Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
	0	1.00	2.00	3.00	4.00	5.00

Limitation Cost Computation								
8.00	Skilled Nursing Care		50031	0	2,713			8.00
8.01	Skilled Nursing Care		50034	0	1			8.01
9.00	Physical Therapy		50031	0	2,213			9.00
9.01	Physical Therapy		50034	0	35			9.01
10.00	Occupational Therapy		50031	0	443			10.00
10.01	Occupational Therapy		50034	0	3			10.01
11.00	Speech Pathology		50031	0	8			11.00
11.01	Speech Pathology		50034	0	0			11.01
12.00	Medical Social Services		50031	0	1			12.00
12.01	Medical Social Services		50034	0	0			12.01
13.00	Home Health Aide		50031	0	1,311			13.00
13.01	Home Health Aide		50034	0	0			13.01
14.00	Total (sum of lines 8-13)			0	6,728			14.00

Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 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	7,157	0	7,157	0	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

Cost Center Description	Part A	Program Visits		Part A	Part B	Ratio (col. 3 ÷ col. 4)
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			
		Cost of Services	Cost of Services			
	6.00	7.00	8.00	9.00	10.00	11.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	0	2,714		0	530,343		1.00
2.00	Physical Therapy	0	2,248		0	342,123		2.00
3.00	Occupational Therapy	0	446		0	81,957		3.00
4.00	Speech Pathology	0	8		0	1,681		4.00
5.00	Medical Social Services	0	1		0	982		5.00
6.00	Home Health Aide	0	1,311		0	90,997		6.00
7.00	Total (sum of lines 1-6)	0	6,728		0	1,048,083		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 150069
HHA CCN: 157141

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

Worksheet H-3
Part I
Date/Time Prepared:
5/18/2016 2:29 pm
PPS

Title XVII I

Home Health Agency I

Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
14.00	Total (sum of lines 8-13)							14.00
Cost Center Description		Program Covered Charges			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	0	0	0	0	0	15.00
16.00	Cost of Drugs		0	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	530,343						1.00
2.00	Physical Therapy	342,123						2.00
3.00	Occupational Therapy	81,957						3.00
4.00	Speech Pathology	1,681						4.00
5.00	Medical Social Services	982						5.00
6.00	Home Health Aide	90,997						6.00
7.00	Total (sum of lines 1-6)	1,048,083						7.00
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150069 HHA CCN: 157141	Period: From 01/01/2015 To 12/31/2015	Worksheet H-3 Part II Date/Time Prepared: 5/18/2016 2:29 pm
			Title XVIII	Home Health Agency I

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
	0	1.00	2.00	3.00	4.00	
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00	Physical Therapy	66.00	0.335969	0	0	col. 2, line 2.00 1.00
2.00	Occupational Therapy	67.00	0.000000	0	0	col. 2, line 3.00 2.00
3.00	Speech Pathology	68.00	0.000000	0	0	col. 2, line 4.00 3.00
4.00	Cost of Medical Supplies	71.00	0.488325	0	0	col. 2, line 15.00 4.00
4.01	Cost of Medical Supplies 1	71.01	0.053638	0	0	col. 2, line 15.01 4.01
5.00	Cost of Drugs	73.00	0.117218	0	0	col. 2, line 16.00 5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 150069 HHA CCN: 157141	Period: From 01/01/2015 To 12/31/2015	Worksheet H-4 Part I-II Date/Time Prepared: 5/18/2016 2:29 pm
		Title XVII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	2.00
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	3.00
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	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	8.00
9.00	Primary payer amounts	0	2,940	9.00
			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	-2,940
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	928,228
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	28,815
13.00	Total PPS Reimbursement - LUPA Episodes		0	11,963
14.00	Total PPS Reimbursement - PEP Episodes		0	14,077
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	5,005
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	985,148
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	985,148
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	985,148
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	985,148
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
31.00	Subtotal (see instructions)		0	985,148
31.01	Sequestration adjustment (see instructions)		0	19,703
32.00	Interim payments (see instructions)		0	965,444
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	1
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: 150069
HHA CCN: 157141

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

Worksheet H-5
Date/Time Prepared:
5/18/2016 2:29 pm
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		965,444	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		965,444	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		1	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		965,445	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150069

Period: From 01/01/2015

Worksheet K

Hospice CCN: 151535

To 12/31/2015

Date/Time Prepared: 5/18/2016 2:29 pm

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	33,835	0	0	0	53,977	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	2,357	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	3,426	0	1,989	0	0	12.00
13.00	Occupational Therapy	278	0	64	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	81,254	0	10,249	0	0	15.00
16.00	Spiritual Counseling	0	0	304	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	10,861	0	4,147	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	39,869	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	Total (sum of lines 1 thru 38)	132,011	0	16,753	0	93,846	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150069

Period: From 01/01/2015

Worksheet K

Hospice CCN: 151535

To 12/31/2015

Date/Time Prepared: 5/18/2016 2:29 pm

		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	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	87,812	0	87,812	0	87,812	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	2,357	0	2,357	0	2,357	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	5,415	0	5,415	0	5,415	12.00
13.00	Occupational Therapy	342	0	342	0	342	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	91,503	-391	91,112	0	91,112	15.00
16.00	Spiritual Counseling	304	0	304	0	304	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	15,008	0	15,008	0	15,008	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	39,869	0	39,869	0	39,869	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	Total (sum of lines 1 thru 38)	242,610	-391	242,219	0	242,219	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150069

Period: From 01/01/2015

Worksheet K-1

Hospice CCN: 151535

To 12/31/2015

Date/Time Prepared: 5/18/2016 2:29 pm

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	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	2,357	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	81,254	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	81,254	0	2,357	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150069

Period: From 01/01/2015

Worksheet K-1

Hospice CCN: 151535

To 12/31/2015

Date/Time Prepared: 5/18/2016 2:29 pm

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	33,835	33,835	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	2,357	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	3,426	3,426	12.00
13.00	Occupational Therapy	0	0	278	278	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	81,254	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		10,861	0	10,861	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	10,861	37,539	132,011	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150069

Period: From 01/01/2015

Worksheet K-4

Hospice CCN: 151535

To 12/31/2015

Part I
Date/Time Prepared:
5/18/2016 2:29 pm

		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.	0		0			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	87,812	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	2,357	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	5,415	0	0	0	0	12.00
13.00	Occupational Therapy	342	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	91,112	0	0	0	0	15.00
16.00	Spiritual Counseling	304	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	15,008	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	39,869	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	Total (sum of lines 1 thru 38)	242,219	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150069

Period: From 01/01/2015

Worksheet K-4

Hospice CCN: 151535

To 12/31/2015

Part I
Date/Time Prepared:
5/18/2016 2:29 pm

		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	87,812	87,812	6.00
INPATIENT CARE SERVICE					
7.00	Inpatient - General Care	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	8.00
VISITING SERVICES					
9.00	Physician Services	0	0	0	9.00
10.00	Nursing Care	0	2,357	1,340	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	11.00
12.00	Physical Therapy	0	5,415	3,080	12.00
13.00	Occupational Therapy	0	342	194	13.00
14.00	Speech/ Language Pathology	0	0	0	14.00
15.00	Medical Social Services	0	91,112	51,816	15.00
16.00	Spiritual Counseling	0	304	173	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	15,008	8,535	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	0	39,869	22,674	22.00
23.00	Analgesics	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	24.00
25.00	Other - Specify	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	26.00
27.00	Patient Transportation	0	0	0	27.00
28.00	Imaging Services	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	29.00
30.00	Medical Supplies	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	32.00
33.00	Chemotherapy	0	0	0	33.00
34.00	Other	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE					
35.00	Bereavement Program Costs	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	36.00
37.00	Fundraising	0	0	0	37.00
38.00	Other Program Costs	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	242,219	242,219	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150069

Period: From 01/01/2015

Worksheet K-4

Hospice CCN: 151535

To 12/31/2015

Part II
Date/Time Prepared:
5/18/2016 2:29 pm

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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150069

Period: From 01/01/2015

Worksheet K-4

Hospice CCN: 151535

To 12/31/2015

Part II
Date/Time Prepared:
5/18/2016 2:29 pm

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	-87,812	154,407	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	0	7.00
8.00	Inpatient - Respite Care	0	0	8.00
VISITING SERVICES				
9.00	Physician Services	0	0	9.00
10.00	Nursing Care	0	2,357	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	5,415	12.00
13.00	Occupational Therapy	0	342	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	91,112	15.00
16.00	Spiritual Counseling	0	304	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	15,008	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	39,869	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	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	0	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		87,812	39.00
40.00	Unit Cost Multiplier		0.568705	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150069

Period: From 01/01/2015

Worksheet K-5

Hospice CCN: 151535

To 12/31/2015

Part I
Date/Time Prepared:
5/18/2016 2:29 pm

Hospice I

Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW BLDG & FIXT HHA/HO	NEW MVBLE EQUIP		
		1.00	1.01	2.00		
0				4.00		
1.00 Administrative and General		0	5,112	0	7,256	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	3,697	0	0	0	505	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	8,495	0	0	0	735	7.00
8.00 Occupational Therapy	536	0	0	0	60	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	142,928	0	0	0	17,424	10.00
11.00 Spiritual Counseling	477	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	23,543	0	0	0	2,329	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	62,543	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)	242,219	0	5,112	0	28,309	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150069

Period:

Worksheet K-5

Hospice CCN: 151535

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

Part I
Date/Time Prepared:
5/18/2016 2:29 pm

Cost Center Description		Hospice I					
		Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		4A	5.00	7.00	8.00	9.00	
1.00	Administrative and General	12,368	2,613	16,034	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	4,202	888	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	9,230	1,950	0	0	0	7.00
8.00	Occupational Therapy	596	126	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	160,352	33,881	0	0	0	10.00
11.00	Spiritual Counseling	477	101	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	25,872	5,466	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	62,543	13,215	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 - Specif y	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)	275,640	58,240	16,034	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)	0.000000					35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150069

Period: From 01/01/2015

Worksheet K-5

Hospice CCN: 151535

To 12/31/2015

Part I
Date/Time Prepared:
5/18/2016 2:29 pm

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

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150069

Period: From 01/01/2015

Worksheet K-5

Hospice CCN: 151535

To 12/31/2015

Part I
Date/Time Prepared:
5/18/2016 2:29 pm

Cost Center Description	Hospice I						
	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	RADIOLOGY SCHOOL	HUB SITE - 3RD YEAR MED STUDENTS		
	16.00	17.00	19.00	23.00	23.01		
1.00 Administrative and General	0	0	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	0	34.00
35.00 Unit Cost Multiplier (see instructions)							35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150069

Period: From 01/01/2015

Worksheet K-5

Hospice CCN: 151535

To 12/31/2015

Part I
Date/Time Prepared:
5/18/2016 2:29 pm

Cost Center Description		Hospice I					Total Hospice Costs (cols. 26 ± 27)	
		Subtotal (cols. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (cols. 24 ± 25)	Allocated Hospice A&G (See Part II)			
		24.00	25.00	26.00	27.00	28.00		
1.00	Administrative and General	31,015					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	5,090	0	5,090	495	5,585	5.00	
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00	
7.00	Physical Therapy	11,180	0	11,180	1,087	12,267	7.00	
8.00	Occupational Therapy	722	0	722	70	792	8.00	
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00	
10.00	Medical Social Services	194,233	0	194,233	18,891	213,124	10.00	
11.00	Spiritual Counseling	578	0	578	56	634	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	31,338	0	31,338	3,048	34,386	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	75,758	0	75,758	7,368	83,126	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)	349,914	0	349,914		349,914	34.00	
35.00	Unit Cost Multiplier (see instructions)				0.097256		35.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150069
Hospice CCN: 151535

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

Worksheet K-5
Part II
Date/Time Prepared:
5/18/2016 2:29 pm

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	
		NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT HHA/HO (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)			
		1.00	1.01	2.00			
					4.00	5A	
1.00	Administrative and General	0	744	0	33,835	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	2,357	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	3,426	0	7.00
8.00	Occupational Therapy	0	0	0	278	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	81,254	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	10,861	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	744	0	132,011	0	34.00
35.00	Total cost to be allocated	0	5,112	0	28,309	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	6.870968	0.000000	0.214444	0	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150069
Hospice CCN: 151535

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

Worksheet K-5
Part II
Date/Time Prepared:
5/18/2016 2:29 pm

Cost Center Description		Hospice I					
		ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		5.00	7.00	8.00	9.00	10.00	
1.00	Administrative and General	12,368	744	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	4,202	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	9,230	0	0	0	0	7.00
8.00	Occupational Therapy	596	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	160,352	0	0	0	0	10.00
11.00	Spiritual Counseling	477	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	25,872	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	62,543	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)	275,640	744	0	0	0	34.00
35.00	Total cost to be allocated	58,240	16,034	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.211290	21.551075	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150069
Hospice CCN: 151535

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

Worksheet K-5
Part II
Date/Time Prepared:
5/18/2016 2:29 pm

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

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150069
Hospice CCN: 151535

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

Worksheet K-5
Part II
Date/Time Prepared:
5/18/2016 2:29 pm

Cost Center Description		Hospice I					
		SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	RADIOLOGY SCHOOL (ASSIGNED TIME)	HUB SITE - 3RD YEAR MED STUDENTS (ASSIGNED TIME)		
		17.00	19.00	23.00	23.01		
1.00	Administrative and General	0	0	0	0		1.00
2.00	Inpatient - General Care	0	0	0	0		2.00
3.00	Inpatient - Respite Care	0	0	0	0		3.00
4.00	Physician Services	0	0	0	0		4.00
5.00	Nursing Care	0	0	0	0		5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0		6.00
7.00	Physical Therapy	0	0	0	0		7.00
8.00	Occupational Therapy	0	0	0	0		8.00
9.00	Speech/ Language Pathology	0	0	0	0		9.00
10.00	Medical Social Services	2,107	0	0	0		10.00
11.00	Spiritual Counseling	0	0	0	0		11.00
12.00	Dietary Counseling	0	0	0	0		12.00
13.00	Counseling - Other	0	0	0	0		13.00
14.00	Home Health Aide and Homemaker	0	0	0	0		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0		15.00
16.00	Other	0	0	0	0		16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0		17.00
18.00	Analgesics	0	0	0	0		18.00
19.00	Sedatives / Hypnotics	0	0	0	0		19.00
20.00	Other - Specify	0	0	0	0		20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0		21.00
22.00	Patient Transportation	0	0	0	0		22.00
23.00	Imaging Services	0	0	0	0		23.00
24.00	Labs and Diagnostics	0	0	0	0		24.00
25.00	Medical Supplies	0	0	0	0		25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0		26.00
27.00	Radiation Therapy	0	0	0	0		27.00
28.00	Chemotherapy	0	0	0	0		28.00
29.00	Other	0	0	0	0		29.00
30.00	Bereavement Program Costs	0	0	0	0		30.00
31.00	Volunteer Program Costs	0	0	0	0		31.00
32.00	Fundraising	0	0	0	0		32.00
33.00	Other Program Costs	0	0	0	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	2,107	0	0	0		34.00
35.00	Total cost to be allocated	0	0	0	0		35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000		36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS		Provider CCN: 150069 Hospice CCN: 151535		Period: From 01/01/2015 To 12/31/2015		Worksheet K-5 Part III Date/Time Prepared: 5/18/2016 2:29 pm	
Cost Center Description		Wkst. C. Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)		
		0	1.00	2.00	3.00		
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	66.00	0.335969	0	0	1.00	
2.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	2.00	
3.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	3.00	
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.117218	0	0	4.00	
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00				5.00	
6.00	LABORATORY	60.00	0.227236	0	0	6.00	
6.01	BLOOD LABORATORY	60.01				6.01	
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.488325	0	0	7.00	
7.01	IV SOLUTIONS	71.01	0.053638	0	0	7.01	
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00				8.00	
9.00	ONCOLOGY	55.00	0.483565	0	0	9.00	
10.00	CARDIOLOGY	76.00	0.136322	0	0	10.00	
10.97	CARDIAC REHABILITATION	76.97	0.300711	0	0	10.97	
11.00	Totals (sum of lines 1-10)					11.00	

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 150069

Period: From 01/01/2015

Worksheet K-6

Hospice CCN: 151535

To 12/31/2015

Date/Time Prepared: 5/18/2016 2:29 pm

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				349,914	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				1,918	2.00
3.00	Average cost per diem (line 1 divided by line 2)				182.44	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	1,708				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	311,608				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		6			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		1,095			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)			204		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			37,218		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150069	Period: From 01/01/2015 To 12/31/2015	Worksheet L Parts I-III Date/Time Prepared: 5/18/2016 2:29 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		948,139	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		47,793	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)		33.96	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		995,932	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