

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 150088	Period: From 07/01/2014 To 06/30/2015	Worksheet S Parts I-III Date/Time Prepared: 11/25/2015 11:33 am
--	----------------------	---------------------------------------	---

PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 11/25/2015 Time: 11:33 am	
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST VINCENT ANDERSON REGIONAL HOSPITAL (150088) for the cost reporting period beginning 07/01/2014 and ending 06/30/2015 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

Cost Center Description	Title 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	431,674	184,424	-57,876	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	-37,349	15	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	394,325	184,439	-57,876	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150088	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part I Date/Time Prepared: 11/25/2015 11:01 am
---	--	----------------------	---	---

1.00	2.00	3.00	4.00	1.00
Hospital and Hospital Health Care Complex Address:				
1.00	Street: 2015 JACKSON STREET	PO Box:	Zip Code: 46016-	County: MADISON
2.00	City: ANDERSON	State: IN		

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

		From:	To:	
		1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	07/01/2014	06/30/2015	20.00
21.00	Type of Control (see instructions)	1		21.00

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

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days		
	1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	3,645	1,139	0	29	2,038	80	24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150088		Period: From 07/01/2014 To 06/30/2015		Worksheet S-2 Part I Date/Time Prepared: 11/25/2015 11:01 am		
	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
	1.00	2.00	3.00	4.00	5.00	6.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	85	130	0	0	7	25.00	
					Urban/Rural	Date of Geogr		
					1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.				1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.				1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.				0		35.00	
					Beginning:	Ending:		
					1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.						36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.				0		37.00	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.						38.00	
					Y/N	Y/N		
					1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)				N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)				N	N	40.00	
					V	XVII	XIX	
					1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital								
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)				N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.				N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.				N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.				N	N	N	48.00
Teaching Hospitals								
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.				N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.						57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.						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	
					1.00	2.00	3.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)				N		0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00				0.00	61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00				0.00	61.02

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150088		Period: From 07/01/2014 To 06/30/2015		Worksheet S-2 Part I Date/Time Prepared: 11/25/2015 11:01 am	
	Y/N	IME	Direct GME	IME	Direct GME		
	1.00	2.00	3.00	4.00	5.00		
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)	0.00	0.00			61.03	
61.04	Enter the number of unweighted primary care/surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).	0.00	0.00			61.04	
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)	0.00	0.00			61.05	
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)	0.00	0.00			61.06	
	Program Name	Program Code	Unweighted 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		
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01	
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N	63.00	
	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))				
	1.00	2.00	3.00				
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00	
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150088		Period: From 07/01/2014 To 06/30/2015		Worksheet S-2 Part I Date/Time Prepared: 11/25/2015 11:01 am		
	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	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000			65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))			
			1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010								
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000			66.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))			
					1.00	2.00	3.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000			67.00
					1.00	2.00	3.00	
Inpatient Psychiatric Facility PPS								
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N				70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0		71.00
Inpatient Rehabilitation Facility PPS								
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y				75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N	0		76.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150088	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part I Date/Time Prepared: 11/25/2015 11:01 am		
				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		N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N	94.00	
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 1.00		Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N		N	N	109.00
				1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N		110.00
				1.00	2.00	3.00
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00
		Premiums 1.00		Losses 2.00	Insurance 3.00	
118.01	List amounts of malpractice premiums and paid losses:	114,654		0	0	118.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150088	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part I Date/Time Prepared: 11/25/2015 11:01 am	
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02	
119.00	DO NOT USE THIS LINE			119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00	
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00	
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		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	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	Y	N	N	N
156.00	Subprovider - IPF	Y	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
161.10	CORF		N	N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150088		Period: From 07/01/2014 To 06/30/2015		Worksheet S-2 Part I Date/Time Prepared: 11/25/2015 11:01 am		
							1.00	
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00
							1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under §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)							168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.50	169.00
		Beginning		Ending				
		1.00		2.00				
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)				06/30/2015	09/30/2015	170.00	
							1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)						N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150088	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part II Date/Time Prepared: 11/25/2015 11:01 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	N			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Type	Date
			1.00	2.00	3.00
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for 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	
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
			Y/N	Date	Y/N
			1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	10/21/2014	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150088	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part II Date/Time Prepared: 11/25/2015 11:01 am
---	--	----------------------	---	--

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			Y	35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			Y	40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	KATHY		ZAMBOS	41.00
42.00	Enter the employer/company name of the cost report preparer.	SAINT JOHN'S HEALTH SYSTEM			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	765-646-8128		KATHY.ZAMBOS@STVINCENT.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150088	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part II Date/Time Prepared: 11/25/2015 11:01 am
---	--	----------------------	---	--

		Part B		
		Date		
		4.00		
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	10/21/2014		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			21.00
			3.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR-BUDGET & REIMBURSEMENT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150088

Period:
From 07/01/2014
To 06/30/2015

Worksheet S-3
Part I
Date/Time Prepared:
11/25/2015 11:01 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	244	89,060	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		244	89,060	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	17	6,205	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		261	95,265	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	13	4,745		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
20.01 ICF/MR	45.01	0	0	0.00	0	20.01
21.00 OTHER LONG TERM CARE	46.00	0	0		0	21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	1	365			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		275				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150088

Period:
From 07/01/2014
To 06/30/2015

Worksheet S-3
Part I
Date/Time Prepared:
11/25/2015 11:01 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	9,284	3,478	21,845			1.00
2.00 HMO and other (see instructions)	3,273	2,507				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	194	137				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	9,284	3,478	21,845			7.00
8.00 INTENSIVE CARE UNIT	3,390	0	6,194			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		866	973			13.00
14.00 Total (see instructions)	12,674	4,344	29,012	0.00	718.62	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	1,817	85	2,646	0.00	12.19	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY	0	0	0	0.00	0.00	20.00
20.01 ICF/MR	0	0	0	0.00	0.00	20.01
21.00 OTHER LONG TERM CARE			0	0.00	0.00	21.00
22.00 HOME HEALTH AGENCY	31,334	958	32,313	0.00	35.47	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00 HOSPICE	0	0	0	0.00	15.95	24.00
24.10 HOSPICE (non-distinct part)	0	0	476			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	782.23	27.00
28.00 Observation Bed Days		65	651			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	80	117			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150088

Period:
From 07/01/2014
To 06/30/2015

Worksheet S-3
Part I
Date/Time Prepared:
11/25/2015 11:01 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
11.00	12.00	13.00	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,432	1,126	6,827	1.00
2.00 HMO and other (see instructions)			594	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	2,432	1,126	6,827	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	143	9	222	17.00
18.00 SUBPROVIDER	0.00	0	0	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY	0.00					20.00
20.01 ICF/MR	0.00	0	0	0	0	20.01
21.00 OTHER LONG TERM CARE	0.00				0	21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC	0.00					25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 150088		Period: From 07/01/2014 To 06/30/2015		Worksheet S-3 Part II Date/Time Prepared: 11/25/2015 11:01 am	
	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	59,661,731	0	59,661,731	1,627,030.00	36.67	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		686,800	0	686,800	4,680.00	146.75	4.01
5.00	Physician-Part B		2,344,700	0	2,344,700	11,117.52	210.90	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)		10,221,144	1,074,621	11,295,765	378,835.00	29.82	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		464,485	0	464,485	7,619.40	60.96	11.00
12.00	Contract labor: Top level management and other management and administrative services		209,719	0	209,719	4,682.50	44.79	12.00
13.00	Contract labor: Physician-Part A - Administrative		326,212	0	326,212	2,580.00	126.44	13.00
14.00	Home office salaries & wage-related costs		10,186,692	0	10,186,692	217,524.00	46.83	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		14,252,562	0	14,252,562			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		3,611,514	0	3,611,514			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	66,332	0	66,332	15,437.00	4.30	26.00
27.00	Administrative & General	5.00	12,290,075	-12,500	12,277,575	204,512.00	60.03	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	708,262	0	708,262	41,683.00	16.99	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	49,680	-27,527	22,153	540.00	41.02	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	27,527	27,527	1,835.00	15.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	612,584	0	612,584	14,975.00	40.91	38.00
39.00	Central Services and Supply	14.00	453,158	0	453,158	20,858.00	21.73	39.00
40.00	Pharmacy	15.00	2,781,766	0	2,781,766	72,509.00	38.36	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150088

Period:
From 07/01/2014
To 06/30/2015

Worksheet S-3
Part II
Date/Time Prepared:
11/25/2015 11:01 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
41.00	Medical Records & Medical Records Library	16.00	1,206,172	0	1,206,172	26,908.00	44.83	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150088

Period:
From 07/01/2014
To 06/30/2015

Worksheet S-3
Part III
Date/Time Prepared:
11/25/2015 11:01 am

	Worksheet A	Amount	Recl assi fi cation	Adjusted	Paid Hours	Average Hourly	
	Line Number	Reported	on of Salaries	Salaries	Related to	Wage (col. 4 ÷	
	1.00	2.00	(from	(col. 2 ± col.	Salaries in	col. 5)	
			Worksheet A-6)	3)	col. 4		
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	56,630,231	0	56,630,231	1,611,232.48	35.15	1.00
2.00	Excluded area salaries (see instructions)	10,221,144	1,074,621	11,295,765	378,835.00	29.82	2.00
3.00	Subtotal salaries (line 1 minus line 2)	46,409,087	-1,074,621	45,334,466	1,232,397.48	36.79	3.00
4.00	Subtotal other wages & related costs (see inst.)	11,187,108	0	11,187,108	232,405.90	48.14	4.00
5.00	Subtotal wage-related costs (see inst.)	14,252,562	0	14,252,562	0.00	31.44	5.00
6.00	Total (sum of lines 3 thru 5)	71,848,757	-1,074,621	70,774,136	1,464,803.38	48.32	6.00
7.00	Total overhead cost (see instructions)	18,168,029	-12,500	18,155,529	399,257.00	45.47	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150088	Period: From 07/01/2014 To 06/30/2015	Worksheet S-3 Part IV Date/Time Prepared: 11/25/2015 11:01 am
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		1,219,098	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		430,147	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		797,609	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		11,288,095	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		113,782	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		65,629	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)		555,534	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		289,019	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		2,986,446	17.00
18.00	Medicare Taxes - Employers Portion Only		865,095	18.00
19.00	Unemployment Insurance		46,433	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)		18,656,887	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 150088	Period: From 07/01/2014 To 06/30/2015	Worksheet S-3 Part V Date/Time Prepared: 11/25/2015 11:01 am
Cost Center Description			Contract Labor	Benefit Cost
PART V - Contract Labor and Benefit Cost			1.00	2.00
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		464,485	0
2.00	Hospital		264,812	0
3.00	Subprovider - IPF		0	0
4.00	Subprovider - IRF		0	0
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital-Based SNF		0	0
9.00	Hospital-Based NF		0	0
9.01	Hospital-Based NF		0	0
10.00	Hospital-Based OLTC			0
11.00	Hospital-Based HHA		197,812	0
12.00	Separately Certified ASC		0	0
13.00	Hospital-Based Hospice		1,861	0
14.00	Hospital-Based Health Clinic RHC		0	0
15.00	Hospital-Based Health Clinic FQHC		0	0
16.00	Hospital-Based-CMHC		0	0
16.10	Hospital-Based-CMHC 10		0	0
17.00	Renal Dialysis		0	0
18.00	Other		0	0

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 150088 Component CCN: 157059		Period: From 07/01/2014 To 06/30/2015		Worksheet S-4 Date/Time Prepared: 11/25/2015 11:01 am PPS	
0.00 County				1.00		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	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	1,032.00	124.00	359.00	1,515.00	2.00
		Number of Employees (Full Time Equivalent)					
		Enter the number of hours in your normal work week			Staff	Contract	Total
		0			1.00	2.00	3.00
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	0.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			1.70	0.00	1.70	4.00
5.00	Other Administrative Personnel			4.60	0.00	4.60	5.00
6.00	Direct Nursing Service			20.80	0.00	20.80	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			5.80	0.00	5.80	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			3.10	0.00	3.10	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			1.30	0.00	1.30	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			1.00	0.00	1.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			2.70	0.00	2.70	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			11			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			11300			20.00
20.01				26900			20.01
20.02				29020			20.02
20.03				29140			20.03
20.04				34620			20.04
20.05				99915			20.05
20.06				29200			20.06
20.07				50031			20.07
20.08				50038			20.08
20.09				50039			20.09
20.10				50041			20.10
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (col s. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	11,313	279	223	134	11,949	21.00
22.00	Skilled Nursing Visit Charges	2,386,687	58,371	48,683	28,486	2,522,227	22.00
23.00	Physical Therapy Visits	6,580	113	40	63	6,796	23.00
24.00	Physical Therapy Visit Charges	1,665,043	28,541	10,428	16,370	1,720,382	24.00
25.00	Occupational Therapy Visits	2,484	69	11	20	2,584	25.00
26.00	Occupational Therapy Visit Charges	628,426	18,033	3,254	5,507	655,220	26.00
27.00	Speech Pathology Visits	824	61	0	3	888	27.00
28.00	Speech Pathology Visit Charges	201,056	14,884	0	732	216,672	28.00
29.00	Medical Social Service Visits	452	5	3	9	469	29.00
30.00	Medical Social Service Visit Charges	148,256	1,640	984	2,952	153,832	30.00
31.00	Home Health Aide Visits	3,444	153	9	19	3,625	31.00
32.00	Home Health Aide Visit Charges	461,496	20,502	1,206	2,546	485,750	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	25,097	680	286	248	26,311	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	5,490,964	141,971	64,555	56,593	5,754,083	35.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 150088 Component CCN: 157059		Period: From 07/01/2014 To 06/30/2015	Worksheet S-4 Date/Time Prepared: 11/25/2015 11:01 am PPS		
				Home Health Agency I			
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
36.00	Total Number of Episodes (standard/non outlier)	1,282		109	18	1,409	36.00
37.00	Total Number of Outlier Episodes		15		1	16	37.00
38.00	Total Non-Routine Medical Supply Charges	84,387	1,846	1,565	788	88,586	38.00

HOSPITAL IDENTIFICATION DATA		Provider CCN: 150088 Component CCN: 151516	Period: From 07/01/2014 To 06/30/2015	Worksheet S-9 Parts I & II Date/Time Prepared: 11/25/2015 11:01 am
		Hospice I		

	Unduplicated Days	Hospice I				Total (sum of cols. 1, 2 & 5)		
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility			All Other
		1.00	2.00	3.00	4.00			5.00
PART I - ENROLLMENT DAYS								
1.00	Continuous Home Care	0	0	0	0	0	0	1.00
2.00	Routine Home Care	15,908	440	3,129	9	882	17,230	2.00
3.00	Inpatient Respite Care	37	0	35	0	0	37	3.00
4.00	General Inpatient Care	417	8	440	7	60	485	4.00
5.00	Total Hospice Days	16,362	448	3,604	16	942	17,752	5.00
Part II - CENSUS DATA								
6.00	Number of Patients Receiving Hospice Care	322	13	131	5	32	367	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00				7.00
8.00	Average Length of Stay (line 5/line 6)	50.81	34.46	27.51	3.20	29.44	48.37	8.00
9.00	Unduplicated Census Count	279	11	114	5	30	320	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150088	Period: From 07/01/2014 To 06/30/2015	Worksheet S-10 Date/Time Prepared: 11/25/2015 11:01 am
---	----------------------	---	--

			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.273122	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		15,470,854	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		60,212,786	6.00	
7.00	Medicaid cost (line 1 times line 6)		16,445,437	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		974,583	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0	9.00	
10.00	Stand-alone SCHIP charges		0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		273,311	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		974,583	19.00	
			Uninsured patients	Insured patients	
			1.00	2.00	
			Total (col. 1 + col. 2)		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	37,457,456	0	37,457,456	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	10,230,455	0	10,230,455	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	10,230,455	0	10,230,455	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		5,053,572	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		587,305	27.00	
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		4,466,267	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		1,219,836	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		11,450,291	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		12,424,874	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150088

Period:
From 07/01/2014
To 06/30/2015

Worksheet A

Date/Time Prepared:
11/25/2015 11:01 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		2,109,536	2,109,536	830,058	2,939,594	1.00
1.01	00101		0	0	0	0	1.01
3.00	00300		0	0	0	0	3.00
4.00	00400	66,332	-507,180	-440,848	0	-440,848	4.00
5.00	00500	12,290,075	33,120,054	45,410,129	-431,148	44,978,981	5.00
6.00	00600	708,262	7,575,568	8,283,830	15,785	8,299,615	6.00
7.00	00700	0	0	0	0	0	7.00
8.00	00800	0	544,824	544,824	0	544,824	8.00
9.00	00900	0	2,327,972	2,327,972	0	2,327,972	9.00
10.00	01000	49,680	2,729,674	2,779,354	-1,540,005	1,239,349	10.00
11.00	01100	0	0	0	1,540,005	1,540,005	11.00
12.00	01200	0	-596	-596	0	-596	12.00
13.00	01300	612,584	341,894	954,478	0	954,478	13.00
14.00	01400	453,158	442,002	895,160	-359,951	535,209	14.00
15.00	01500	2,781,766	10,602,860	13,384,626	-9,088,993	4,295,633	15.00
16.00	01600	1,206,172	568,869	1,775,041	0	1,775,041	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	64,188	21,252	85,440	0	85,440	23.00
23.01	02301	68,547	33,900	102,447	107,423	209,870	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	11,762,648	4,918,541	16,681,189	-3,493,310	13,187,879	30.00
31.00	03100	2,939,672	1,900,912	4,840,584	-315,188	4,525,396	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	783,429	457,145	1,240,574	-33,422	1,207,152	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	988,582	988,582	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
45.01	04510	0	0	0	0	0	45.01
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	2,081,989	19,269,330	21,351,319	-8,240,740	13,110,579	50.00
50.01	05001	8,778	2,690,002	2,698,780	-1,389,022	1,309,758	50.01
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	104,014	104,014	52.00
53.00	05300	0	0	0	1,007,113	1,007,113	53.00
54.00	05400	2,953,722	3,196,086	6,149,808	-626,740	5,523,068	54.00
55.00	05500	925,254	1,915,823	2,841,077	-188,824	2,652,253	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	360,976	491,176	852,152	-479	851,673	57.00
58.00	05800	273,659	573,061	846,720	-12,136	834,584	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	28,857	6,637,059	6,665,916	-992,476	5,673,440	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	456,203	456,203	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	1,040,005	655,473	1,695,478	-238,824	1,456,654	65.00
66.00	06600	1,350,284	817,936	2,168,220	-37,982	2,130,238	66.00
67.00	06700	1,048,083	339,507	1,387,590	-3,604	1,383,986	67.00
68.00	06800	149,245	230,867	380,112	-182,835	197,277	68.00
69.00	06900	1,802,107	1,214,167	3,016,274	-335,275	2,680,999	69.00
70.00	07000	397,870	368,799	766,669	-14,433	752,236	70.00
71.00	07100	0	0	0	8,035,050	8,035,050	71.00
72.00	07200	0	0	0	4,894,030	4,894,030	72.00
73.00	07300	0	0	0	18,315,158	18,315,158	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03190	892,300	10,711,339	11,603,639	-10,276,626	1,327,013	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150088

Period:
From 07/01/2014
To 06/30/2015

Worksheet A
Date/Time Prepared:
11/25/2015 11:01 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
90.01	09001	ANDERSON CENTER OP CLINIC	0	0	0	809,043	809,043	90.01
91.00	09100	EMERGENCY	3,257,109	2,616,013	5,873,122	-377,714	5,495,408	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	2,677,092	1,504,310	4,181,402	0	4,181,402	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	190,026	190,026	-190,026	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	1,151,482	991,949	2,143,431	0	2,143,431	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	54,185,325	121,600,150	175,785,475	-1,267,289	174,518,186	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	115,146	89,602	204,748	0	204,748	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,230,506	1,808,555	5,039,061	-17,273	5,021,788	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	FOUNDATION	123,539	96,849	220,388	0	220,388	194.00
194.02	07951	CHILDREN'S CLINIC	243,093	151,822	394,915	0	394,915	194.02
194.04	07952	HEALTH RESOURCE CENTER	49,487	15,223	64,710	0	64,710	194.04
194.05	07953	ADOLESCENT RESIDENTIAL	0	0	0	1,299,005	1,299,005	194.05
194.07	07954	COMMUNITY BENEFIT/MISSION	301,325	177,325	478,650	0	478,650	194.07
194.10	07955	DME	1,413,310	2,819,169	4,232,479	2,322	4,234,801	194.10
194.12	07956	MED ONE/TWO	0	-7,891	-7,891	0	-7,891	194.12
194.13	07957	UNUSED SPACE	0	0	0	0	0	194.13
194.14	07958	ADVERTISING AND MARKETING	0	-973	-973	0	-973	194.14
194.15	07959	PHYSICIANS RECRUITING	0	0	0	0	0	194.15
194.16	07960	MOB	0	4,394	4,394	-222	4,172	194.16
194.17	07961	ASB	0	23,945	23,945	-16,337	7,608	194.17
194.18	07962	MAB	0	839	839	-206	633	194.18
200.00		TOTAL (SUM OF LINES 118-199)	59,661,731	126,779,009	186,440,740	0	186,440,740	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150088

Period:
From 07/01/2014
To 06/30/2015

Worksheet A
Date/Time Prepared:
11/25/2015 11:01 am

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	-539,915	2,399,679	1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT	0	0	1.01
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,330,471	1,889,623	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-1,841,490	43,137,491	5.00
6.00	00600	MAINTENANCE & REPAIRS	-658,152	7,641,463	6.00
7.00	00700	OPERATION OF PLANT	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-873	543,951	8.00
9.00	00900	HOUSEKEEPING	-11,311	2,316,661	9.00
10.00	01000	DIETARY	-693,070	546,279	10.00
11.00	01100	CAFETERIA	0	1,540,005	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	-596	12.00
13.00	01300	NURSING ADMINISTRATION	-2,123	952,355	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-944	534,265	14.00
15.00	01500	PHARMACY	-377	4,295,256	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-46,867	1,728,174	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02300	PARAMED ED PRGM	-639	84,801	23.00
23.01	02301	SCH OF RADIOLOGY	0	209,870	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-15,107	13,172,772	30.00
31.00	03100	INTENSIVE CARE UNIT	-131	4,525,265	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	-19,490	1,187,662	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	988,582	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
45.01	04510	ICF/MR	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-6,141	13,104,438	50.00
50.01	05001	SURGERY CENTER	0	1,309,758	50.01
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	104,014	52.00
53.00	05300	ANESTHESIOLOGY	0	1,007,113	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-4,435	5,518,633	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-21,524	2,630,729	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	-5,952	845,721	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-18,699	815,885	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-74,513	5,598,927	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	456,203	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	-42,381	1,414,273	65.00
66.00	06600	PHYSICAL THERAPY	-7,925	2,122,313	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,383,986	67.00
68.00	06800	SPEECH PATHOLOGY	0	197,277	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,680,999	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-12,230	740,006	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,035,050	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	4,894,030	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	18,315,158	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03190	CHEMOTHERAPY	-25,757	1,301,256	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	ANDERSON CENTER OP CLINIC	0	809,043	90.01
91.00	09100	EMERGENCY	-972,261	4,523,147	91.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150088

Period:
From 07/01/2014
To 06/30/2015

Worksheet A
Date/Time Prepared:
11/25/2015 11:01 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	6.00	7.00	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
99.00	09900 CMHC	0	0	99.00
99.10	09910 CORF	0	0	99.10
100.00	10000 I & R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	-54,318	4,127,084	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600 HOSPICE	-59,403	2,084,028	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-2,805,557	171,712,629	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100 RESEARCH	-42,954	161,794	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	-399,106	4,622,682	192.00
193.00	19300 NONPAID WORKERS	0	0	193.00
194.00	07950 FOUNDATION	-100	220,288	194.00
194.02	07951 CHILDREN'S CLINIC	-31,475	363,440	194.02
194.04	07952 HEALTH RESOURCE CENTER	0	64,710	194.04
194.05	07953 ADOLESCENT RESIDENTIAL	0	1,299,005	194.05
194.07	07954 COMMUNITY BENEFIT/MISSION	-14	478,636	194.07
194.10	07955 DME	-232	4,234,569	194.10
194.12	07956 MED ONE/TWO	0	-7,891	194.12
194.13	07957 UNUSED SPACE	0	0	194.13
194.14	07958 ADVERTISING AND MARKETING	1,087,595	1,086,622	194.14
194.15	07959 PHYSICIANS RECRUITING	0	0	194.15
194.16	07960 MOB	-50,964	-46,792	194.16
194.17	07961 ASB	0	7,608	194.17
194.18	07962 MAB	0	633	194.18
200.00	TOTAL (SUM OF LINES 118-199)	-2,242,807	184,197,933	200.00

RECLASSIFICATIONS

Provider CCN: 150088

Period:
From 07/01/2014
To 06/30/2015

Worksheet A-6
Date/Time Prepared:
11/25/2015 11:01 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00	3.00	4.00	5.00		
A - PHARMACY/IV RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	18,315,158	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	18,315,158	
B - ANESTHESIA RECLASS					
1.00	ANESTHESIOLOGY	53.00	0	1,007,113	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	TOTALS		0	1,007,113	
C - MEDICAL SUPPLIES RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	167,052	1.00
2.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	12,958	2.00
	TOTALS		0	180,010	
D - CAFETERIA/CLASSIC CATERING RECLASS					
1.00	CAFETERIA	11.00	27,527	1,512,478	1.00
	TOTALS		27,527	1,512,478	
E - MAB OTHER EXPENSE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	14	1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	85	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	47	3.00
4.00	ELECTROCARDIOLOGY	69.00	0	60	4.00
	TOTALS		0	206	
F - MAB DEPRECIATION EXPENSE					
1.00	MAINTENANCE & REPAIRS	6.00	0	15,700	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	8,700	2.00
3.00	ELECTROCARDIOLOGY	69.00	0	11,126	3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	0	2,630	4.00
	TOTALS		0	38,156	
G - MOB OTHER EXPENSE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	38	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	184	2.00
	TOTALS		0	222	
I - PROPERTY TAX RECLASS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	76,352	1.00
	TOTALS		0	76,352	
J - INTEREST EXPENSE RECLASS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	190,026	1.00
	TOTALS		0	190,026	
K - ANDERSON CENTER OUTPATIENT RECLASS					
1.00	ANDERSON CENTER OP CLINIC	90.01	602,388	206,655	1.00
	TOTALS		602,388	206,655	
L - WHOLE BLOOD RECLASS					
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	456,203	1.00
	TOTALS		0	456,203	
M - CAPITAL RELATED DEPRECIATION RECLASS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	2,410,719	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	TOTALS		0	2,410,719	
N - ADOLESCENT RESIDENTIAL RECLASS					
1.00	ADOLESCENT RESIDENTIAL	194.05	967,198	331,807	1.00
	TOTALS		967,198	331,807	
R - ASB OTHER EXPENSE					
1.00	OPERATING ROOM	50.00	0	560	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,560	2.00
3.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,198	3.00
4.00	PHYSICAL THERAPY	66.00	0	1,051	4.00
5.00	CHEMOTHERAPY	76.00	0	375	5.00
6.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	289	6.00
7.00	DME	194.10	0	999	7.00
	TOTALS		0	7,032	
S - ASB DEPRECIATION EXPENSE					
1.00	OPERATING ROOM	50.00	0	741	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,063	2.00
3.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,908	3.00
4.00	PHYSICAL THERAPY	66.00	0	1,391	4.00
5.00	CHEMOTHERAPY	76.00	0	496	5.00

RECLASSIFICATIONS

Provider CCN: 150088

Period:
From 07/01/2014
To 06/30/2015

Worksheet A-6

Date/Time Prepared:
11/25/2015 11:01 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
6.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	383	6.00
7.00	DME	194.10	0	1,323	7.00
	TOTALS		0	9,305	
T - PHYSICIAN					
1.00	ADULTS & PEDIATRICS	30.00	0	86,400	1.00
	TOTALS		0	86,400	
U - PROPERTY INSURANCE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	100,701	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	100,701	
V - RAD TECH PARAMED					
1.00	SCH OF RADIOLOGY	23.01	107,423	0	1.00
	TOTALS		107,423	0	
Y - INFECTION CONTROL					
1.00	ADULTS & PEDIATRICS	30.00	12,500	0	1.00
	TOTALS		12,500	0	
AB - MEDICAL SUPPLIES & IMPLANTABLE DEVIC					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	7,889,598	1.00
2.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	4,881,072	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
	TOTALS		0	12,770,670	
AC - PHYSICIAN FEES RECLASS					
1.00	OPERATING ROOM	50.00	0	43,150	1.00
	TOTALS		0	43,150	
AD - NURSERY & DELIVERY RM					
1.00	NURSERY	43.00	627,182	361,400	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	65,989	38,025	2.00
	TOTALS		693,171	399,425	
500.00	Grand Total: Increases		2,410,207	38,141,788	500.00

RECLASSIFICATIONS

Provider CCN: 150088

Period:
From 07/01/2014
To 06/30/2015

Worksheet A-6
Date/Time Prepared:
11/25/2015 11:01 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - PHARMACY/IV RECLASS							
1.00	PHARMACY	15.00	0	8,254,559	0		1.00
2.00	CHEMOTHERAPY	76.00	0	10,060,599	0		2.00
	TOTALS		0	18,315,158			
B - ANESTHESIA RECLASS							
1.00	OPERATING ROOM	50.00	0	791,096	0		1.00
2.00	SURGERY CENTER	50.01	0	194,417	0		2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	21,600	0		3.00
	TOTALS		0	1,007,113			
C - MEDICAL SUPPLIES RECLASS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	180,010	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	180,010			
D - CAFETERIA/CLASSIC CATERING RECLASS							
1.00	DIETARY	10.00	27,527	1,512,478	0		1.00
	TOTALS		27,527	1,512,478			
E - MAB OTHER EXPENSE							
1.00		0.00	0	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00	MAB	194.18	0	206	0		4.00
	TOTALS		0	206			
F - MAB DEPRECIATION EXPENSE							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	38,156	9		1.00
2.00		0.00	0	0	9		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	9		4.00
	TOTALS		0	38,156			
G - MOB OTHER EXPENSE							
1.00		0.00	0	0	0		1.00
2.00	MOB	194.16	0	222	0		2.00
	TOTALS		0	222			
I - PROPERTY TAX RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	76,352	9		1.00
	TOTALS		0	76,352			
J - INTEREST EXPENSE RECLASS							
1.00	INTEREST EXPENSE	113.00	0	190,026	11		1.00
	TOTALS		0	190,026			
K - ANDERSON CENTER OUTPATIENT RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	602,388	206,655	0		1.00
	TOTALS		602,388	206,655			
L - WHOLE BLOOD RECLASS							
1.00	LABORATORY	60.00	0	456,203	0		1.00
	TOTALS		0	456,203			
M - CAPITAL RELATED DEPRECIATION RECLASS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,909,584	9		1.00
2.00	SURGERY CENTER	50.01	0	368,463	0		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	114,727	0		3.00
4.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	17,945	0		4.00
	TOTALS		0	2,410,719			
N - ADOLESCENT RESIDENTIAL RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	967,198	331,807	0		1.00
	TOTALS		967,198	331,807			
R - ASB OTHER EXPENSE							
1.00		0.00	0	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00	ASB	194.17	0	7,032	0		7.00
	TOTALS		0	7,032			
S - ASB DEPRECIATION EXPENSE							
1.00		0.00	0	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00	ASB	194.17	0	9,305	0		7.00
	TOTALS		0	9,305			

RECLASSIFICATIONS

Provider CCN: 150088

Period:
From 07/01/2014
To 06/30/2015

Worksheet A-6

Date/Time Prepared:
11/25/2015 11:01 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
T - PHYSICIAN							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	86,400	0		1.00
	TOTALS		0	86,400			
U - PROPERTY INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	100,701	12		1.00
2.00		0.00	0	0	12		2.00
	TOTALS		0	100,701			
V - RAD TECH PARAMED							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	107,423	0	0		1.00
	TOTALS		107,423	0			
Y - INFECTION CONTROL							
1.00	ADMINISTRATIVE & GENERAL	5.00	12,500	0	0		1.00
	TOTALS		12,500	0			
AB - MEDICAL SUPPLIES & IMPLANTABLE DEVIC							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	179,941	0		1.00
2.00	PHARMACY	15.00	0	834,434	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	391,566	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	315,188	0		4.00
5.00	SUBPROVIDER - IRF	41.00	0	33,422	0		5.00
6.00	OPERATING ROOM	50.00	0	7,494,095	0		6.00
7.00	SURGERY CENTER	50.01	0	826,142	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	531,871	0		8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0	193,930	0		9.00
10.00	CT SCAN	57.00	0	479	0		10.00
11.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	12,136	0		11.00
12.00	LABORATORY	60.00	0	536,273	0		12.00
13.00	RESPIRATORY THERAPY	65.00	0	238,824	0		13.00
14.00	PHYSICAL THERAPY	66.00	0	40,424	0		14.00
15.00	OCCUPATIONAL THERAPY	67.00	0	3,604	0		15.00
16.00	SPEECH PATHOLOGY	68.00	0	182,835	0		16.00
17.00	ELECTROCARDIOLOGY	69.00	0	346,461	0		17.00
18.00	ELECTROENCEPHALOGRAPHY	70.00	0	14,433	0		18.00
19.00	CHEMOTHERAPY	76.00	0	216,898	0		19.00
20.00	EMERGENCY	91.00	0	377,714	0		20.00
	TOTALS		0	12,770,670			
AC - PHYSICIAN FEES RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	43,150	0		1.00
	TOTALS		0	43,150			
AD - NURSERY & DELIVERY RM							
1.00	ADULTS & PEDIATRICS	30.00	693,171	399,425	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		693,171	399,425			
500.00	Grand Total: Decreases		2,410,207	38,141,788			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150088

Period:
From 07/01/2014
To 06/30/2015

Worksheet A-7
Part I
Date/Time Prepared:
11/25/2015 11:01 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	5,292,602	0	0	0	1.00
2.00	Land Improvements	1,699,525	0	0	156,956	2.00
3.00	Buildings and Fixtures	57,641,886	6,085,536	0	6,085,536	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	33,337,523	935,974	0	935,974	5.00
6.00	Movable Equipment	45,377,564	2,309,972	0	2,309,972	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	143,349,100	9,331,482	0	9,331,482	156,956
9.00	Reconciling Items	0	0	0	0	0
10.00	Total (line 8 minus line 9)	143,349,100	9,331,482	0	9,331,482	156,956
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	5,292,602	0			1.00
2.00	Land Improvements	1,542,569	0			2.00
3.00	Buildings and Fixtures	63,727,422	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	34,273,497	0			5.00
6.00	Movable Equipment	47,687,536	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	152,523,626	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	152,523,626	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150088

Period:
From 07/01/2014
To 06/30/2015

Worksheet A-7
Part II
Date/Time Prepared:
11/25/2015 11:01 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	2,109,536	0	0	0	0	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.01
3.00	Total (sum of lines 1-2)	2,109,536	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	2,109,536				1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.01
3.00	Total (sum of lines 1-2)	0	2,109,536				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS		Provider CCN: 150088	Period: From 07/01/2014 To 06/30/2015	Worksheet A-7 Part III Date/Time Prepared: 11/25/2015 11:01 am
---	--	----------------------	---	---

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	66,810,752	1,491,652	65,319,100	1.000000	0	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0.000000	0	1.01
3.00	Total (sum of lines 1-2)	66,810,752	1,491,652	65,319,100	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	2,410,722	0	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.01
3.00	Total (sum of lines 1-2)	0	0	0	2,410,722	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	-111,744	100,701	0	0	2,399,679	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.01
3.00	Total (sum of lines 1-2)	-111,744	100,701	0	0	2,399,679	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150088

Period:
From 07/01/2014
To 06/30/2015

Worksheet A-8

Date/Time Prepared:
11/25/2015 11:01 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-301,770	NEW CAP REL COSTS-BLDG & FIXT		1.00	11	1.00
1.01 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			NEW CAP REL COSTS-BLDG & FIXT		1.01	0	1.01
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	*** Cost Center Deleted ***		2.00	0	2.00
3.00 Investment income - other (chapter 2)		0			0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-103,580	ADMINISTRATIVE & GENERAL		5.00	0	7.00
8.00 Television and radio service (chapter 21)		0			0.00	0	8.00
9.00 Parking lot (chapter 21)		0			0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-1,112,652				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	6,766,901				0	12.00
13.00 Laundry and linen service		0			0.00	0	13.00
14.00 Cafeteria-employees and guests	A	-671,215	DIETARY		10.00	0	14.00
15.00 Rental of quarters to employee and others		0			0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	0	16.00
17.00 Sale of drugs to other than patients		0			0.00	0	17.00
18.00 Sale of medical records and abstracts	B	-46,867	MEDICAL RECORDS & LIBRARY		16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	0	19.00
20.00 Vending machines	B	-19,784	DIETARY		10.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY		65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY		66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			UTILIZATION REVIEW-SNF		114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			NEW CAP REL COSTS-BLDG & FIXT		1.00	0	26.00
26.01 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			NEW CAP REL COSTS-BLDG & FIXT		1.01	0	26.01
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	*** Cost Center Deleted ***		2.00	0	27.00
28.00 Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS		19.00		28.00
29.00 Physicians' assistant		0			0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY		67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			ADULTS & PEDIATRICS		30.00		30.99

ADJUSTMENTS TO EXPENSES

Provider CCN: 150088

Period:
From 07/01/2014
To 06/30/2015

Worksheet A-8

Date/Time Prepared:
11/25/2015 11:01 am

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.			
				Cost Center	Line #				
				1.00	2.00		3.00	4.00	5.00
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	MI SC. INCOME	B	-77,720		ADMINISTRATIVE & GENERAL	5.00		0	33.00
33.04	MI SC. INCOME	B	-25		EMPLOYEE BENEFITS DEPARTMENT	4.00		0	33.04
33.07	MI SC. INCOME	B	-870		MAINTENANCE & REPAIRS	6.00		0	33.07
33.11	MI SC. INCOME	B	-5,952		CT SCAN	57.00		0	33.11
33.14	MI SC. INCOME	B	-873		LAUNDRY & LINEN SERVICE	8.00		0	33.14
33.18	MI SC. INCOME	B	-944		CENTRAL SERVICES & SUPPLY	14.00		0	33.18
34.00	MI SC. INCOME	B	-47		RADIOLOGY-THERAPEUTIC	55.00		0	34.00
35.00	MI SC INCOME	B	-2,100		NURSING ADMINISTRATION	13.00		0	35.00
35.03	MI SC INCOME	B	-48		DIETARY	10.00		0	35.03
35.08	MI SC INCOME	B	-639		PARAMEDICAL PRGM	23.00		0	35.08
35.09	MI SC INCOME	B	-394		ADULTS & PEDIATRICS	30.00		0	35.09
35.11	MI SC INCOME	B	-5,758		OPERATING ROOM	50.00		0	35.11
35.13	MI SC INCOME	B	-18,699		MAGNETIC RESONANCE IMAGING (MRI)	58.00		0	35.13
35.14	MI SC INCOME	B	-4,435		RADIOLOGY-DIAGNOSTIC	54.00		0	35.14
35.16	MI SC INCOME	B	-26,352		LABORATORY	60.00		0	35.16
35.17	MI SC INCOME	B	-3,390		RESPIRATORY THERAPY	65.00		0	35.17
35.18	MI SC INCOME	B	-7,925		PHYSICAL THERAPY	66.00		0	35.18
35.20	MI SC INCOME	B	-25,757		CHEMOTHERAPY	76.00		0	35.20
35.21	MI SC INCOME	B	-6,060		ELECTROENCEPHALOGRAPHY	70.00		0	35.21
35.22	MI SC INCOME	B	-325		HOME HEALTH AGENCY	101.00		0	35.22
35.23	MI SC INCOME	B	-42,954		RESEARCH	191.00		0	35.23
35.24	MI SC INCOME	B	-55,438		PHYSICIANS' PRIVATE OFFICES	192.00		0	35.24
35.25			0			0.00		0	35.25
35.26	MI SC INCOME	B	-159		DME	194.10		0	35.26
35.27			0			0.00		0	35.27
36.00	PHYSICIANS' PHONE SERVICE	A	-15,658		ADMINISTRATIVE & GENERAL	5.00		0	36.00
36.01	BAD DEBT & RECOVERIES	A	-4,833,553		ADMINISTRATIVE & GENERAL	5.00		0	36.01
36.02	BAD DEBT & RECOVERIES	A	-53,993		HOME HEALTH AGENCY	101.00		0	36.02
36.03	BAD DEBT & RECOVERIES	A	-6,810		ADULTS & PEDIATRICS	30.00		0	36.03
36.04	BAD DEBT & RECOVERIES	A	-31,475		CHILDREN'S CLINIC	194.02		0	36.04
36.05			0			0.00		0	36.05
36.06	BAD DEBT & RECOVERIES	A	-316,298		PHYSICIANS' PRIVATE OFFICES	192.00		0	36.06
36.07	BAD DEBT & RECOVERIES	A	-59,334		HOSPICE	116.00		0	36.07
36.08	INCOME/SALES TAX	A	-69		HOSPICE	116.00		0	36.08
36.10			0			0.00		0	36.10
36.11	INCOME/SALES TAX	A	-62		ADMINISTRATIVE & GENERAL	5.00		0	36.11
36.12	INCOME/SALES TAX	A	-5,106		EMPLOYEE BENEFITS DEPARTMENT	4.00		0	36.12
36.13	INCOME/SALES TAX	A	-2,023		DIETARY	10.00		0	36.13
36.15	INCOME/SALES TAX	A	-23		NURSING ADMINISTRATION	13.00		0	36.15
36.16	INCOME/SALES TAX	A	-377		PHARMACY	15.00		0	36.16
36.17	INCOME/SALES TAX	A	-1,449		ADULTS & PEDIATRICS	30.00		0	36.17
36.18	INCOME/SALES TAX	A	-73		DME	194.10		0	36.18
36.19	INCOME/SALES TAX	A	-56		RESPIRATORY THERAPY	65.00		0	36.19
36.20	INCOME/SALES TAX	A	-125		OPERATING ROOM	50.00		0	36.20
36.21	INCOME/SALES TAX	A	-70		PHYSICIANS' PRIVATE OFFICES	192.00		0	36.21
36.22	INCOME/SALES TAX	A	-100		FOUNDATION	194.00		0	36.22
37.00	INCOMES SALES TAX	A	-87		EMERGENCY	91.00		0	37.00
37.01	CARRYFORWARD ADJUSTMENTS	A	-10,542		NEW CAP REL COSTS-BLDG & FIXT	1.00		9	37.01
37.03	PHYSICIAN OFFICE DEPRECIATION	A	-10,203		NEW CAP REL COSTS-BLDG & FIXT	1.00		9	37.03
37.04			0			0.00		0	37.04
37.09	MAB DEPRECIATION IN CAP REL	A	-118,146		NEW CAP REL COSTS-BLDG & FIXT	1.00		9	37.09
38.00			0			0.00		0	38.00
38.04			0			0.00		0	38.04
38.06			0			0.00		0	38.06
38.07	ADVERTISING & MARKETING	A	-80		ADMINISTRATIVE & GENERAL	5.00		0	38.07
38.09	A&G MI SC	A	-344,882		ADMINISTRATIVE & GENERAL	5.00		0	38.09
38.10	A&G DUES & MEMBERSHIP	A	-921		ADMINISTRATIVE & GENERAL	5.00		0	38.10
39.00	A&G PURCHASED SERVICES	A	-64,676		ADMINISTRATIVE & GENERAL	5.00		0	39.00
39.01	CORPORATION ADMINISTRATION TRAVEL &	A	-33,943		ADMINISTRATIVE & GENERAL	5.00		0	39.01

Provider CCN: 150088

Period:
 From 07/01/2014
 To 06/30/2015

Worksheet A-8

Date/Time Prepared:
 11/25/2015 11:01 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		3.00
40.00 OTHER ADJUSTMENTS (SPECIFY)		0			0	40.00
41.00 MISC REVENUE LEASED BLDGS	B	-27,300	PHYSICIANS' PRIVATE OFFICES	192.00	0	41.00
42.00 MISC REVENUE LEASED BLDGS	B	-8,877	ADMINISTRATIVE & GENERAL	5.00	0	42.00
43.00 MISC REVENUE LEASED BLDGS	B	-50,964	MOB	194.16	0	43.00
44.00 MISC REVENUE LEASED BLDGS	B	-458,390	MAINTENANCE & REPAIRS	6.00	0	44.00
44.03 MISC REVENUE LEASED BLDGS	B	-11,311	HOUSEKEEPING	9.00	0	44.03
44.04		0		0.00	0	44.04
45.00		0		0.00	0	45.00
45.01		0		0.00	0	45.01
45.02		0		0.00	0	45.02
45.03		0		0.00	0	45.03
45.04		0		0.00	0	45.04
45.05		0		0.00	0	45.05
45.06		0		0.00	0	45.06
45.07		0		0.00	0	45.07
45.08		0		0.00	0	45.08
45.09		0		0.00	0	45.09
45.10		0		0.00	0	45.10
45.11		0		0.00	0	45.11
45.12		0		0.00	0	45.12
45.13		0		0.00	0	45.13
45.14		0		0.00	0	45.14
45.15		0		0.00	0	45.15
45.16		0		0.00	0	45.16
45.17		0		0.00	0	45.17
45.18		0		0.00	0	45.18
45.19		0		0.00	0	45.19
45.20		0		0.00	0	45.20
45.21		0		0.00	0	45.21
45.22		0		0.00	0	45.22
45.23		0		0.00	0	45.23
45.24		0		0.00	0	45.24
45.25		0		0.00	0	45.25
45.26		0		0.00	0	45.26
45.27		0		0.00	0	45.27
45.28		0		0.00	0	45.28
45.29		0		0.00	0	45.29
45.30		0		0.00	0	45.30
45.31		0		0.00	0	45.31
45.32		0		0.00	0	45.32
45.33		0		0.00	0	45.33
45.34		0		0.00	0	45.34
45.35		0		0.00	0	45.35
45.36		0		0.00	0	45.36
45.37		0		0.00	0	45.37
45.38		0		0.00	0	45.38
45.39		0		0.00	0	45.39
45.40		0		0.00	0	45.40
45.41		0		0.00	0	45.41
45.42		0		0.00	0	45.42
45.43		0		0.00	0	45.43
45.44		0		0.00	0	45.44
45.45		0		0.00	0	45.45
45.46		0		0.00	0	45.46
45.47		0		0.00	0	45.47
45.48		0		0.00	0	45.48
45.49		0		0.00	0	45.49
45.50		0		0.00	0	45.50
45.51		0		0.00	0	45.51
45.52		0		0.00	0	45.52
45.53		0		0.00	0	45.53
45.54		0		0.00	0	45.54
45.55		0		0.00	0	45.55
45.56		0		0.00	0	45.56
45.57		0		0.00	0	45.57
45.58		0		0.00	0	45.58
45.59		0		0.00	0	45.59
45.60		0		0.00	0	45.60
45.61		0		0.00	0	45.61

Provider CCN: 150088

Period:
 From 07/01/2014
 To 06/30/2015

Worksheet A-8

Date/Time Prepared:
 11/25/2015 11:01 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00			3.00
45.62		0			0.00	0	45.62
45.63		0			0.00	0	45.63
45.64		0			0.00	0	45.64
45.65		0			0.00	0	45.65
45.66		0			0.00	0	45.66
45.67		0			0.00	0	45.67
45.68		0			0.00	0	45.68
45.69		0			0.00	0	45.69
45.70		0			0.00	0	45.70
45.71		0			0.00	0	45.71
45.72		0			0.00	0	45.72
45.73		0			0.00	0	45.73
45.74		0			0.00	0	45.74
45.75		0			0.00	0	45.75
45.76		0			0.00	0	45.76
45.77		0			0.00	0	45.77
45.78		0			0.00	0	45.78
45.79		0			0.00	0	45.79
45.80		0			0.00	0	45.80
45.81		0			0.00	0	45.81
45.82		0			0.00	0	45.82
45.83		0			0.00	0	45.83
45.84		0			0.00	0	45.84
45.85		0			0.00	0	45.85
45.86		0			0.00	0	45.86
45.87		0			0.00	0	45.87
45.88		0			0.00	0	45.88
45.89		0			0.00	0	45.89
45.90		0			0.00	0	45.90
45.91		0			0.00	0	45.91
45.92		0			0.00	0	45.92
45.93		0			0.00	0	45.93
45.94		0			0.00	0	45.94
45.95		0			0.00	0	45.95
45.96		0			0.00	0	45.96
45.97		0			0.00	0	45.97
45.98		0			0.00	0	45.98
45.99		0			0.00	0	45.99
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)	-2,242,807			0.00	0	50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.
 (2) Basis for adjustment (see instructions).
 A. Costs - if cost, including applicable overhead, can be determined.
 B. Amount Received - if cost cannot be determined.
 (3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.
 Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN: 150088

Period: From 07/01/2014 To 06/30/2015

Worksheet A-8-1

Date/Time Prepared: 11/25/2015 11:01 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	NEW CAP REL COSTS-BLDG & FIX	ASCENSION HEALTH - INTEREST	359,058	458,312	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	ASCENSION HEALTH - INTEREST	17,819	22,745	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	ASCENSION HEALTH - PENSION	2,595,603	1,438,383	3.00
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	ST. VINCENT SELF INSURANCE	10,679,893	9,501,511	4.00
4.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	1,686,004	1,686,004	4.01
4.02	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	18,572,337	14,924,751	4.02
4.03	194.14	ADVERTISING AND MARKETING	HOME OFFICE	1,087,595	0	4.03
4.18	4.00	EMPLOYEE BENEFITS DEPARTMENT	SVH - CHARGEBACK	759,466	759,466	4.18
4.19	5.00	ADMINISTRATIVE & GENERAL	SVH - CHARGEBACK	2,948,064	2,948,064	4.19
4.20	7.00	OPERATION OF PLANT	SVH - CHARGEBACK	88,946	88,946	4.20
4.21	16.00	MEDICAL RECORDS & LIBRARY	SVH - CHARGEBACK	259,843	259,843	4.21
4.22	192.00	PHYSICIANS' PRIVATE OFFICES	SVH - CHARGEBACK	201,292	201,292	4.22
4.33	194.07	COMMUNITY BENEFIT/MISSION	TRIMEDX	360	374	4.33
4.34	5.00	ADMINISTRATIVE & GENERAL	TRIMEDX	4,964	5,162	4.34
4.35	6.00	MAINTENANCE & REPAIRS	TRIMEDX	4,981,575	5,180,467	4.35
4.36	31.00	INTENSIVE CARE UNIT	TRIMEDX	3,277	3,408	4.36
4.37	50.00	OPERATING ROOM	TRIMEDX	6,473	6,731	4.37
4.38	55.00	RADIOLOGY-THERAPEUTIC	TRIMEDX	5,236	5,445	4.38
4.39	0.00			0	0	4.39
5.00	0			44,257,805	37,490,904	5.00

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

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

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

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

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

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

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

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

Provider CCN: 150088

Period:
From 07/01/2014
To 06/30/2015

Worksheet A-8-1

Date/Time Prepared:
11/25/2015 11:01 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-99,254	9		1.00
2.00	-4,926	0		2.00
3.00	1,157,220	0		3.00
4.00	1,178,382	0		4.00
4.01	0	0		4.01
4.02	3,647,586	0		4.02
4.03	1,087,595	0		4.03
4.18	0	0		4.18
4.19	0	0		4.19
4.20	0	0		4.20
4.21	0	0		4.21
4.22	0	0		4.22
4.33	-14	0		4.33
4.34	-198	0		4.34
4.35	-198,892	0		4.35
4.36	-131	0		4.36
4.37	-258	0		4.37
4.38	-209	0		4.38
4.39	0	0		4.39
5.00	6,766,901			5.00

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

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

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

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

6.00	HEALTH SYSTEM		6.00
7.00	HEALTH SYSTEM		7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150088

Period:
From 07/01/2014
To 06/30/2015

Worksheet A-8-2

Date/Time Prepared:
11/25/2015 11:01 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	0.00		0	0	0	0	0	1.00
2.00	41.00	SUBPROVIDER - IRF	107,250	0	107,250	171,400	1,065	2.00
3.00	55.00	RADIOLOGY-THERAPEUTIC	35,004	0	35,004	136,700	209	3.00
4.00	70.00	ELECTROENCEPHALOGRAPHY	18,000	0	18,000	136,700	180	4.00
5.00	91.00	EMERGENCY	1,052,050	972,174	79,876	171,400	1,050	5.00
6.00	30.00	ADULTS & PEDIATRICS	12,500	0	12,500	136,700	92	6.00
7.00	65.00	RESPIRATORY THERAPY	86,400	0	86,400	171,400	576	7.00
8.00	60.00	LABORATORY	76,014	0	76,014	171,400	338	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			1,387,218	972,174	415,044		3,510	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	0.00		0	0	0	0	0	1.00
2.00	41.00	SUBPROVIDER - IRF	87,760	4,388	0	0	0	2.00
3.00	55.00	RADIOLOGY-THERAPEUTIC	13,736	687	0	0	0	3.00
4.00	70.00	ELECTROENCEPHALOGRAPHY	11,830	592	0	0	0	4.00
5.00	91.00	EMERGENCY	86,524	4,326	0	0	0	5.00
6.00	30.00	ADULTS & PEDIATRICS	6,046	302	0	0	0	6.00
7.00	65.00	RESPIRATORY THERAPY	47,465	2,373	0	0	0	7.00
8.00	60.00	LABORATORY	27,853	1,393	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			281,214	14,061	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	0.00		0	0	0	0	1.00
2.00	41.00	SUBPROVIDER - IRF	0	87,760	19,490	19,490	2.00
3.00	55.00	RADIOLOGY-THERAPEUTIC	0	13,736	21,268	21,268	3.00
4.00	70.00	ELECTROENCEPHALOGRAPHY	0	11,830	6,170	6,170	4.00
5.00	91.00	EMERGENCY	0	86,524	0	972,174	5.00
6.00	30.00	ADULTS & PEDIATRICS	0	6,046	6,454	6,454	6.00
7.00	65.00	RESPIRATORY THERAPY	0	47,465	38,935	38,935	7.00
8.00	60.00	LABORATORY	0	27,853	48,161	48,161	8.00
9.00	0.00		0	0	0	0	9.00
10.00	0.00		0	0	0	0	10.00
200.00			0	281,214	140,478	1,112,652	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:
From 07/01/2014
To 06/30/2015

Worksheet B
Part I
Date/Time Prepared:
11/25/2015 11:01 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		NEW BLDG & FIXT	NEW BLDG & FIXT			
	0	1.00	1.01	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	2,399,679	2,399,679			1.00
1.01 00101	NEW CAP REL COSTS-BLDG & FIXT	0	0	0		1.01
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,889,623	35,814	0	1,925,437	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	43,137,491	0	0	397,101	43,534,592
6.00 00600	MAINTENANCE & REPAIRS	7,641,463	322,383	0	22,883	7,966,729
7.00 00700	OPERATION OF PLANT	0	0	0	0	0
8.00 00800	LAUNDRY & LINEN SERVICE	543,951	45,518	0	0	589,469
9.00 00900	HOUSEKEEPING	2,316,661	57,697	0	0	2,374,358
10.00 01000	DIETARY	546,279	160,969	0	716	707,964
11.00 01100	CAFETERIA	1,540,005	0	0	889	1,540,894
12.00 01200	MAINTENANCE OF PERSONNEL	-596	0	0	0	-596
13.00 01300	NURSING ADMINISTRATION	952,355	28,244	0	19,791	1,000,390
14.00 01400	CENTRAL SERVICES & SUPPLY	534,265	91,718	0	14,641	640,624
15.00 01500	PHARMACY	4,295,256	27,868	0	89,873	4,412,997
16.00 01600	MEDICAL RECORDS & LIBRARY	1,728,174	30,152	0	38,969	1,797,295
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00 02300	PARAMED ED PRGM	84,801	752	0	2,074	87,627
23.01 02301	SCH OF RADIOLOGY	209,870	636	0	5,685	216,191
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	13,172,772	441,643	0	306,922	13,921,337
31.00 03100	INTENSIVE CARE UNIT	4,525,265	84,778	0	94,975	4,705,018
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00 04100	SUBPROVIDER - I RF	1,187,662	57,830	0	25,311	1,270,803
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	988,582	5,737	0	20,263	1,014,582
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500	NURSING FACILITY	0	0	0	0	0
45.01 04510	ICF/MR	0	0	0	0	0
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	13,104,438	116,955	0	67,265	13,288,658
50.01 05001	SURGERY CENTER	1,309,758	0	0	284	1,310,042
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	104,014	96,125	0	2,132	202,271
53.00 05300	ANESTHESIOLOGY	1,007,113	0	0	0	1,007,113
54.00 05400	RADIOLOGY-DIAGNOSTIC	5,518,633	89,087	0	91,958	5,699,678
55.00 05500	RADIOLOGY-THERAPEUTIC	2,630,729	0	0	29,893	2,660,622
56.00 05600	RADIOISOTOPE	0	0	0	0	0
57.00 05700	CT SCAN	845,721	3,186	0	11,662	860,569
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	815,885	5,800	0	8,841	830,526
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00 06000	LABORATORY	5,598,927	72,542	0	932	5,672,401
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	456,203	0	0	0	456,203
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	1,414,273	41,279	0	33,600	1,489,152
66.00 06600	PHYSICAL THERAPY	2,122,313	55,135	0	43,625	2,221,073
67.00 06700	OCCUPATIONAL THERAPY	1,383,986	36,572	0	33,861	1,454,419
68.00 06800	SPEECH PATHOLOGY	197,277	0	0	4,822	202,099
69.00 06900	ELECTROCARDIOLOGY	2,680,999	49,514	0	58,222	2,788,735
70.00 07000	ELECTROENCEPHALOGRAPHY	740,006	67,337	0	12,854	820,197
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,035,050	0	0	0	8,035,050
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	4,894,030	0	0	0	4,894,030
73.00 07300	DRUGS CHARGED TO PATIENTS	18,315,158	0	0	0	18,315,158
74.00 07400	RENAL DIALYSIS	0	0	0	0	0
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00 03190	CHEMOTHERAPY	1,301,256	0	0	28,828	1,330,084
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:
From 07/01/2014
To 06/30/2015

Worksheet B
Part I
Date/Time Prepared:
11/25/2015 11:01 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		NEW BLDG & FIXT	NEW BLDG & FIXT			
	0	1.00	1.01	4.00	4A	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER CLINIC	0	0	0	0	0	89.00
90.00 09000 ANDERSON CENTER OP CLINIC	809,043	20,240	0	19,462	848,745	90.01
91.00 09100 EMERGENCY	4,523,147	130,146	0	105,231	4,758,524	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	4,127,084	46,108	0	86,491	4,259,683	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	2,084,028	6,442	0	37,202	2,127,672	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	171,712,629	2,228,207	0	1,717,258	171,332,978	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	10,884	0	0	10,884	190.00
191.00 19100 RESEARCH	161,794	0	0	3,720	165,514	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	4,622,682	10,577	0	104,371	4,737,630	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 FOUNDATION	220,288	3,678	0	3,991	227,957	194.00
194.02 07951 CHILDREN'S CLINIC	363,440	0	0	7,854	371,294	194.02
194.04 07952 HEALTH RESOURCE CENTER	64,710	3,198	0	1,599	69,507	194.04
194.05 07953 ADOLESCENT RESIDENTIAL	1,299,005	58,356	0	31,248	1,388,609	194.05
194.07 07954 COMMUNITY BENEFIT/MISSION	478,636	16,453	0	9,735	504,824	194.07
194.10 07955 DME	4,234,569	53,712	0	45,661	4,333,942	194.10
194.12 07956 MED ONE/TWO	-7,891	0	0	0	-7,891	194.12
194.13 07957 UNUSED SPACE	0	0	0	0	0	194.13
194.14 07958 ADVERTISING AND MARKETING	1,086,622	14,614	0	0	1,101,236	194.14
194.15 07959 PHYSICIANS RECRUITING	0	0	0	0	0	194.15
194.16 07960 MOB	-46,792	0	0	0	-46,792	194.16
194.17 07961 ASB	7,608	0	0	0	7,608	194.17
194.18 07962 MAB	633	0	0	0	633	194.18
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	184,197,933	2,399,679	0	1,925,437	184,197,933	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:
From 07/01/2014
To 06/30/2015

Worksheet B
Part I
Date/Time Prepared:
11/25/2015 11:01 am

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT						1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	43,534,592					5.00
6.00	00600	MAINTENANCE & REPAIRS	2,470,878	10,457,607				6.00
7.00	00700	OPERATION OF PLANT	0	0	0			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	182,366	233,167	0	1,005,002		8.00
9.00	00900	HOUSEKEEPING	734,562	295,555	0	0	3,404,475	9.00
10.00	01000	DIETARY	219,025	824,573	0	0	0	10.00
11.00	01100	CAFETERIA	476,711	0	0	0	86,290	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	309,494	144,682	0	0	11,294	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	198,192	469,830	0	9,860	12,198	14.00
15.00	01500	PHARMACY	1,365,262	142,756	0	0	18,297	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	556,035	154,457	0	0	6,777	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	27,109	3,851	0	0	0	23.00
23.01	02301	SCH OF RADIOLOGY	66,884	3,259	0	0	4,518	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,306,886	2,262,353	0	325,423	1,315,944	30.00
31.00	03100	INTENSIVE CARE UNIT	1,455,606	434,282	0	127,518	245,768	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	393,152	296,236	0	52,872	210,077	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	313,884	29,387	0	11,592	44,365	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,111,152	599,108	0	105,660	327,992	50.00
50.01	05001	SURGERY CENTER	405,292	0	0	45,142	93,067	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	62,577	492,404	0	19,052	72,872	52.00
53.00	05300	ANESTHESIOLOGY	311,574	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,763,326	456,352	0	80,268	111,951	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	823,125	0	0	16,274	18,749	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	266,237	16,323	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	256,942	29,712	0	0	10,165	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	1,754,888	371,599	0	0	95,100	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	141,137	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	460,703	211,453	0	0	11,294	65.00
66.00	06600	PHYSICAL THERAPY	687,140	282,431	0	28,691	80,869	66.00
67.00	06700	OCCUPATIONAL THERAPY	449,958	187,340	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	62,524	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	862,759	253,637	0	1,003	128,531	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	253,747	344,937	0	1,426	88,549	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,485,828	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,514,081	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,666,262	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03190	CHEMOTHERAPY	411,492	0	0	12,569	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANDERSON CENTER OP CLINIC	262,579	103,683	0	0	18,071	90.01
91.00	09100	EMERGENCY	1,472,159	666,679	0	153,474	316,923	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:
From 07/01/2014
To 06/30/2015

Worksheet B
Part I
Date/Time Prepared:
11/25/2015 11:01 am

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	1,317,831	236,189	0	0	4,879	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	658,244	33,001	0	0	4,879	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	39,537,603	9,579,236	0	990,824	3,339,419	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,367	55,752	0	0	0	190.00
191.00	19100 RESEARCH	51,206	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,465,695	54,182	0	10,521	11,294	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 FOUNDATION	70,524	18,841	0	0	2,259	194.00
194.02	07951 CHILDREN'S CLINIC	114,868	0	0	1,209	27,107	194.02
194.04	07952 HEALTH RESOURCE CENTER	21,504	16,382	0	0	0	194.04
194.05	07953 ADOLESCENT RESIDENTIAL	429,598	298,932	0	0	0	194.05
194.07	07954 COMMUNITY BENEFIT/MISSION	156,179	84,279	0	0	4,066	194.07
194.10	07955 DME	1,340,805	275,144	0	0	2,711	194.10
194.12	07956 MED ONE/TWO	0	0	0	1,445	0	194.12
194.13	07957 UNUSED SPACE	0	0	0	0	0	194.13
194.14	07958 ADVERTISING AND MARKETING	340,693	74,859	0	0	4,066	194.14
194.15	07959 PHYSICIANS RECRUITING	0	0	0	0	0	194.15
194.16	07960 MOB	0	0	0	0	5,421	194.16
194.17	07961 ASB	2,354	0	0	0	2,711	194.17
194.18	07962 MAB	196	0	0	1,003	5,421	194.18
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	43,534,592	10,457,607	0	1,005,002	3,404,475	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period: From 07/01/2014 To 06/30/2015

Worksheet B Part I Date/Time Prepared: 11/25/2015 11:01 am

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT						1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,751,562					10.00
11.00	01100	CAFETERIA	0	2,103,895				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	-596			12.00
13.00	01300	NURSING ADMINISTRATION	0	23,261	0	1,489,121		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	32,400	0	0	1,363,104	14.00
15.00	01500	PHARMACY	0	112,631	0	0	21,845	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	41,797	0	0	12	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM	0	2,903	0	0	0	23.00
23.01	02301	SCH OF RADIOLOGY	0	9,180	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,125,297	409,472	0	501,925	74,404	30.00
31.00	03100	INTENSIVE CARE UNIT	303,870	133,460	0	163,593	59,705	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	131,518	39,373	0	48,262	6,363	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	55,376	30,994	0	37,992	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	91,377	0	112,008	590,566	50.00
50.01	05001	SURGERY CENTER	0	457	0	560	89,783	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,826	3,260	0	3,997	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	156,108	0	191,354	101,312	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	40,811	0	50,025	36,940	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	17,042	0	0	91	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	11,159	0	0	2,312	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	1,608	0	0	102,150	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	48,949	0	0	45,492	65.00
66.00	06600	PHYSICAL THERAPY	0	64,372	0	0	7,700	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	39,506	0	0	686	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,857	0	0	34,827	68.00
69.00	06900	ELECTROCARDIOLOGY	0	77,714	0	0	42,166	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	19,662	0	0	2,749	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03190	CHEMOTHERAPY	0	45,125	0	0	41,315	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANDERSON CENTER OP CLINIC	0	33,895	0	0	0	90.01
91.00	09100	EMERGENCY	0	160,417	0	196,635	71,519	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:
From 07/01/2014
To 06/30/2015

Worksheet B
Part I
Date/Time Prepared:
11/25/2015 11:01 am

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	114,612	0	140,489	12,829	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	34,493	0	42,281	7,647	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	1,621,887	1,800,895	0	1,489,121	1,352,413	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	5,243	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	101,385	0	0	732	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 FOUNDATION	0	5,634	0	0	0	194.00
194.02	07951 CHILDREN'S CLINIC	0	14,771	0	0	802	194.02
194.04	07952 HEALTH RESOURCE CENTER	0	3,220	0	0	0	194.04
194.05	07953 ADOLESCENT RESIDENTIAL	129,675	54,423	0	0	0	194.05
194.07	07954 COMMUNITY BENEFIT/MISSION	0	23,681	0	0	0	194.07
194.10	07955 DME	0	94,643	0	0	7,625	194.10
194.12	07956 MED ONE/TWO	0	0	0	0	0	194.12
194.13	07957 UNUSED SPACE	0	0	0	0	0	194.13
194.14	07958 ADVERTISING AND MARKETING	0	0	0	0	0	194.14
194.15	07959 PHYSICIANS RECRUITING	0	0	0	0	0	194.15
194.16	07960 MOB	0	0	0	0	0	194.16
194.17	07961 ASB	0	0	0	0	1,532	194.17
194.18	07962 MAB	0	0	0	0	0	194.18
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	-596	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,751,562	2,103,895	-596	1,489,121	1,363,104	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150088	Period: From 07/01/2014 To 06/30/2015	Worksheet B Part I Date/Time Prepared: 11/25/2015 11:01 am
---	--	----------------------	---	---

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500	6,073,788					15.00
16.00	01600	0	2,556,373				16.00
17.00	01700	0	0	0			17.00
19.00	01900	0	0	0	0		19.00
20.00	02000	0	0	0		0	20.00
21.00	02100	0	0	0			21.00
22.00	02200	0	0	0			22.00
23.00	02300	0	0	0			23.00
23.01	02301	0	0	0			23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	6,936	123,028	0	0	0	30.00
31.00	03100	2,952	54,775	0	0	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	169	12,718	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	5,959	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
45.01	04510	0	0	0	0	0	45.01
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	9,556	357,701	0	0	0	50.00
50.01	05001	1,367	71,409	0	0	0	50.01
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	17,381	0	0	0	52.00
53.00	05300	0	35,597	0	0	0	53.00
54.00	05400	57,598	182,967	0	0	0	54.00
55.00	05500	98	114,331	0	0	0	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	116,656	67,668	0	0	0	57.00
58.00	05800	9,898	17,374	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	1,404	252,526	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	11,679	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	2	68,089	0	0	0	65.00
66.00	06600	198	34,502	0	0	0	66.00
67.00	06700	0	26,227	0	0	0	67.00
68.00	06800	0	2,984	0	0	0	68.00
69.00	06900	2,776	91,963	0	0	0	69.00
70.00	07000	7	23,663	0	0	0	70.00
71.00	07100	0	108,326	0	0	0	71.00
72.00	07200	0	33,397	0	0	0	72.00
73.00	07300	5,809,166	500,110	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03190	0	14,703	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	8,848	0	0	0	90.01
91.00	09100	2,701	259,644	0	0	0	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:
From 07/01/2014
To 06/30/2015

Worksheet B
Part I
Date/Time Prepared:
11/25/2015 11:01 am

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	1,451	18,564	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	29,033	12,052	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	6,051,968	2,528,185	0	0	0	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	2	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	16,487	16,627	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 FOUNDATION	0	0	0	0	0	194.00
194.02	07951 CHILDREN'S CLINIC	5,331	2,713	0	0	0	194.02
194.04	07952 HEALTH RESOURCE CENTER	0	0	0	0	0	194.04
194.05	07953 ADOLESCENT RESIDENTIAL	0	8,848	0	0	0	194.05
194.07	07954 COMMUNITY BENEFIT/MISSION	0	0	0	0	0	194.07
194.10	07955 DME	0	0	0	0	0	194.10
194.12	07956 MED ONE/TWO	0	0	0	0	0	194.12
194.13	07957 UNUSED SPACE	0	0	0	0	0	194.13
194.14	07958 ADVERTISING AND MARKETING	0	0	0	0	0	194.14
194.15	07959 PHYSICIANS RECRUITING	0	0	0	0	0	194.15
194.16	07960 MOB	0	0	0	0	0	194.16
194.17	07961 ASB	0	0	0	0	0	194.17
194.18	07962 MAB	0	0	0	0	0	194.18
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	6,073,788	2,556,373	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:
From 07/01/2014
To 06/30/2015

Worksheet B
Part I
Date/Time Prepared:
11/25/2015 11:01 am

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	SCH OF RADIOLOGY	Subtotal	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 NEW CAP REL COSTS-BLDG & FIXT						1.01
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000 NURSING SCHOOL						20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		0				22.00
23.00 02300 PARAMED PRGM			121,490			23.00
23.01 02301 SCH OF RADIOLOGY				300,032		23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	0	0	0	24,373,005	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	7,686,547	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	2,461,543	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	1,544,131	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
45.01 04510 ICF/MR	0	0	0	0	0	45.01
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	19,593,778	50.00
50.01 05001 SURGERY CENTER	0	0	0	0	2,017,119	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	879,640	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	1,354,284	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	204,834	9,005,748	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	3,760,975	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	75,749	1,420,335	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	19,449	1,187,537	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	8,251,676	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	609,019	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	2,335,134	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	3,406,976	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	2,158,136	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	307,291	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	4,249,284	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	1,554,937	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	10,629,204	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	6,441,508	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	30,290,696	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03190 CHEMOTHERAPY	0	0	0	0	1,855,288	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 ANDERSON CENTER OP CLINIC	0	0	0	0	1,275,821	90.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:
From 07/01/2014
To 06/30/2015

Worksheet B
Part I
Date/Time Prepared:
11/25/2015 11:01 am

Cost Center Description			INTERNS & RESIDENTS				Subtotal	
			SERVICES-SALAR	SERVICES-OTHER	PARAMED ED	SCH OF		
			Y & FRINGES	PRGM COSTS				
21.00	22.00	23.00	23.01	24.00				
91.00	09100	EMERGENCY	0	0	121,490	0	8,180,165	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	6,106,527	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	2,949,302	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	121,490	300,032	165,885,606	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	70,003	190.00
191.00	19100	RESEARCH	0	0	0	0	221,965	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	6,414,553	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	FOUNDATION	0	0	0	0	325,215	194.00
194.02	07951	CHILDREN'S CLINIC	0	0	0	0	538,095	194.02
194.04	07952	HEALTH RESOURCE CENTER	0	0	0	0	110,613	194.04
194.05	07953	ADOLESCENT RESIDENTIAL	0	0	0	0	2,310,085	194.05
194.07	07954	COMMUNITY BENEFIT/MISSION	0	0	0	0	773,029	194.07
194.10	07955	DME	0	0	0	0	6,054,870	194.10
194.12	07956	MED ONE/TWO	0	0	0	0	-6,446	194.12
194.13	07957	UNUSED SPACE	0	0	0	0	0	194.13
194.14	07958	ADVERTISING AND MARKETING	0	0	0	0	1,520,854	194.14
194.15	07959	PHYSICIANS RECRUITING	0	0	0	0	0	194.15
194.16	07960	MOB	0	0	0	0	-41,371	194.16
194.17	07961	ASB	0	0	0	0	14,205	194.17
194.18	07962	MAB	0	0	0	0	7,253	194.18
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	-596	201.00
202.00		TOTAL (sum lines 118-201)	0	0	121,490	300,032	184,197,933	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:
From 07/01/2014
To 06/30/2015

Worksheet B
Part I
Date/Time Prepared:
11/25/2015 11:01 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT		1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMED ED PRGM		23.00
23.01	02301	SCH OF RADIOLOGY		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	24,373,005	30.00
31.00	03100	INTENSIVE CARE UNIT	7,686,547	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	40.00
41.00	04100	SUBPROVIDER - I RF	2,461,543	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	1,544,131	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
45.00	04500	NURSING FACILITY	0	45.00
45.01	04510	ICF/MR	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	19,593,778	50.00
50.01	05001	SURGERY CENTER	2,017,119	50.01
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	879,640	52.00
53.00	05300	ANESTHESIOLOGY	1,354,284	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,005,748	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,760,975	55.00
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	1,420,335	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,187,537	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	8,251,676	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	609,019	63.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,335,134	65.00
66.00	06600	PHYSICAL THERAPY	3,406,976	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,158,136	67.00
68.00	06800	SPEECH PATHOLOGY	307,291	68.00
69.00	06900	ELECTROCARDIOLOGY	4,249,284	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,554,937	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,629,204	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	6,441,508	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,290,696	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
76.00	03190	CHEMOTHERAPY	1,855,288	76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:
From 07/01/2014
To 06/30/2015

Worksheet B
Part I
Date/Time Prepared:
11/25/2015 11:01 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
90.01	09001 ANDERSON CENTER OP CLINIC	0	1,275,821	90.01
91.00	09100 EMERGENCY	0	8,180,165	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
99.00	09900 CMHC	0	0	99.00
99.10	09910 CORF	0	0	99.10
100.00	10000 I & R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	6,106,527	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600 HOSPICE	0	2,949,302	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	0	165,885,606	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	70,003	190.00
191.00	19100 RESEARCH	0	221,965	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	6,414,553	192.00
193.00	19300 NONPAID WORKERS	0	0	193.00
194.00	07950 FOUNDATION	0	325,215	194.00
194.02	07951 CHILDREN'S CLINIC	0	538,095	194.02
194.04	07952 HEALTH RESOURCE CENTER	0	110,613	194.04
194.05	07953 ADOLESCENT RESIDENTIAL	0	2,310,085	194.05
194.07	07954 COMMUNITY BENEFIT/MISSION	0	773,029	194.07
194.10	07955 DME	0	6,054,870	194.10
194.12	07956 MED ONE/TWO	0	-6,446	194.12
194.13	07957 UNUSED SPACE	0	0	194.13
194.14	07958 ADVERTISING AND MARKETING	0	1,520,854	194.14
194.15	07959 PHYSICIANS RECRUITING	0	0	194.15
194.16	07960 MOB	0	-41,371	194.16
194.17	07961 ASB	0	14,205	194.17
194.18	07962 MAB	0	7,253	194.18
200.00	Cross Foot Adjustments	0	0	200.00
201.00	Negative Cost Centers	0	-596	201.00
202.00	TOTAL (sum lines 118-201)	0	184,197,933	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150088	Period: From 07/01/2014 To 06/30/2015	Worksheet B Part II Date/Time Prepared: 11/25/2015 11:01 am
-------------------------------------	--	----------------------	---	--

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW BLDG & FIXT			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	NEW CAP REL COSTS-BLDG & FIXT					1.01
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	2,759	35,814	0	38,573	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	2,679,603	0	0	2,679,603	5.00
6.00 00600	MAINTENANCE & REPAIRS	39,137	322,383	0	361,520	6.00
7.00 00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,057	45,518	0	46,575	8.00
9.00 00900	HOUSEKEEPING	2,108	57,697	0	59,805	9.00
10.00 01000	DIETARY	7,973	160,969	0	168,942	10.00
11.00 01100	CAFETERIA	9,907	0	0	9,907	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	61,844	28,244	0	90,088	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	24,632	91,718	0	116,350	14.00
15.00 01500	PHARMACY	526,484	27,868	0	554,352	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	6,632	30,152	0	36,784	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02300	PARAMED PRGM	0	752	0	752	23.00
23.01 02301	SCH OF RADIOLOGY	0	636	0	636	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	170,416	441,643	0	612,059	30.00
31.00 03100	INTENSIVE CARE UNIT	98,876	84,778	0	183,654	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00 04000	SUBPROVIDER - I PF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - I RF	24,921	57,830	0	82,751	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	11,540	5,737	0	17,277	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
45.01 04510	ICF/MR	0	0	0	0	45.01
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	1,007,382	116,955	0	1,124,337	50.00
50.01 05001	SURGERY CENTER	208,588	0	0	208,588	50.01
51.00 05100	RECOVERY ROOM	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	10,492	96,125	0	106,617	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	686,186	89,087	0	775,273	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	532,340	0	0	532,340	55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	3,808	3,186	0	6,994	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	300,114	5,800	0	305,914	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	22,492	72,542	0	95,034	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	31,587	41,279	0	72,866	65.00
66.00 06600	PHYSICAL THERAPY	174,095	55,135	0	229,230	66.00
67.00 06700	OCCUPATIONAL THERAPY	177	36,572	0	36,749	67.00
68.00 06800	SPEECH PATHOLOGY	642	0	0	642	68.00
69.00 06900	ELECTROCARDIOLOGY	214,074	49,514	0	263,588	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	37,803	67,337	0	105,140	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00 03190	CHEMOTHERAPY	50,522	0	0	50,522	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150088

Period:
From 07/01/2014
To 06/30/2015

Worksheet B
Part II
Date/Time Prepared:
11/25/2015 11:01 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW BLDG & FIXT			
		1.00	1.01			
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 ANDERSON CENTER OP CLINIC	1,718	20,240	0	21,958	390	90.01
91.00 09100 EMERGENCY	32,147	130,146	0	162,293	2,107	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	2,980	46,108	0	49,088	1,732	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	5,745	6,442	0	12,187	745	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	6,990,781	2,228,207	0	9,218,988	34,405	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	10,884	0	10,884	0	190.00
191.00 19100 RESEARCH	17,384	0	0	17,384	74	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	136,598	10,577	0	147,175	2,090	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 FOUNDATION	121	3,678	0	3,799	80	194.00
194.02 07951 CHILDREN'S CLINIC	9,535	0	0	9,535	157	194.02
194.04 07952 HEALTH RESOURCE CENTER	0	3,198	0	3,198	32	194.04
194.05 07953 ADOLESCENT RESIDENTIAL	2,758	58,356	0	61,114	626	194.05
194.07 07954 COMMUNITY BENEFIT/MISSION	22,304	16,453	0	38,757	195	194.07
194.10 07955 DME	55,944	53,712	0	109,656	914	194.10
194.12 07956 MED ONE/TWO	0	0	0	0	0	194.12
194.13 07957 UNUSED SPACE	0	0	0	0	0	194.13
194.14 07958 ADVERTISING AND MARKETING	411	14,614	0	15,025	0	194.14
194.15 07959 PHYSICIANS RECRUITING	0	0	0	0	0	194.15
194.16 07960 MOB	0	0	0	0	0	194.16
194.17 07961 ASB	6,490	0	0	6,490	0	194.17
194.18 07962 MAB	0	0	0	0	0	194.18
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	7,242,326	2,399,679	0	9,642,005	38,573	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150088	Period: From 07/01/2014 To 06/30/2015	Worksheet B Part II Date/Time Prepared: 11/25/2015 11:01 am			
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT						1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,687,569					5.00
6.00	00600	MAINTENANCE & REPAIRS	152,539	514,517				6.00
7.00	00700	OPERATION OF PLANT	0	0	0			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	11,258	11,472	0	69,305		8.00
9.00	00900	HOUSEKEEPING	45,348	14,541	0	0	119,694	9.00
10.00	01000	DIETARY	13,521	40,569	0	0	0	10.00
11.00	01100	CAFETERIA	29,430	0	0	0	3,034	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	19,106	7,118	0	0	397	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	12,235	23,116	0	680	429	14.00
15.00	01500	PHARMACY	84,284	7,024	0	0	643	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	34,327	7,599	0	0	238	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	1,674	189	0	0	0	23.00
23.01	02301	SCH OF RADIOLOGY	4,129	160	0	0	159	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	265,884	111,307	0	22,441	46,267	30.00
31.00	03100	INTENSIVE CARE UNIT	89,861	21,367	0	8,794	8,641	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	24,271	14,575	0	3,646	7,386	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	19,378	1,446	0	799	1,560	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	253,800	29,476	0	7,286	11,531	50.00
50.01	05001	SURGERY CENTER	25,020	0	0	3,113	3,272	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,863	24,226	0	1,314	2,562	52.00
53.00	05300	ANESTHESIOLOGY	19,235	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	108,858	22,453	0	5,535	3,936	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	50,815	0	0	1,122	659	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	16,436	803	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	15,862	1,462	0	0	357	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	108,337	18,283	0	0	3,343	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,713	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	28,441	10,404	0	0	397	65.00
66.00	06600	PHYSICAL THERAPY	42,420	13,896	0	1,979	2,843	66.00
67.00	06700	OCCUPATIONAL THERAPY	27,778	9,217	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,860	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	53,262	12,479	0	69	4,519	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	15,665	16,971	0	98	3,113	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	153,461	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	93,471	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	349,786	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03190	CHEMOTHERAPY	25,403	0	0	867	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANDERSON CENTER OP CLINIC	16,210	5,101	0	0	635	90.01
91.00	09100	EMERGENCY	90,883	32,801	0	10,584	11,142	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150088

Period:
From 07/01/2014
To 06/30/2015

Worksheet B
Part II
Date/Time Prepared:
11/25/2015 11:01 am

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	81,356	11,621	0	0	172	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	40,636	1,624	0	0	172	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	2,440,816	471,300	0	68,327	117,407	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	208	2,743	0	0	0	190.00
191.00	19100 RESEARCH	3,161	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	90,484	2,666	0	726	397	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 FOUNDATION	4,354	927	0	0	79	194.00
194.02	07951 CHILDREN'S CLINIC	7,091	0	0	83	953	194.02
194.04	07952 HEALTH RESOURCE CENTER	1,328	806	0	0	0	194.04
194.05	07953 ADOLESCENT RESIDENTIAL	26,521	14,708	0	0	0	194.05
194.07	07954 COMMUNITY BENEFIT/MISSION	9,642	4,147	0	0	143	194.07
194.10	07955 DME	82,774	13,537	0	0	95	194.10
194.12	07956 MED ONE/TWO	0	0	0	100	0	194.12
194.13	07957 UNUSED SPACE	0	0	0	0	0	194.13
194.14	07958 ADVERTISING AND MARKETING	21,033	3,683	0	0	143	194.14
194.15	07959 PHYSICIANS RECRUITING	0	0	0	0	0	194.15
194.16	07960 MOB	0	0	0	0	191	194.16
194.17	07961 ASB	145	0	0	0	95	194.17
194.18	07962 MAB	12	0	0	69	191	194.18
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	2,687,569	514,517	0	69,305	119,694	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150088		Period: From 07/01/2014 To 06/30/2015		Worksheet B Part II Date/Time Prepared: 11/25/2015 11:01 am	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT						1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	223,046					10.00
11.00	01100	CAFETERIA	0	42,389				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	469	0	117,574		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	653	0	0	153,756	14.00
15.00	01500	PHARMACY	0	2,269	0	0	2,464	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	842	0	0	1	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM	0	58	0	0	0	23.00
23.01	02301	SCH OF RADIOLOGY	0	185	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	143,296	8,251	0	39,630	8,393	30.00
31.00	03100	INTENSIVE CARE UNIT	38,695	2,689	0	12,916	6,735	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	16,748	793	0	3,811	718	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	7,052	624	0	3,000	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	1,841	0	8,844	66,616	50.00
50.01	05001	SURGERY CENTER	0	9	0	44	10,127	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	742	66	0	316	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,145	0	15,108	11,428	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	822	0	3,950	4,167	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	343	0	0	10	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	225	0	0	261	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	32	0	0	11,522	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	986	0	0	5,131	65.00
66.00	06600	PHYSICAL THERAPY	0	1,297	0	0	869	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	796	0	0	77	67.00
68.00	06800	SPEECH PATHOLOGY	0	98	0	0	3,928	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,566	0	0	4,756	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	396	0	0	310	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03190	CHEMOTHERAPY	0	909	0	0	4,660	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANDERSON CENTER OP CLINIC	0	683	0	0	0	90.01
91.00	09100	EMERGENCY	0	3,232	0	15,525	8,067	91.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150088		Period: From 07/01/2014 To 06/30/2015		Worksheet B Part II Date/Time Prepared: 11/25/2015 11:01 am	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	2,309	0	11,092	1,447	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	695	0	3,338	863	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	206,533	36,283	0	117,574	152,550	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	106	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,043	0	0	83	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	FOUNDATION	0	114	0	0	0	194.00
194.02	07951	CHILDREN'S CLINIC	0	298	0	0	90	194.02
194.04	07952	HEALTH RESOURCE CENTER	0	65	0	0	0	194.04
194.05	07953	ADOLESCENT RESIDENTIAL	16,513	1,096	0	0	0	194.05
194.07	07954	COMMUNITY BENEFIT/MISSION	0	477	0	0	0	194.07
194.10	07955	DME	0	1,907	0	0	860	194.10
194.12	07956	MED ONE/TWO	0	0	0	0	0	194.12
194.13	07957	UNUSED SPACE	0	0	0	0	0	194.13
194.14	07958	ADVERTISING AND MARKETING	0	0	0	0	0	194.14
194.15	07959	PHYSICIANS RECRUITING	0	0	0	0	0	194.15
194.16	07960	MOB	0	0	0	0	0	194.16
194.17	07961	ASB	0	0	0	0	173	194.17
194.18	07962	MAB	0	0	0	0	0	194.18
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	223,046	42,389	0	117,574	153,756	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150088	Period: From 07/01/2014 To 06/30/2015	Worksheet B Part II Date/Time Prepared: 11/25/2015 11:01 am		
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL
		15.00	16.00	17.00	19.00	20.00
GENERAL SERVICE COST CENTERS						
1.00	00100					1.00
1.01	00101					1.01
4.00	00400					4.00
5.00	00500					5.00
6.00	00600					6.00
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100					11.00
12.00	01200					12.00
13.00	01300					13.00
14.00	01400					14.00
15.00	01500	652,836				15.00
16.00	01600	0	80,571			16.00
17.00	01700	0	0	0		17.00
19.00	01900	0	0	0	0	19.00
20.00	02000	0	0	0	0	20.00
21.00	02100	0	0	0	0	21.00
22.00	02200	0	0	0	0	22.00
23.00	02300	0	0	0	0	23.00
23.01	02301	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	746	3,865	0		30.00
31.00	03100	317	1,721	0		31.00
32.00	03200	0	0	0		32.00
33.00	03300	0	0	0		33.00
34.00	03400	0	0	0		34.00
40.00	04000	0	0	0		40.00
41.00	04100	18	400	0		41.00
42.00	04200	0	0	0		42.00
43.00	04300	0	187	0		43.00
44.00	04400	0	0	0		44.00
45.00	04500	0	0	0		45.00
45.01	04510	0	0	0		45.01
46.00	04600	0	0	0		46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	1,027	11,237	0		50.00
50.01	05001	147	2,243	0		50.01
51.00	05100	0	0	0		51.00
52.00	05200	0	546	0		52.00
53.00	05300	0	1,118	0		53.00
54.00	05400	6,191	5,748	0		54.00
55.00	05500	11	3,592	0		55.00
56.00	05600	0	0	0		56.00
57.00	05700	12,539	2,126	0		57.00
58.00	05800	1,064	546	0		58.00
59.00	05900	0	0	0		59.00
60.00	06000	151	7,933	0		60.00
60.01	06001	0	0	0		60.01
61.00	06100	0	0	0		61.00
62.00	06200	0	0	0		62.00
63.00	06300	0	367	0		63.00
64.00	06400	0	0	0		64.00
65.00	06500	0	2,139	0		65.00
66.00	06600	21	1,084	0		66.00
67.00	06700	0	824	0		67.00
68.00	06800	0	94	0		68.00
69.00	06900	298	2,889	0		69.00
70.00	07000	1	743	0		70.00
71.00	07100	0	3,403	0		71.00
72.00	07200	0	1,049	0		72.00
73.00	07300	624,393	15,973	0		73.00
74.00	07400	0	0	0		74.00
75.00	07500	0	0	0		75.00
76.00	03190	0	462	0		76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	0	0	0		88.00
89.00	08900	0	0	0		89.00
90.00	09000	0	0	0		90.00
90.01	09001	0	278	0		90.01
91.00	09100	290	8,157	0		91.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150088	Period: From 07/01/2014 To 06/30/2015	Worksheet B Part II Date/Time Prepared: 11/25/2015 11:01 am			
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0			94.00
95.00	09500 AMBULANCE SERVICES	0	0	0			95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0			96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0			97.00
99.00	09900 CMHC	0	0	0			99.00
99.10	09910 CORF	0	0	0			99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100 HOME HEALTH AGENCY	156	583	0			101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0			105.00
106.00	10600 HEART ACQUISITION	0	0	0			106.00
107.00	10700 LIVER ACQUISITION	0	0	0			107.00
108.00	10800 LUNG ACQUISITION	0	0	0			108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100 ISLET ACQUISITION	0	0	0			111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600 HOSPICE	3,121	379	0			116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	650,491	79,686	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
191.00	19100 RESEARCH	0	0	0			191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,772	522	0			192.00
193.00	19300 NONPAID WORKERS	0	0	0			193.00
194.00	07950 FOUNDATION	0	0	0			194.00
194.02	07951 CHILDREN'S CLINIC	573	85	0			194.02
194.04	07952 HEALTH RESOURCE CENTER	0	0	0			194.04
194.05	07953 ADOLESCENT RESIDENTIAL	0	278	0			194.05
194.07	07954 COMMUNITY BENEFIT/MISSION	0	0	0			194.07
194.10	07955 DME	0	0	0			194.10
194.12	07956 MED ONE/TWO	0	0	0			194.12
194.13	07957 UNUSED SPACE	0	0	0			194.13
194.14	07958 ADVERTISING AND MARKETING	0	0	0			194.14
194.15	07959 PHYSICIANS RECRUITING	0	0	0			194.15
194.16	07960 MOB	0	0	0			194.16
194.17	07961 ASB	0	0	0			194.17
194.18	07962 MAB	0	0	0			194.18
200.00	Cross Foot Adjustments				0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	652,836	80,571	0	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150088

Period:
From 07/01/2014
To 06/30/2015

Worksheet B
Part II
Date/Time Prepared:
11/25/2015 11:01 am

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	SCH OF RADIOLOGY	Subtotal	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 NEW CAP REL COSTS-BLDG & FIXT						1.01
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000 NURSING SCHOOL						20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		0				22.00
23.00 02300 PARAMED PRGM			2,715			23.00
23.01 02301 SCH OF RADIOLOGY				5,383		23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS					1,268,285	30.00
31.00 03100 INTENSIVE CARE UNIT					377,292	31.00
32.00 03200 CORONARY CARE UNIT					0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT					0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT					0	34.00
40.00 04000 SUBPROVIDER - I PF					0	40.00
41.00 04100 SUBPROVIDER - I RF					155,624	41.00
42.00 04200 SUBPROVIDER					0	42.00
43.00 04300 NURSERY					51,729	43.00
44.00 04400 SKILLED NURSING FACILITY					0	44.00
45.00 04500 NURSING FACILITY					0	45.00
45.01 04510 ICF/MR					0	45.01
46.00 04600 OTHER LONG TERM CARE					0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM					1,517,342	50.00
50.01 05001 SURGERY CENTER					252,569	50.01
51.00 05100 RECOVERY ROOM					0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM					140,295	52.00
53.00 05300 ANESTHESIOLOGY					20,353	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC					959,517	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC					598,077	55.00
56.00 05600 RADIOISOTOPE					0	56.00
57.00 05700 CT SCAN					39,485	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)					325,868	58.00
59.00 05900 CARDIAC CATHETERIZATION					0	59.00
60.00 06000 LABORATORY					244,654	60.00
60.01 06001 BLOOD LABORATORY					0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY					0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS					0	62.00
63.00 06300 BLOOD STORAGE, PROCESSING & TRANS.					9,080	63.00
64.00 06400 INTRAVENOUS THERAPY					0	64.00
65.00 06500 RESPIRATORY THERAPY					121,037	65.00
66.00 06600 PHYSICAL THERAPY					294,513	66.00
67.00 06700 OCCUPATIONAL THERAPY					76,119	67.00
68.00 06800 SPEECH PATHOLOGY					8,719	68.00
69.00 06900 ELECTROCARDIOLOGY					344,592	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY					142,694	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS					156,864	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT					94,520	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS					990,152	73.00
74.00 07400 RENAL DIALYSIS					0	74.00
75.00 07500 ASC (NON-DISTINCT PART)					0	75.00
76.00 03190 CHEMOTHERAPY					83,400	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC					0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER					0	89.00
90.00 09000 CLINIC					0	90.00
90.01 09001 ANDERSON CENTER OP CLINIC					45,255	90.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150088

Period:
From 07/01/2014
To 06/30/2015

Worksheet B
Part II
Date/Time Prepared:
11/25/2015 11:01 am

Cost Center Description			INTERNS & RESIDENTS				Subtotal	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	PARAMED PRGM	SCH OF RADIOLOGY		
			21.00	22.00	23.00	23.01		
91.00	09100	EMERGENCY					345,081	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS					0	94.00
95.00	09500	AMBULANCE SERVICES					0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED					0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD					0	97.00
99.00	09900	CMHC					0	99.00
99.10	09910	CORF					0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM					0	100.00
101.00	10100	HOME HEALTH AGENCY					159,556	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION					0	105.00
106.00	10600	HEART ACQUISITION					0	106.00
107.00	10700	LIVER ACQUISITION					0	107.00
108.00	10800	LUNG ACQUISITION					0	108.00
109.00	10900	PANCREAS ACQUISITION					0	109.00
110.00	11000	INTESTINAL ACQUISITION					0	110.00
111.00	11100	ISLET ACQUISITION					0	111.00
113.00	11300	INTEREST EXPENSE					0	113.00
114.00	11400	UTILIZATION REVIEW-SNF					0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)					0	115.00
116.00	11600	HOSPICE					63,760	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	8,886,432	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					13,835	190.00
191.00	19100	RESEARCH					20,725	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES					247,958	192.00
193.00	19300	NONPAID WORKERS					0	193.00
194.00	07950	FOUNDATION					9,353	194.00
194.02	07951	CHILDREN'S CLINIC					18,865	194.02
194.04	07952	HEALTH RESOURCE CENTER					5,429	194.04
194.05	07953	ADOLESCENT RESIDENTIAL					120,856	194.05
194.07	07954	COMMUNITY BENEFIT/MISSION					53,361	194.07
194.10	07955	DME					209,743	194.10
194.12	07956	MED ONE/TWO					100	194.12
194.13	07957	UNUSED SPACE					0	194.13
194.14	07958	ADVERTISING AND MARKETING					39,884	194.14
194.15	07959	PHYSICIANS RECRUITING					0	194.15
194.16	07960	MOB					191	194.16
194.17	07961	ASB					6,903	194.17
194.18	07962	MAB					272	194.18
200.00		Cross Foot Adjustments	0	0	2,715	5,383	8,098	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	0	2,715	5,383	9,642,005	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150088	Period: From 07/01/2014 To 06/30/2015	Worksheet B Part II Date/Time Prepared: 11/25/2015 11:01 am
-------------------------------------	--	----------------------	---	--

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT		1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMED ED PRGM		23.00
23.01	02301	SCH OF RADIOLOGY		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	1,268,285
31.00	03100	INTENSIVE CARE UNIT	0	377,292
32.00	03200	CORONARY CARE UNIT	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0
40.00	04000	SUBPROVIDER - I PF	0	0
41.00	04100	SUBPROVIDER - I RF	0	155,624
42.00	04200	SUBPROVIDER	0	0
43.00	04300	NURSERY	0	51,729
44.00	04400	SKILLED NURSING FACILITY	0	0
45.00	04500	NURSING FACILITY	0	0
45.01	04510	ICF/MR	0	0
46.00	04600	OTHER LONG TERM CARE	0	0
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	1,517,342
50.01	05001	SURGERY CENTER	0	252,569
51.00	05100	RECOVERY ROOM	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	140,295
53.00	05300	ANESTHESIOLOGY	0	20,353
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	959,517
55.00	05500	RADIOLOGY-THERAPEUTIC	0	598,077
56.00	05600	RADIOISOTOPE	0	0
57.00	05700	CT SCAN	0	39,485
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	325,868
59.00	05900	CARDIAC CATHETERIZATION	0	0
60.00	06000	LABORATORY	0	244,654
60.01	06001	BLOOD LABORATORY	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	9,080
64.00	06400	INTRAVENOUS THERAPY	0	0
65.00	06500	RESPIRATORY THERAPY	0	121,037
66.00	06600	PHYSICAL THERAPY	0	294,513
67.00	06700	OCCUPATIONAL THERAPY	0	76,119
68.00	06800	SPEECH PATHOLOGY	0	8,719
69.00	06900	ELECTROCARDIOLOGY	0	344,592
70.00	07000	ELECTROENCEPHALOGRAPHY	0	142,694
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	156,864
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	94,520
73.00	07300	DRUGS CHARGED TO PATIENTS	0	990,152
74.00	07400	RENAL DIALYSIS	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0
76.00	03190	CHEMOTHERAPY	0	83,400
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0
90.00	09000	CLINIC	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150088

Period:
From 07/01/2014
To 06/30/2015

Worksheet B
Part II
Date/Time Prepared:
11/25/2015 11:01 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
90.01	09001 ANDERSON CENTER OP CLINIC	0	45,255	90.01
91.00	09100 EMERGENCY	0	345,081	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
99.00	09900 CMHC	0	0	99.00
99.10	09910 CORF	0	0	99.10
100.00	10000 I & R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	159,556	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600 HOSPICE	0	63,760	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	0	8,886,432	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	13,835	190.00
191.00	19100 RESEARCH	0	20,725	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	247,958	192.00
193.00	19300 NONPAID WORKERS	0	0	193.00
194.00	07950 FOUNDATION	0	9,353	194.00
194.02	07951 CHILDREN'S CLINIC	0	18,865	194.02
194.04	07952 HEALTH RESOURCE CENTER	0	5,429	194.04
194.05	07953 ADOLESCENT RESIDENTIAL	0	120,856	194.05
194.07	07954 COMMUNITY BENEFIT/MISSION	0	53,361	194.07
194.10	07955 DME	0	209,743	194.10
194.12	07956 MED ONE/TWO	0	100	194.12
194.13	07957 UNUSED SPACE	0	0	194.13
194.14	07958 ADVERTISING AND MARKETING	0	39,884	194.14
194.15	07959 PHYSICIANS RECRUITING	0	0	194.15
194.16	07960 MOB	0	191	194.16
194.17	07961 ASB	0	6,903	194.17
194.18	07962 MAB	0	272	194.18
200.00	Cross Foot Adjustments	0	8,098	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	9,642,005	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period:
From 07/01/2014
To 06/30/2015

Worksheet B-1

Date/Time Prepared:
11/25/2015 11:01 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT (SQUARE FEET)				
		1.00	1.01	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	414,956	0			1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT	0	0			1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	6,193	0	59,595,401		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	12,290,075	-43,534,592	5.00
6.00	00600	MAINTENANCE & REPAIRS	55,747	0	708,262	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,871	0	0	589,469	8.00
9.00	00900	HOUSEKEEPING	9,977	0	0	2,374,358	9.00
10.00	01000	DIETARY	27,835	0	22,153	0	10.00
11.00	01100	CAFETERIA	0	0	27,527	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	596	12.00
13.00	01300	NURSING ADMINISTRATION	4,884	0	612,584	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,860	0	453,158	0	14.00
15.00	01500	PHARMACY	4,819	0	2,781,766	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,214	0	1,206,172	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	130	0	64,188	0	23.00
23.01	02301	SCH OF RADIOLOGY	110	0	175,970	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	76,370	0	9,499,891	0	30.00
31.00	03100	INTENSIVE CARE UNIT	14,660	0	2,939,672	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	10,000	0	783,429	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	992	0	627,182	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	20,224	0	2,081,989	0	50.00
50.01	05001	SURGERY CENTER	0	0	8,778	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,622	0	65,989	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	1,007,113	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,405	0	2,846,299	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	925,254	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	551	0	360,976	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,003	0	273,659	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	12,544	0	28,857	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	456,203	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	7,138	0	1,040,005	0	65.00
66.00	06600	PHYSICAL THERAPY	9,534	0	1,350,284	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,324	0	1,048,083	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	149,245	0	68.00
69.00	06900	ELECTROCARDIOLOGY	8,562	0	1,802,107	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,644	0	397,870	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	8,035,050	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	4,894,030	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	18,315,158	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03190	CHEMOTHERAPY	0	0	892,300	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period:
From 07/01/2014
To 06/30/2015

Worksheet B-1
Date/Time Prepared:
11/25/2015 11:01 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT (SQUARE FEET)				
	1.00	1.01				
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 ANDERSON CENTER OP CLINIC	3,500	0	602,388	0	848,745	90.01
91.00 09100 EMERGENCY	22,505	0	3,257,109	0	4,758,524	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	7,973	0	2,677,092	0	4,259,683	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	1,114	0	1,151,482	0	2,127,672	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	385,305	0	53,151,795	-43,533,996	127,798,982	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,882	0	0	0	10,884	190.00
191.00 19100 RESEARCH	0	0	115,146	0	165,514	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	1,829	0	3,230,506	0	4,737,630	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 FOUNDATION	636	0	123,539	0	227,957	194.00
194.02 07951 CHILDREN'S CLINIC	0	0	243,093	0	371,294	194.02
194.04 07952 HEALTH RESOURCE CENTER	553	0	49,487	0	69,507	194.04
194.05 07953 ADOLESCENT RESIDENTIAL	10,091	0	967,198	0	1,388,609	194.05
194.07 07954 COMMUNITY BENEFIT/MISSION	2,845	0	301,325	0	504,824	194.07
194.10 07955 DME	9,288	0	1,413,312	0	4,333,942	194.10
194.12 07956 MED ONE/TWO	0	0	0	7,891	0	194.12
194.13 07957 UNUSED SPACE	0	0	0	0	0	194.13
194.14 07958 ADVERTISING AND MARKETING	2,527	0	0	0	1,101,236	194.14
194.15 07959 PHYSICIANS RECRUITING	0	0	0	0	0	194.15
194.16 07960 MOB	0	0	0	46,792	0	194.16
194.17 07961 ASB	0	0	0	0	7,608	194.17
194.18 07962 MAB	0	0	0	0	633	194.18
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	2,399,679	0	1,925,437		43,534,592	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	5.782972	0.000000	0.032308		0.309373	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			38,573		2,687,569	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000647		0.019099	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period:
From 07/01/2014
To 06/30/2015

Worksheet B-1

Date/Time Prepared:
11/25/2015 11:01 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT					1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS	353,016				6.00
7.00	00700	OPERATION OF PLANT	0	0			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,871	0	1,794,064		8.00
9.00	00900	HOUSEKEEPING	9,977	0	0	75,357	9.00
10.00	01000	DIETARY	27,835	0	0	0	35,173
11.00	01100	CAFETERIA	0	0	0	1,910	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	4,884	0	0	250	0
14.00	01400	CENTRAL SERVICES & SUPPLY	15,860	0	17,601	270	0
15.00	01500	PHARMACY	4,819	0	0	405	0
16.00	01600	MEDICAL RECORDS & LIBRARY	5,214	0	0	150	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED PRGM	130	0	0	0	0
23.01	02301	SCH OF RADIOLOGY	110	0	0	100	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	76,370	0	580,922	29,128	22,597
31.00	03100	INTENSIVE CARE UNIT	14,660	0	227,637	5,440	6,102
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	10,000	0	94,384	4,650	2,641
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	992	0	20,694	982	1,112
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
45.01	04510	ICF/MR	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	20,224	0	188,617	7,260	0
50.01	05001	SURGERY CENTER	0	0	80,585	2,060	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,622	0	34,010	1,613	117
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,405	0	143,290	2,478	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	29,052	415	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	551	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,003	0	0	225	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	12,544	0	0	2,105	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	7,138	0	0	250	0
66.00	06600	PHYSICAL THERAPY	9,534	0	51,217	1,790	0
67.00	06700	OCCUPATIONAL THERAPY	6,324	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	8,562	0	1,790	2,845	0
70.00	07000	ELECTROENCEPHALOGRAPHY	11,644	0	2,546	1,960	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03190	CHEMOTHERAPY	0	0	22,437	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	ANDERSON CENTER OP CLINIC	3,500	0	0	400	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period:
From 07/01/2014
To 06/30/2015

Worksheet B-1

Date/Time Prepared:
11/25/2015 11:01 am

Cost Center Description		MAINTENANCE & REPAIRS (SQARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
91.00	09100 EMERGENCY	22,505	0	273,972	7,015	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	7,973	0	0	108	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	1,114	0	0	108	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	323,365	0	1,768,754	73,917	32,569	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,882	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,829	0	18,782	250	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 FOUNDATION	636	0	0	50	0	194.00
194.02	07951 CHILDREN'S CLINIC	0	0	2,158	600	0	194.02
194.04	07952 HEALTH RESOURCE CENTER	553	0	0	0	0	194.04
194.05	07953 ADOLESCENT RESIDENTIAL	10,091	0	0	0	2,604	194.05
194.07	07954 COMMUNITY BENEFIT/MISSION	2,845	0	0	90	0	194.07
194.10	07955 DME	9,288	0	0	60	0	194.10
194.12	07956 MED ONE/TWO	0	0	2,580	0	0	194.12
194.13	07957 UNUSED SPACE	0	0	0	0	0	194.13
194.14	07958 ADVERTISING AND MARKETING	2,527	0	0	90	0	194.14
194.15	07959 PHYSICIANS RECRUITING	0	0	0	0	0	194.15
194.16	07960 MOB	0	0	0	120	0	194.16
194.17	07961 ASB	0	0	0	60	0	194.17
194.18	07962 MAB	0	0	1,790	120	0	194.18
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	10,457,607	0	1,005,002	3,404,475	1,751,562	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	29.623606	0.000000	0.560182	45.177953	49.798482	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	514,517	0	69,305	119,694	223,046	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.457489	0.000000	0.038630	1.588359	6.341398	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period:
From 07/01/2014
To 06/30/2015

Worksheet B-1

Date/Time Prepared:
11/25/2015 11:01 am

Cost Center Description		CAFETERIA (TOTAL HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (SPD SUPPLIES)	PHARMACY (DRUG EXPENSE)	
		11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	1,354,433					11.00
12.00	01200	0	0				12.00
13.00	01300	14,975	0	782,079			13.00
14.00	01400	20,858	0	0	7,156,081		14.00
15.00	01500	72,509	0	0	114,683	19,066,641	15.00
16.00	01600	26,908	0	0	64	0	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	1,869	0	0	0	0	23.00
23.01	02301	5,910	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	263,609	0	263,609	390,608	21,774	30.00
31.00	03100	85,918	0	85,918	313,441	9,267	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	25,347	0	25,347	33,407	532	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	19,953	0	19,953	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
45.01	04510	0	0	0	0	0	45.01
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	58,826	0	58,826	3,100,375	29,997	50.00
50.01	05001	294	0	294	471,347	4,292	50.01
51.00	05100	0	0	0	0	0	51.00
52.00	05200	2,099	0	2,099	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	100,498	0	100,498	531,871	180,811	54.00
55.00	05500	26,273	0	26,273	193,928	308	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	10,971	0	0	479	366,204	57.00
58.00	05800	7,184	0	0	12,136	31,070	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	1,035	0	0	536,273	4,408	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	31,512	0	0	238,824	7	65.00
66.00	06600	41,441	0	0	40,424	622	66.00
67.00	06700	25,433	0	0	3,604	0	67.00
68.00	06800	3,127	0	0	182,835	0	68.00
69.00	06900	50,030	0	0	221,365	8,714	69.00
70.00	07000	12,658	0	0	14,433	23	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	18,235,945	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03190	29,050	0	0	216,897	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period:
From 07/01/2014
To 06/30/2015

Worksheet B-1

Date/Time Prepared:
11/25/2015 11:01 am

Cost Center Description			CAFETERIA (TOTAL HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (SPD SUPPLIES)	PHARMACY (DRUG EXPENSE)	
			11.00	12.00	13.00	14.00	15.00	
90.01	09001	ANDERSON CENTER OP CLINIC	21,821	0	0	0	0	90.01
91.00	09100	EMERGENCY	103,272	0	103,272	375,465	8,478	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	73,784	0	73,784	67,349	4,554	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	22,206	0	22,206	40,147	91,138	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,159,370	0	782,079	7,099,955	18,998,144	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	3,375	0	0	0	6	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	65,269	0	0	3,841	51,754	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	FOUNDATION	3,627	0	0	0	0	194.00
194.02	07951	CHILDREN'S CLINIC	9,509	0	0	4,209	16,736	194.02
194.04	07952	HEALTH RESOURCE CENTER	2,073	0	0	0	0	194.04
194.05	07953	ADOLESCENT RESIDENTIAL	35,036	0	0	0	0	194.05
194.07	07954	COMMUNITY BENEFIT/MISSION	15,245	0	0	2	0	194.07
194.10	07955	DME	60,929	0	0	40,030	1	194.10
194.12	07956	MED ONE/TWO	0	0	0	0	0	194.12
194.13	07957	UNUSED SPACE	0	0	0	0	0	194.13
194.14	07958	ADVERTISING AND MARKETING	0	0	0	0	0	194.14
194.15	07959	PHYSICIANS RECRUITING	0	0	0	0	0	194.15
194.16	07960	MOB	0	0	0	0	0	194.16
194.17	07961	ASB	0	0	0	8,044	0	194.17
194.18	07962	MAB	0	0	0	0	0	194.18
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,103,895	-596	1,489,121	1,363,104	6,073,788	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.553340	0.000000	1.904054	0.190482	0.318556	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	42,389	0	117,574	153,756	652,836	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.031296	0.000000	0.150335	0.021486	0.034240	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period:
From 07/01/2014
To 06/30/2015

Worksheet B-1

Date/Time Prepared:
11/25/2015 11:01 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (DEPT. REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	
	16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 NEW CAP REL COSTS-BLDG & FIXT						1.01
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	613,063,576					16.00
17.00 01700 SOCIAL SERVICE	0	0				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 02000 NURSING SCHOOL	0	0		0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0			0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0				22.00
23.00 02300 PARAMED ED PRGM	0	0				23.00
23.01 02301 SCH OF RADIOLOGY	0	0				23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	29,503,195	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	13,135,488	0	0	0	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	3,049,884	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	1,429,130	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
45.01 04510 ICF/MR	0	0	0	0	0	45.01
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	85,779,670	0	0	0	0	50.00
50.01 05001 SURGERY CENTER	17,124,566	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	4,168,126	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	8,536,407	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	43,876,955	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	27,417,415	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	16,227,351	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	4,166,534	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	60,557,902	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	2,800,730	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	16,328,282	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	8,273,894	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	6,289,348	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	715,647	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	22,053,385	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	5,674,563	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	25,977,403	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	8,008,884	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	119,954,688	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03190 CHEMOTHERAPY	3,526,007	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period:
From 07/01/2014
To 06/30/2015

Worksheet B-1

Date/Time Prepared:
11/25/2015 11:01 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (DEPT. REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	
	16.00	17.00	19.00	20.00	21.00	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 ANDERSON CENTER OP CLINIC	2,121,878	0	0	0	0	90.01
91.00 09100 EMERGENCY	62,264,676	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	4,451,767	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	2,890,093	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	606,303,868	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH						191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	3,987,263	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 FOUNDATION	0	0	0	0	0	194.00
194.02 07951 CHILDREN'S CLINIC	650,570	0	0	0	0	194.02
194.04 07952 HEALTH RESOURCE CENTER	0	0	0	0	0	194.04
194.05 07953 ADOLESCENT RESIDENTIAL	2,121,875	0	0	0	0	194.05
194.07 07954 COMMUNITY BENEFIT/MISSION	0	0	0	0	0	194.07
194.10 07955 DME	0	0	0	0	0	194.10
194.12 07956 MED ONE/TWO	0	0	0	0	0	194.12
194.13 07957 UNUSED SPACE	0	0	0	0	0	194.13
194.14 07958 ADVERTISING AND MARKETING	0	0	0	0	0	194.14
194.15 07959 PHYSICIANS RECRUITING	0	0	0	0	0	194.15
194.16 07960 MOB	0	0	0	0	0	194.16
194.17 07961 ASB	0	0	0	0	0	194.17
194.18 07962 MAB	0	0	0	0	0	194.18
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	2,556,373	0	0	0	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.004170	0.000000	0.000000	0.000000	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	80,571	0	0	0	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000131	0.000000	0.000000	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period:
From 07/01/2014
To 06/30/2015

Worksheet B-1
Date/Time Prepared:
11/25/2015 11:01 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (PARA MED)	SCH OF RADIOLOGY (PARA MED)	
	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	22.00			
GENERAL SERVICE COST CENTERS				
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01 00101 NEW CAP REL COSTS-BLDG & FIXT				1.01
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00 00500 ADMINISTRATIVE & GENERAL				5.00
6.00 00600 MAINTENANCE & REPAIRS				6.00
7.00 00700 OPERATION OF PLANT				7.00
8.00 00800 LAUNDRY & LINEN SERVICE				8.00
9.00 00900 HOUSEKEEPING				9.00
10.00 01000 DIETARY				10.00
11.00 01100 CAFETERIA				11.00
12.00 01200 MAINTENANCE OF PERSONNEL				12.00
13.00 01300 NURSING ADMINISTRATION				13.00
14.00 01400 CENTRAL SERVICES & SUPPLY				14.00
15.00 01500 PHARMACY				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY				16.00
17.00 01700 SOCIAL SERVICE				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS				19.00
20.00 02000 NURSING SCHOOL				20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0			22.00
23.00 02300 PARAMED PRGM		100		23.00
23.01 02301 SCH OF RADIOLOGY			64,270,840	23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000 ADULTS & PEDIATRICS	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00 04000 SUBPROVIDER - I PF	0	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	45.00
45.01 04510 ICF/MR	0	0	0	45.01
46.00 04600 OTHER LONG TERM CARE	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0	0	50.00
50.01 05001 SURGERY CENTER	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	43,876,955	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	56.00
57.00 05700 CT SCAN	0	0	16,227,351	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	4,166,534	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00 03190 CHEMOTHERAPY	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period:
From 07/01/2014
To 06/30/2015

Worksheet B-1
Date/Time Prepared:
11/25/2015 11:01 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (PARA MED)	SCH OF RADIOLOGY (PARA MED)	
	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	22.00			
90.00 09000 CLINIC	0	0	0	90.00
90.01 09001 ANDERSON CENTER OP CLINIC	0	0	0	90.01
91.00 09100 EMERGENCY	0	100	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
99.00 09900 CMHC	0	0	0	99.00
99.10 09910 CORF	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS				
105.00 10500 KIDNEY ACQUISITION	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	111.00
113.00 11300 INTEREST EXPENSE				113.00
114.00 11400 UTILIZATION REVIEW-SNF				114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	100	64,270,840	118.00
NONREIMBURSABLE COST CENTERS				
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	193.00
194.00 07950 FOUNDATION	0	0	0	194.00
194.02 07951 CHILDREN'S CLINIC	0	0	0	194.02
194.04 07952 HEALTH RESOURCE CENTER	0	0	0	194.04
194.05 07953 ADOLESCENT RESIDENTIAL	0	0	0	194.05
194.07 07954 COMMUNITY BENEFIT/MISSION	0	0	0	194.07
194.10 07955 DME	0	0	0	194.10
194.12 07956 MED ONE/TWO	0	0	0	194.12
194.13 07957 UNUSED SPACE	0	0	0	194.13
194.14 07958 ADVERTISING AND MARKETING	0	0	0	194.14
194.15 07959 PHYSICIANS RECRUITING	0	0	0	194.15
194.16 07960 MOB	0	0	0	194.16
194.17 07961 ASB	0	0	0	194.17
194.18 07962 MAB	0	0	0	194.18
200.00 Cross Foot Adjustments				200.00
201.00 Negative Cost Centers				201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	121,490	300,032	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	1,214.900000	0.004668	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	2,715	5,383	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	27.150000	0.000084	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150088	Period: From 07/01/2014 To 06/30/2015	Worksheet C Part I Date/Time Prepared: 11/25/2015 11:01 am			
			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	24,373,005		24,373,005	6,454	24,379,459	30.00
31.00	03100	INTENSIVE CARE UNIT	7,686,547		7,686,547	0	7,686,547	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	2,461,543		2,461,543	19,490	2,481,033	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	1,544,131		1,544,131	0	1,544,131	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
45.01	04510	ICF/MR	0		0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,593,778		19,593,778	0	19,593,778	50.00
50.01	05001	SURGERY CENTER	2,017,119		2,017,119	0	2,017,119	50.01
51.00	05100	RECOVERY ROOM	0		0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	879,640		879,640	0	879,640	52.00
53.00	05300	ANESTHESIOLOGY	1,354,284		1,354,284	0	1,354,284	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,005,748		9,005,748	0	9,005,748	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,760,975		3,760,975	21,268	3,782,243	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	1,420,335		1,420,335	0	1,420,335	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,187,537		1,187,537	0	1,187,537	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000	LABORATORY	8,251,676		8,251,676	48,161	8,299,837	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	609,019		609,019	0	609,019	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,335,134	0	2,335,134	38,935	2,374,069	65.00
66.00	06600	PHYSICAL THERAPY	3,406,976	0	3,406,976	0	3,406,976	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,158,136	0	2,158,136	0	2,158,136	67.00
68.00	06800	SPEECH PATHOLOGY	307,291	0	307,291	0	307,291	68.00
69.00	06900	ELECTROCARDIOLOGY	4,249,284		4,249,284	0	4,249,284	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,554,937		1,554,937	6,170	1,561,107	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,629,204		10,629,204	0	10,629,204	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	6,441,508		6,441,508	0	6,441,508	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,290,696		30,290,696	0	30,290,696	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03190	CHEMOTHERAPY	1,855,288		1,855,288	0	1,855,288	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	ANDERSON CENTER OP CLINIC	1,275,821		1,275,821	0	1,275,821	90.01
91.00	09100	EMERGENCY	8,180,165		8,180,165	0	8,180,165	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	705,502		705,502	0	705,502	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
99.00	09900	CMHC	0		0	0	0	99.00
99.10	09910	CORF	0		0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	6,106,527		6,106,527	0	6,106,527	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0		0	0	0	105.00
106.00	10600	HEART ACQUISITION	0		0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0		0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0		0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0		0	0	0	114.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150088

Period:
From 07/01/2014
To 06/30/2015

Worksheet C
Part I
Date/Time Prepared:
11/25/2015 11:01 am

Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0			0	115.00
116.00	11600	HOSPICE	2,949,302		2,949,302			2,949,302	116.00
200.00		Subtotal (see instructions)	166,591,108	0	166,591,108	140,478		166,731,586	200.00
201.00		Less Observation Beds	705,502		705,502			705,502	201.00
202.00		Total (see instructions)	165,885,606	0	165,885,606	140,478		166,026,084	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150088		Period: From 07/01/2014 To 06/30/2015		Worksheet C Part I Date/Time Prepared: 11/25/2015 11:01 am	
			Title XVII I		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	28,529,975		28,529,975			30.00
31.00	03100	INTENSIVE CARE UNIT	12,754,483		12,754,483			31.00
32.00	03200	CORONARY CARE UNIT	0		0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - I PF	0		0			40.00
41.00	04100	SUBPROVIDER - I RF	2,972,582		2,972,582			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	1,429,130		1,429,130			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
45.01	04510	ICF/MR	0		0			45.01
46.00	04600	OTHER LONG TERM CARE	0		0			46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	21,494,261	64,285,408	85,779,669	0.228420	0.000000	50.00
50.01	05001	SURGERY CENTER	141,256	16,983,310	17,124,566	0.117791	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,538,409	629,717	4,168,126	0.211040	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	2,100,206	6,436,201	8,536,407	0.158648	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,874,629	35,002,326	43,876,955	0.205250	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,249,948	26,167,467	27,417,415	0.137175	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	3,953,451	12,273,899	16,227,350	0.087527	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	828,146	3,338,388	4,166,534	0.285018	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	22,936,656	37,621,247	60,557,903	0.136261	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,432,403	1,368,327	2,800,730	0.217450	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	14,323,839	2,004,443	16,328,282	0.143012	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	37,492	8,236,402	8,273,894	0.411774	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,943,752	345,596	6,289,348	0.343141	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	3,279	712,368	715,647	0.429389	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	7,646,461	14,406,923	22,053,384	0.192682	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	305,325	5,369,238	5,674,563	0.274019	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,871,833	13,105,570	25,977,403	0.409171	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	3,668,791	4,340,093	8,008,884	0.804295	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	31,082,035	88,872,653	119,954,688	0.252518	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
76.00	03190	CHEMOTHERAPY	34,506	3,491,501	3,526,007	0.526173	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	ANDERSON CENTER OP CLINIC	0	2,119,520	2,119,520	0.601939	0.000000	90.01
91.00	09100	EMERGENCY	13,358,494	48,906,182	62,264,676	0.131377	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	116,767	2,382,079	2,498,846	0.282331	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
99.00	09900	CMHC	0	0	0			99.00
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	4,451,767	4,451,767			101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00
106.00	10600	HEART ACQUISITION	0	0	0			106.00
107.00	10700	LIVER ACQUISITION	0	0	0			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE	0	0	0			113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150088

Period:
From 07/01/2014
To 06/30/2015

Worksheet C
Part I
Date/Time Prepared:
11/25/2015 11:01 am

Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
6.00	7.00	8.00	9.00	10.00				
116.00	11600	HOSPICE	0	2,890,093	2,890,093			116.00
200.00		Subtotal (see instructions)	201,628,109	405,740,718	607,368,827			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	201,628,109	405,740,718	607,368,827			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150088	Period: From 07/01/2014 To 06/30/2015	Worksheet C Part I Date/Time Prepared: 11/25/2015 11:01 am
Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
45.01	04510 ICF/MR			45.01
46.00	04600 OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.228420		50.00
50.01	05001 SURGERY CENTER	0.117791		50.01
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.211040		52.00
53.00	05300 ANESTHESIOLOGY	0.158648		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.205250		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.137950		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.087527		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.285018		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.137056		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.217450		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.145396		65.00
66.00	06600 PHYSICAL THERAPY	0.411774		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.343141		67.00
68.00	06800 SPEECH PATHOLOGY	0.429389		68.00
69.00	06900 ELECTROCARDIOLOGY	0.192682		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.275106		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.409171		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.804295		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.252518		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03190 CHEMOTHERAPY	0.526173		76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 ANDERSON CENTER OP CLINIC	0.601939		90.01
91.00	09100 EMERGENCY	0.131377		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.282331		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
99.00	09900 CMHC			99.00
99.10	09910 CORF			99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
107.00	10700 LIVER ACQUISITION			107.00
108.00	10800 LUNG ACQUISITION			108.00
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150088	Period: From 07/01/2014 To 06/30/2015	Worksheet C Part I Date/Time Prepared: 11/25/2015 11:01 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
201.00	Less Observation Beds	11.00		201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150088	Period: From 07/01/2014 To 06/30/2015	Worksheet C Part I Date/Time Prepared: 11/25/2015 11:01 am	
			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		24,373,005	6,454	24,379,459	30.00
31.00	03100 INTENSIVE CARE UNIT		7,686,547	0	7,686,547	31.00
32.00	03200 CORONARY CARE UNIT		0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00
40.00	04000 SUBPROVIDER - I/PF		0	0	0	40.00
41.00	04100 SUBPROVIDER - I/RF		2,461,543	19,490	2,481,033	41.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
43.00	04300 NURSERY		1,544,131	0	1,544,131	43.00
44.00	04400 SKILLED NURSING FACILITY		0	0	0	44.00
45.00	04500 NURSING FACILITY		0	0	0	45.00
45.01	04510 ICF/MR		0	0	0	45.01
46.00	04600 OTHER LONG TERM CARE		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		19,593,778	0	19,593,778	50.00
50.01	05001 SURGERY CENTER		2,017,119	0	2,017,119	50.01
51.00	05100 RECOVERY ROOM		0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		879,640	0	879,640	52.00
53.00	05300 ANESTHESIOLOGY		1,354,284	0	1,354,284	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		9,005,748	0	9,005,748	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		3,760,975	21,268	3,782,243	55.00
56.00	05600 RADIOISOTOPE		0	0	0	56.00
57.00	05700 CT SCAN		1,420,335	0	1,420,335	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		1,187,537	0	1,187,537	58.00
59.00	05900 CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	06000 LABORATORY		8,251,676	48,161	8,299,837	60.00
60.01	06001 BLOOD LABORATORY		0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		609,019	0	609,019	63.00
64.00	06400 INTRAVENOUS THERAPY		0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	2,335,134	38,935	2,374,069	65.00
66.00	06600 PHYSICAL THERAPY	0	3,406,976	0	3,406,976	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,158,136	0	2,158,136	67.00
68.00	06800 SPEECH PATHOLOGY	0	307,291	0	307,291	68.00
69.00	06900 ELECTROCARDIOLOGY		4,249,284	0	4,249,284	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		1,554,937	6,170	1,561,107	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		10,629,204	0	10,629,204	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		6,441,508	0	6,441,508	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		30,290,696	0	30,290,696	73.00
74.00	07400 RENAL DIALYSIS		0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)		0	0	0	75.00
76.00	03190 CHEMOTHERAPY		1,855,288	0	1,855,288	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000 CLINIC		0	0	0	90.00
90.01	09001 ANDERSON CENTER OP CLINIC		1,275,821	0	1,275,821	90.01
91.00	09100 EMERGENCY		8,180,165	0	8,180,165	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		705,502	0	705,502	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS		0	0	0	94.00
95.00	09500 AMBULANCE SERVICES		0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED		0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD		0	0	0	97.00
99.00	09900 CMHC		0	0	0	99.00
99.10	09910 CORF		0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM		0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY		6,106,527	0	6,106,527	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION		0	0	0	105.00
106.00	10600 HEART ACQUISITION		0	0	0	106.00
107.00	10700 LIVER ACQUISITION		0	0	0	107.00
108.00	10800 LUNG ACQUISITION		0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100 ISLET ACQUISITION		0	0	0	111.00
113.00	11300 INTEREST EXPENSE		0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF		0	0	0	114.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150088		Period: From 07/01/2014 To 06/30/2015		Worksheet C Part I Date/Time Prepared: 11/25/2015 11:01 am		
			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		
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0			0	115.00
116.00	11600	HOSPICE	2,949,302		2,949,302			2,949,302	116.00
200.00		Subtotal (see instructions)	166,591,108	0	166,591,108	140,478		166,731,586	200.00
201.00		Less Observation Beds	705,502		705,502			705,502	201.00
202.00		Total (see instructions)	165,885,606	0	165,885,606	140,478		166,026,084	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150088		Period: From 07/01/2014 To 06/30/2015		Worksheet C Part I Date/Time Prepared: 11/25/2015 11:01 am	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	28,529,975		28,529,975			30.00
31.00	03100	INTENSIVE CARE UNIT	12,754,483		12,754,483			31.00
32.00	03200	CORONARY CARE UNIT	0		0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - I/PF	0		0			40.00
41.00	04100	SUBPROVIDER - I/RF	2,972,582		2,972,582			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	1,429,130		1,429,130			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
45.01	04510	ICF/MR	0		0			45.01
46.00	04600	OTHER LONG TERM CARE	0		0			46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	21,494,261	64,285,408	85,779,669	0.228420	0.000000	50.00
50.01	05001	SURGERY CENTER	141,256	16,983,310	17,124,566	0.117791	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,538,409	629,717	4,168,126	0.211040	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	2,100,206	6,436,201	8,536,407	0.158648	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,874,629	35,002,326	43,876,955	0.205250	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,249,948	26,167,467	27,417,415	0.137175	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	3,953,451	12,273,899	16,227,350	0.087527	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	828,146	3,338,388	4,166,534	0.285018	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	22,936,656	37,621,247	60,557,903	0.136261	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,432,403	1,368,327	2,800,730	0.217450	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	14,323,839	2,004,443	16,328,282	0.143012	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	37,492	8,236,402	8,273,894	0.411774	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,943,752	345,596	6,289,348	0.343141	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	3,279	712,368	715,647	0.429389	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	7,646,461	14,406,923	22,053,384	0.192682	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	305,325	5,369,238	5,674,563	0.274019	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,871,833	13,105,570	25,977,403	0.409171	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	3,668,791	4,340,093	8,008,884	0.804295	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	31,082,035	88,872,653	119,954,688	0.252518	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
76.00	03190	CHEMOTHERAPY	34,506	3,491,501	3,526,007	0.526173	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	ANDERSON CENTER OP CLINIC	0	2,119,520	2,119,520	0.601939	0.000000	90.01
91.00	09100	EMERGENCY	13,358,494	48,906,182	62,264,676	0.131377	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	116,767	2,382,079	2,498,846	0.282331	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
99.00	09900	CMHC	0	0	0			99.00
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	4,451,767	4,451,767			101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00
106.00	10600	HEART ACQUISITION	0	0	0			106.00
107.00	10700	LIVER ACQUISITION	0	0	0			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE	0	0	0			113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150088

Period:
From 07/01/2014
To 06/30/2015

Worksheet C
Part I
Date/Time Prepared:
11/25/2015 11:01 am

Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
6.00	7.00	8.00	9.00	10.00				
116.00	11600	HOSPICE	0	2,890,093	2,890,093			116.00
200.00		Subtotal (see instructions)	201,628,109	405,740,718	607,368,827			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	201,628,109	405,740,718	607,368,827			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150088	Period: From 07/01/2014 To 06/30/2015	Worksheet C Part I Date/Time Prepared: 11/25/2015 11:01 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		Cost
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
32.00	03200	CORONARY CARE UNIT		32.00
33.00	03300	BURN INTENSIVE CARE UNIT		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		34.00
40.00	04000	SUBPROVIDER - I PF		40.00
41.00	04100	SUBPROVIDER - I RF		41.00
42.00	04200	SUBPROVIDER		42.00
43.00	04300	NURSERY		43.00
44.00	04400	SKILLED NURSING FACILITY		44.00
45.00	04500	NURSING FACILITY		45.00
45.01	04510	ICF/MR		45.01
46.00	04600	OTHER LONG TERM CARE		46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.000000	50.00
50.01	05001	SURGERY CENTER	0.000000	50.01
51.00	05100	RECOVERY ROOM	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	55.00
56.00	05600	RADIOISOTOPE	0.000000	56.00
57.00	05700	CT SCAN	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	59.00
60.00	06000	LABORATORY	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	75.00
76.00	03190	CHEMOTHERAPY	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	89.00
90.00	09000	CLINIC	0.000000	90.00
90.01	09001	ANDERSON CENTER OP CLINIC	0.000000	90.01
91.00	09100	EMERGENCY	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	97.00
99.00	09900	CMHC		99.00
99.10	09910	CORF		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM		100.00
101.00	10100	HOME HEALTH AGENCY		101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION		105.00
106.00	10600	HEART ACQUISITION		106.00
107.00	10700	LIVER ACQUISITION		107.00
108.00	10800	LUNG ACQUISITION		108.00
109.00	10900	PANCREAS ACQUISITION		109.00
110.00	11000	INTESTINAL ACQUISITION		110.00
111.00	11100	ISLET ACQUISITION		111.00
113.00	11300	INTEREST EXPENSE		113.00
114.00	11400	UTILIZATION REVIEW-SNF		114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)		115.00
116.00	11600	HOSPICE		116.00
200.00		Subtotal (see instructions)		200.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150088	Period: From 07/01/2014 To 06/30/2015	Worksheet C Part I Date/Time Prepared: 11/25/2015 11:01 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
				Cost
201.00	Less Observation Beds	11.00		201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150088	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part I Date/Time Prepared: 11/25/2015 11:01 am
--	--	----------------------	---	---

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,268,285	0	1,268,285	22,496	56.38	30.00
31.00	INTENSIVE CARE UNIT	377,292		377,292	6,194	60.91	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	155,624	0	155,624	2,646	58.81	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	51,729		51,729	973	53.16	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
45.01	ICF/MR	0		0	0	0.00	45.01
200.00	Total (Lines 30-199)	1,852,930		1,852,930	32,309		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	9,284	523,432				
31.00	INTENSIVE CARE UNIT	3,390	206,485				
32.00	CORONARY CARE UNIT	0	0				
33.00	BURN INTENSIVE CARE UNIT	0	0				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	1,817	106,858				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	0	0				
45.00	NURSING FACILITY	0	0				
45.01	ICF/MR	0	0				
200.00	Total (Lines 30-199)	14,491	836,775				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150088

Period:
From 07/01/2014
To 06/30/2015

Worksheet D
Part II
Date/Time Prepared:
11/25/2015 11:01 am

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Title XVIII		Hospital Inpatient Program Charges	PPS	
			Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)		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	1,517,342	85,779,669	0.017689	9,862,063	174,450	50.00
50.01	05001 SURGERY CENTER	252,569	17,124,566	0.014749	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	140,295	4,168,126	0.033659	34,505	1,161	52.00
53.00	05300 ANESTHESIOLOGY	20,353	8,536,407	0.002384	792,524	1,889	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	959,517	43,876,955	0.021868	3,509,448	76,745	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	598,077	27,417,415	0.021814	649,450	14,167	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700 CT SCAN	39,485	16,227,350	0.002433	1,630,280	3,966	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	325,868	4,166,534	0.078211	315,002	24,637	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	244,654	60,557,903	0.004040	11,139,753	45,005	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	9,080	2,800,730	0.003242	423,413	1,373	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	121,037	16,328,282	0.007413	7,741,376	57,387	65.00
66.00	06600 PHYSICAL THERAPY	294,513	8,273,894	0.035595	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	76,119	6,289,348	0.012103	1,908,234	23,095	67.00
68.00	06800 SPEECH PATHOLOGY	8,719	715,647	0.012183	339	4	68.00
69.00	06900 ELECTROCARDIOLOGY	344,592	22,053,384	0.015625	3,790,899	59,233	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	142,694	5,674,563	0.025146	75,439	1,897	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	156,864	25,977,403	0.006038	6,462,267	39,019	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	94,520	8,008,884	0.011802	1,806,656	21,322	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	990,152	119,954,688	0.008254	14,831,916	122,423	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03190 CHEMOTHERAPY	83,400	3,526,007	0.023653	20,872	494	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 ANDERSON CENTER OP CLINIC	45,255	2,119,520	0.021352	0	0	90.01
91.00	09100 EMERGENCY	345,081	62,264,676	0.005542	5,803,698	32,164	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	36,702	2,498,846	0.014688	67,889	997	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00	Total (Lines 50-199)	6,846,888	554,340,797		70,866,023	701,428	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150088	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part III Date/Time Prepared: 11/25/2015 11:01 am
		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
32.00	03200 CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00	04000 SUBPROVIDER - I PF	0	0	0	0	0 40.00
41.00	04100 SUBPROVIDER - I RF	0	0	0	0	0 41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0 42.00
43.00	04300 NURSERY	0	0	0	0	0 43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00	04500 NURSING FACILITY	0	0	0	0	0 45.00
45.01	04510 ICF/MR	0	0	0	0	0 45.01
200.00	Total (lines 30-199)	0	0	0	0	0 200.00

Cost Center Description		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)
		6.00	7.00	8.00	9.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS	22,496	0.00	9,284	0 30.00
31.00	03100 INTENSIVE CARE UNIT	6,194	0.00	3,390	0 31.00
32.00	03200 CORONARY CARE UNIT	0	0.00	0	0 32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0.00	0	0 33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0 34.00
40.00	04000 SUBPROVIDER - I PF	0	0.00	0	0 40.00
41.00	04100 SUBPROVIDER - I RF	2,646	0.00	1,817	0 41.00
42.00	04200 SUBPROVIDER	0	0.00	0	0 42.00
43.00	04300 NURSERY	973	0.00	0	0 43.00
44.00	04400 SKILLED NURSING FACILITY	0	0.00	0	0 44.00
45.00	04500 NURSING FACILITY	0	0.00	0	0 45.00
45.01	04510 ICF/MR	0	0.00	0	0 45.01
200.00	Total (lines 30-199)	32,309		14,491	0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150088	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/25/2015 11:01 am
--	----------------------	---------------------------------------	---

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
50.01	05001	SURGERY CENTER	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	204,834	0	204,834
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	75,749	0	75,749
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	19,449	0	19,449
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03190	CHEMOTHERAPY	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	ANDERSON CENTER OP CLINIC	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	121,490	0	121,490
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
200.00		Total (lines 50-199)	0	0	421,522	0	421,522

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150088	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/25/2015 11:01 am
--	----------------------	---------------------------------------	---

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	85,779,669	0.000000	0.000000	9,862,063	50.00
50.01	05001 SURGERY CENTER	0	17,124,566	0.000000	0.000000	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	4,168,126	0.000000	0.000000	34,505	52.00
53.00	05300 ANESTHESIOLOGY	0	8,536,407	0.000000	0.000000	792,524	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	204,834	43,876,955	0.004668	0.004668	3,509,448	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	27,417,415	0.000000	0.000000	649,450	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700 CT SCAN	75,749	16,227,350	0.004668	0.004668	1,630,280	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	19,449	4,166,534	0.004668	0.004668	315,002	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	60,557,903	0.000000	0.000000	11,139,753	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	2,800,730	0.000000	0.000000	423,413	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	16,328,282	0.000000	0.000000	7,741,376	65.00
66.00	06600 PHYSICAL THERAPY	0	8,273,894	0.000000	0.000000	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	6,289,348	0.000000	0.000000	1,908,234	67.00
68.00	06800 SPEECH PATHOLOGY	0	715,647	0.000000	0.000000	339	68.00
69.00	06900 ELECTROCARDIOLOGY	0	22,053,384	0.000000	0.000000	3,790,899	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	5,674,563	0.000000	0.000000	75,439	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	25,977,403	0.000000	0.000000	6,462,267	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	8,008,884	0.000000	0.000000	1,806,656	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	119,954,688	0.000000	0.000000	14,831,916	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03190 CHEMOTHERAPY	0	3,526,007	0.000000	0.000000	20,872	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001 ANDERSON CENTER OP CLINIC	0	2,119,520	0.000000	0.000000	0	90.01
91.00	09100 EMERGENCY	121,490	62,264,676	0.001951	0.001951	5,803,698	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,498,846	0.000000	0.000000	67,889	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00	Total (Lines 50-199)	421,522	554,340,797			70,866,023	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150088

Period:
From 07/01/2014
To 06/30/2015

Worksheet D
Part IV
Date/Time Prepared:
11/25/2015 11:01 am

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	30,916,020	0	50.00
50.01	05001 SURGERY CENTER	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	2,221	0	52.00
53.00	05300 ANESTHESIOLOGY	0	2,248,319	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	16,382	10,434,787	48,710	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	11,572,936	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	7,610	4,052,089	18,915	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,470	999,329	4,665	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	6,555,323	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	541,174	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	688,345	0	65.00
66.00	06600 PHYSICAL THERAPY	0	108,636	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	174,010	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	7,142,608	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,135,833	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,929,462	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	2,160,548	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	48,440,050	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03190 CHEMOTHERAPY	0	1,706,786	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 ANDERSON CENTER OP CLINIC	0	442,264	0	90.01
91.00	09100 EMERGENCY	11,323	10,486,532	20,459	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,307,384	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
200.00	Total (Lines 50-199)	36,785	145,044,656	92,749	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150088	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part V Date/Time Prepared: 11/25/2015 11:01 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.228420	30,916,020	0	0	7,061,837	50.00
50.01	05001	SURGERY CENTER	0.117791	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.211040	2,221	0	0	469	52.00
53.00	05300	ANESTHESIOLOGY	0.158648	2,248,319	0	0	356,691	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.205250	10,434,787	0	0	2,141,740	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.137175	11,572,936	0	0	1,587,517	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.087527	4,052,089	0	0	354,667	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.285018	999,329	0	0	284,827	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.136261	6,555,323	274	0	893,235	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.217450	541,174	0	0	117,678	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.143012	688,345	0	0	98,442	65.00
66.00	06600	PHYSICAL THERAPY	0.411774	108,636	0	0	44,733	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.343141	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.429389	174,010	0	0	74,718	68.00
69.00	06900	ELECTROCARDIOLOGY	0.192682	7,142,608	0	0	1,376,252	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.274019	1,135,833	0	0	311,240	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.409171	3,929,462	291	0	1,607,822	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.804295	2,160,548	0	0	1,737,718	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.252518	48,440,050	121	33,571	12,231,985	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03190	CHEMOTHERAPY	0.526173	1,706,786	0	0	898,065	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	ANDERSON CENTER OP CLINIC	0.601939	442,264	0	0	266,216	90.01
91.00	09100	EMERGENCY	0.131377	10,486,532	0	0	1,377,689	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.282331	1,307,384	0	0	369,115	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00		Subtotal (see instructions)		145,044,656	686	33,571	33,192,656	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		145,044,656	686	33,571	33,192,656	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150088	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part V Date/Time Prepared: 11/25/2015 11:01 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 SURGERY CENTER	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	37	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	119	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	31	8,477		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03190 CHEMOTHERAPY	0	0		76.00
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 ANDERSON CENTER OP CLINIC	0	0		90.01
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00 Subtotal (see instructions)	187	8,477		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	187	8,477		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 150088 Component CCN: 15T088		Period: From 07/01/2014 To 06/30/2015		Worksheet D Part II Date/Time Prepared: 11/25/2015 11:01 am	
			Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,517,342	85,779,669	0.017689	66,492	1,176	50.00
50.01	05001	SURGERY CENTER	252,569	17,124,566	0.014749	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	140,295	4,168,126	0.033659	0	0	52.00
53.00	05300	ANESTHESIOLOGY	20,353	8,536,407	0.002384	4,735	11	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	959,517	43,876,955	0.021868	65,964	1,443	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	598,077	27,417,415	0.021814	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	39,485	16,227,350	0.002433	23,190	56	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	325,868	4,166,534	0.078211	9,662	756	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	244,654	60,557,903	0.004040	514,506	2,079	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,080	2,800,730	0.003242	4,665	15	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	121,037	16,328,282	0.007413	460,550	3,414	65.00
66.00	06600	PHYSICAL THERAPY	294,513	8,273,894	0.035595	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	76,119	6,289,348	0.012103	1,972,815	23,877	67.00
68.00	06800	SPEECH PATHOLOGY	8,719	715,647	0.012183	84	1	68.00
69.00	06900	ELECTROCARDIOLOGY	344,592	22,053,384	0.015625	43,698	683	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	142,694	5,674,563	0.025146	1,149	29	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	156,864	25,977,403	0.006038	153,501	927	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	94,520	8,008,884	0.011802	3,800	45	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	990,152	119,954,688	0.008254	1,021,661	8,433	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03190	CHEMOTHERAPY	83,400	3,526,007	0.023653	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	ANDERSON CENTER OP CLINIC	45,255	2,119,520	0.021352	0	0	90.01
91.00	09100	EMERGENCY	345,081	62,264,676	0.005542	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,498,846	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00		Total (lines 50-199)	6,810,186	554,340,797		4,346,472	42,945	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150088 Component CCN: 15T088	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/25/2015 11:01 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 SURGERY CENTER	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	204,834	0	204,834	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	75,749	0	75,749	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	19,449	0	19,449	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03190 CHEMOTHERAPY	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 ANDERSON CENTER OP CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	121,490	0	121,490	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
200.00	Total (lines 50-199)	0	0	421,522	0	421,522	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150088 Component CCN: 15T088	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/25/2015 11:01 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	85,779,669	0.000000	0.000000	66,492	50.00
50.01	05001 SURGERY CENTER	0	17,124,566	0.000000	0.000000	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	4,168,126	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	8,536,407	0.000000	0.000000	4,735	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	204,834	43,876,955	0.004668	0.004668	65,964	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	27,417,415	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700 CT SCAN	75,749	16,227,350	0.004668	0.004668	23,190	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	19,449	4,166,534	0.004668	0.004668	9,662	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	60,557,903	0.000000	0.000000	514,506	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	2,800,730	0.000000	0.000000	4,665	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	16,328,282	0.000000	0.000000	460,550	65.00
66.00	06600 PHYSICAL THERAPY	0	8,273,894	0.000000	0.000000	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	6,289,348	0.000000	0.000000	1,972,815	67.00
68.00	06800 SPEECH PATHOLOGY	0	715,647	0.000000	0.000000	84	68.00
69.00	06900 ELECTROCARDIOLOGY	0	22,053,384	0.000000	0.000000	43,698	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	5,674,563	0.000000	0.000000	1,149	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	25,977,403	0.000000	0.000000	153,501	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	8,008,884	0.000000	0.000000	3,800	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	119,954,688	0.000000	0.000000	1,021,661	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03190 CHEMOTHERAPY	0	3,526,007	0.000000	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001 ANDERSON CENTER OP CLINIC	0	2,119,520	0.000000	0.000000	0	90.01
91.00	09100 EMERGENCY	121,490	62,264,676	0.001951	0.001951	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,498,846	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00	Total (lines 50-199)	421,522	554,340,797			4,346,472	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150088 Component CCN: 15T088	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/25/2015 11:01 am PPS
Title XVIIII		Subprovider - IRF	

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	05001 SURGERY CENTER	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	308	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	108	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	45	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	108	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03190 CHEMOTHERAPY	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 ANDERSON CENTER OP CLINIC	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
200.00	Total (lines 50-199)	461	108	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150088	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part V Date/Time Prepared: 11/25/2015 11:01 am		
		Component CCN: 15T088	Title XVIII	Subprovider - IRF	PPS	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.228420	0	0	0	50.00
50.01	05001 SURGERY CENTER	0.117791	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.211040	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.158648	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.205250	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.137175	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	56.00
57.00	05700 CT SCAN	0.087527	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.285018	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	06000 LABORATORY	0.136261	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.217450	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.143012	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.411774	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.343141	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.429389	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.192682	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.274019	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.409171	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.804295	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.252518	108	0	297	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
76.00	03190 CHEMOTHERAPY	0.526173	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0.000000				88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00	09000 CLINIC	0.000000	0	0	0	90.00
90.01	09001 ANDERSON CENTER OP CLINIC	0.601939	0	0	0	90.01
91.00	09100 EMERGENCY	0.131377	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.282331	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		0		94.00
95.00	09500 AMBULANCE SERVICES	0.000000		0		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	97.00
200.00	Subtotal (see instructions)		108	0	297	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		108	0	297	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150088	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part V Date/Time Prepared: 11/25/2015 11:01 am
	Component CCN: 15T088	Title XVII I	Subprovider - IRF

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
50.01 05001 SURGERY CENTER	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	75	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00 03190 CHEMOTHERAPY	0	0	76.00
OUTPATIENT SERVICE COST CENTERS			
88.00 08800 RURAL HEALTH CLINIC	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 09000 CLINIC	0	0	90.00
90.01 09001 ANDERSON CENTER OP CLINIC	0	0	90.01
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
94.00 09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
200.00 Subtotal (see instructions)	0	75	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	75	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150088	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1 Date/Time Prepared: 11/25/2015 11:01 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		22,496	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		22,496	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		21,845	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		9,284	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)		24,379,459	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)		24,379,459	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)		24,379,459	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,083.72	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,061,256	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		10,061,256	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150088	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1 Date/Time Prepared: 11/25/2015 11:01 am		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	7,686,547	6,194	1,240.97	3,390	4,206,888	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					16,213,827	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					30,481,971	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)					729,917	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					738,213	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,468,130	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					29,013,841	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)					651	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,083.72	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					705,502	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150088		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1 Date/Time Prepared: 11/25/2015 11:01 am	
		Title XVIII		Hospital		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,268,285	24,379,459	0.052023	705,502	36,702	90.00
91.00	Nursing School cost	0	24,379,459	0.000000	705,502	0	91.00
92.00	Allied health cost	0	24,379,459	0.000000	705,502	0	92.00
93.00	All other Medical Education	0	24,379,459	0.000000	705,502	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150088	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1
		Component CCN: 15T088		Date/Time Prepared: 11/25/2015 11:01 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,646	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,646	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,646	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)		1,817	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,481,033	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,481,033	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,481,033	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)		937.65	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,703,710	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)		1,703,710	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150088		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1	
		Component CCN: 15T088		Date/Time Prepared: 11/25/2015 11:01 am		PPS	
		Title XVIII		Subprovider - IRF			
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,182,332	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,886,042	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)					106,858	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					43,406	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					150,264	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,735,778	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150088 Component CCN: 15T088		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1 Date/Time Prepared: 11/25/2015 11:01 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	155,624	2,481,033	0.062725	0	0	90.00
91.00	Nursing School cost	0	2,481,033	0.000000	0	0	91.00
92.00	Allied health cost	0	2,481,033	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,481,033	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150088	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1 Date/Time Prepared: 11/25/2015 11:01 am
		Title XIX	Hospital	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			22,496 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			22,496 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			21,845 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			3,478 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)			973 15.00
16.00	Nursery days (title V or XIX only)			866 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)			24,373,005 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)			24,373,005 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)			24,373,005 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,083.44 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			3,768,204 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			3,768,204 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150088		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1	
Date/Time Prepared: 11/25/2015 11:01 am		Title XIX		Hospital		Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	1,544,131	973	1,586.98	866	1,374,325		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	7,686,547	6,194	1,240.97	0	0		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					2,989,531		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					8,132,060		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)						651	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,083.44	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						705,319	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150088		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1 Date/Time Prepared: 11/25/2015 11:01 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,268,285	24,373,005	0.052036	705,319	36,702	90.00
91.00	Nursing School cost	0	24,373,005	0.000000	705,319	0	91.00
92.00	Allied health cost	0	24,373,005	0.000000	705,319	0	92.00
93.00	All other Medical Education	0	24,373,005	0.000000	705,319	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150088	Period: From 07/01/2014 To 06/30/2015	Worksheet D-3 Date/Time Prepared: 11/25/2015 11:01 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		10,362,137	30.00
31.00	03100	INTENSIVE CARE UNIT		7,683,822	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.228420	9,862,063	50.00
50.01	05001	SURGERY CENTER	0.117791	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.211040	34,505	52.00
53.00	05300	ANESTHESIOLOGY	0.158648	792,524	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.205250	3,509,448	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.137950	649,450	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.087527	1,630,280	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.285018	315,002	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.137056	11,139,753	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.217450	423,413	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.145396	7,741,376	65.00
66.00	06600	PHYSICAL THERAPY	0.411774	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.343141	1,908,234	67.00
68.00	06800	SPEECH PATHOLOGY	0.429389	339	68.00
69.00	06900	ELECTROCARDIOLOGY	0.192682	3,790,899	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.275106	75,439	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.409171	6,462,267	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.804295	1,806,656	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.252518	14,831,916	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03190	CHEMOTHERAPY	0.526173	20,872	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	ANDERSON CENTER OP CLINIC	0.601939	0	90.01
91.00	09100	EMERGENCY	0.131377	5,803,698	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.282331	67,889	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES		0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		70,866,023	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)		70,866,023	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150088	Period: From 07/01/2014 To 06/30/2015	Worksheet D-3	
		Component CCN: 15T088		Date/Time Prepared: 11/25/2015 11:01 am	
		Title XVIIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		2,038,452	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.228420	66,492	50.00
50.01	05001	SURGERY CENTER	0.117791	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.211040	0	52.00
53.00	05300	ANESTHESIOLOGY	0.158648	4,735	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.205250	65,964	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.137950	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.087527	23,190	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.285018	9,662	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.137056	514,506	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.217450	4,665	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.145396	460,550	65.00
66.00	06600	PHYSICAL THERAPY	0.411774	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.343141	1,972,815	67.00
68.00	06800	SPEECH PATHOLOGY	0.429389	84	68.00
69.00	06900	ELECTROCARDIOLOGY	0.192682	43,698	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.275106	1,149	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.409171	153,501	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.804295	3,800	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.252518	1,021,661	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03190	CHEMOTHERAPY	0.526173	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	ANDERSON CENTER OP CLINIC	0.601939	0	90.01
91.00	09100	EMERGENCY	0.131377	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.282331	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES		0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		4,346,472	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		4,346,472	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150088	Period: From 07/01/2014 To 06/30/2015	Worksheet D-3 Date/Time Prepared: 11/25/2015 11:01 am	
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		9,840,665	30.00
31.00	03100	INTENSIVE CARE UNIT		1,110,235	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.228420	2,674,762	610,969 50.00
50.01	05001	SURGERY CENTER	0.117791	44,656	5,260 50.01
51.00	05100	RECOVERY ROOM	0.000000	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.211040	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.158648	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.205250	896,205	183,946 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.137175	197,031	27,028 55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
57.00	05700	CT SCAN	0.087527	374,581	32,786 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.285018	111,464	31,769 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.136261	3,052,365	415,918 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.217450	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.143012	1,610,812	230,365 65.00
66.00	06600	PHYSICAL THERAPY	0.411774	926	381 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.343141	175,285	60,147 67.00
68.00	06800	SPEECH PATHOLOGY	0.429389	1,818	781 68.00
69.00	06900	ELECTROCARDIOLOGY	0.192682	601,952	115,985 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.274019	48,628	13,325 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.409171	104,826	42,892 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.804295	64,796	52,115 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.252518	3,726,457	940,997 73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	03190	CHEMOTHERAPY	0.526173	13,613	7,163 76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	ANDERSON CENTER OP CLINIC	0.601939	0	0 90.01
91.00	09100	EMERGENCY	0.131377	1,657,095	217,704 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.282331	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
200.00		Total (sum of lines 50-94 and 96-98)		15,357,272	2,989,531 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		15,357,272	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150088	Period: From 07/01/2014 To 06/30/2015	Worksheet D-3	
		Component CCN: 15T088		Date/Time Prepared: 11/25/2015 11:01 am	
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		92,374		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.228420	0	0	50.00
50.01	05001 SURGERY CENTER	0.117791	0	0	50.01
51.00	05100 RECOVERY ROOM	0.000000	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.211040	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.158648	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.205250	12,587	2,583	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.137175	22,855	3,135	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700 CT SCAN	0.087527	6,620	579	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.285018	950	271	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.136261	21,912	2,986	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.217450	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.143012	129	18	65.00
66.00	06600 PHYSICAL THERAPY	0.411774	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.343141	88,529	30,378	67.00
68.00	06800 SPEECH PATHOLOGY	0.429389	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.192682	3,687	710	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.274019	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.409171	1,722	705	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.804295	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.252518	31,817	8,034	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03190 CHEMOTHERAPY	0.526173	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 ANDERSON CENTER OP CLINIC	0.601939	0	0	90.01
91.00	09100 EMERGENCY	0.131377	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.282331	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES				95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
200.00			190,808	49,399	200.00
201.00	Total (sum of lines 50-94 and 96-98)				201.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		190,808		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150088	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Date/Time Prepared: 11/25/2015 11:01 am	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments		0		1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		4,366,042		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		14,156,426		1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0		1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0		1.04
2.00	Outlier payments for discharges. (see instructions)		1,659,750		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)		257.91		4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00		10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00		11.00
12.00	Current year allowable FTE (see instructions)		0.00		12.00
13.00	Total allowable FTE count for the prior year.		0.00		13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00		14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00		15.00
16.00	Adjustment for residents in initial years of the program		0.00		16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00		17.00
18.00	Adjusted rolling average FTE count		0.00		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000		21.00
22.00	IME payment adjustment (see instructions)		0		22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0		22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000		26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000		27.00
28.00	IME add-on adjustment amount (see instructions)		0		28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0		28.01
29.00	Total IME payment (sum of lines 22 and 28)		0		29.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150088	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Date/Time Prepared: 11/25/2015 11:01 am	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		1.00	1.01	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		6.17		30.00
31.00	Percentage of Medicaid patient days (see instructions)		23.79		31.00
32.00	Sum of lines 30 and 31		29.96		32.00
33.00	Allowable disproportionate share percentage (see instructions)		13.93		33.00
34.00	Disproportionate share adjustment (see instructions)		645,046		34.00
			Prior to October 1	On/After October 1	
		0	1.00	1.01	2.00
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		9,046,380,143		35.00
35.01	Factor 3 (see instructions)		0.000195253		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,766,333		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		445,213		35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,571,513		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		22,398,777		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
49.00	Total payment for inpatient operating costs (see instructions)		22,398,777		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,614,058		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		1		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		36,785		58.00
59.00	Total (sum of amounts on lines 49 through 58)		24,049,621		59.00
60.00	Primary payer payments		3,984		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		24,045,637		61.00
62.00	Deductibles billed to program beneficiaries		2,205,808		62.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150088	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Date/Time Prepared: 11/25/2015 11:01 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	1.01	On/After October 1 2.00
63.00	Coinsurance billed to program beneficiaries		94,029		63.00
64.00	Allowable bad debts (see instructions)		219,824		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		142,886		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		130,796		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		21,888,686		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)		48,804		70.93
70.94	HRR adjustment amount (see instructions)		-232,867		70.94
70.95	Recovery of accelerated depreciation		0		70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		21,704,623		71.00
71.01	Sequestration adjustment (see instructions)		434,092		71.01
72.00	Interim payments		20,838,857		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)		431,674		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		3,477,172		75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150088	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Date/Time Prepared: 11/25/2015 11:01 am
		Title XVIII	Hospital	PPS
		Prior to 10/1		On/After 10/1
		1.00	1.01	2.00
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)	0		0 100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0		0 101.00
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: 150088

Period:
From 07/01/2014
To 06/30/2015

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/25/2015 11:01 am

		Title XVIII		Hospital		PPS		
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	10,519,079	10,078,325	20,597,404	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	4,366,042	0	4,366,042	0	4,366,042	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	14,156,426	0	0	14,156,426	14,156,426	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	1,659,750	0	467,242	1,192,508	1,659,750	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	0.1393	0.1393	0.1393	0.1393		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	645,046	0	152,048	492,998	645,046	11.00
11.01	Uncompensated care payments	36.00	1,571,513	0	0	1,321,117	1,321,117	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	22,398,777	0	15,504,411	6,894,366	22,398,777	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	22,398,777	0	15,504,411	6,894,366	22,398,777	15.00
16.00	Payment for inpatient program capital	50.00	1,614,058	0	383,248	1,230,810	1,614,058	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ aquisition 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: 150088

Period:
From 07/01/2014
To 06/30/2015

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/25/2015 11:01 am

		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	15,887,659	8,125,176	24,012,835	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	1,481,103	0	348,985	1,132,118	1,481,103	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	40,238	0	12,417	27,821	40,238	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	0.0626	0.0626	0.0626	0.0626		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	92,717	0	21,846	70,871	92,717	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,614,058	0	383,248	1,230,810	1,614,058	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: 150088	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/25/2015 11:01 am
---	----------------------	---	---

		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	4,366,042	4,366,042		4,366,042	1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	14,156,426		14,156,426	14,156,426	1.02	
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	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	1.04	
2.00	Outlier payments for discharges (see instructions)	2.00	1,659,750	467,242	1,192,508	1,659,750	2.00	
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00	
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00	
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00	
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01	
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01	
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1393	0.1393	0.1393		10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	645,046	152,048	492,998	645,046	11.00	
11.01	Uncompensated care payments	36.00	1,571,513	445,213	1,321,117	1,766,330	11.01	
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00	
13.00	Subtotal (see instructions)	47.00	22,398,777	5,430,545	16,968,232	22,398,777	13.00	
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00	
15.00	Total payment for inpatient operating costs (see instructions)	49.00	22,398,777	5,430,545	16,968,232	22,398,777	15.00	
16.00	Payment for inpatient program capital	50.00	1,614,058	383,248	1,230,810	1,614,058	16.00	
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00	
17.01	Net organ acquisition cost	55.00	0	0	0	0	17.01	
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00	
19.00	SUBTOTAL			5,813,793	18,199,042	24,012,835	19.00	

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 150088	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/25/2015 11:01 am
		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	1,481,103	348,985	1,132,118	1,481,103	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	40,238	12,417	27,821	40,238	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	0.0626	0.0626	0.0626		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	92,717	21,846	70,871	92,717	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,614,058	383,248	1,230,810	1,614,058	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	48,804	16,067	32,737	48,804	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	-232,867	-20,520	-212,347	-232,867	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: 150088	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part B Date/Time Prepared: 11/25/2015 11:01 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		8,664	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		33,099,907	2.00
3.00	PPS payments		27,151,701	3.00
4.00	Outlier payment (see instructions)		99,070	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.406	5.00
6.00	Line 2 times line 5		13,438,562	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		92,749	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		8,664	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		34,257	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)		34,257	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)		34,257	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		25,593	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)		8,664	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)		27,343,520	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		58	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		5,701,893	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)		21,650,233	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)		21,650,233	30.00
31.00	Primary payer payments		3,657	31.00
32.00	Subtotal (line 30 minus line 31)		21,646,576	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)		678,997	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		441,348	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		394,500	36.00
37.00	Subtotal (see instructions)		22,087,924	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		22,087,924	40.00
40.01	Sequestration adjustment (see instructions)		441,758	40.01
41.00	Interim payments		21,461,742	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		184,424	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150088	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part B Date/Time Prepared: 11/25/2015 11:01 am
		Component CCN: 15T088	Title XVII I	Subprovider - IRF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		75	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		27	2.00
3.00	PPS payments		58	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		75	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		297	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)		297	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)		297	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		222	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)		75	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)		58	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		133	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)		133	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		133	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		133	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		133	40.00
40.01	Sequestration adjustment (see instructions)		3	40.01
41.00	Interim payments		115	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		15	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150088

Period:
From 07/01/2014
To 06/30/2015

Worksheet E-1
Part I
Date/Time Prepared:
11/25/2015 11:01 am

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		20,716,657		21,461,742	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	01/28/2015	122,200		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		122,200		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		20,838,857		21,461,742	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		431,674		184,424	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		21,270,531		21,646,166	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150088
Component CCN: 15T088

Period:
From 07/01/2014
To 06/30/2015

Worksheet E-1
Part I
Date/Time Prepared:
11/25/2015 11:01 am
PPS

Title XVIII

Subprovider -
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,740,322		115	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,740,322		115	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		15	6.01
6.02	SETTLEMENT TO PROGRAM		37,349		0	6.02
7.00	Total Medicare program liability (see instructions)		2,702,973		130	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: 150088	Period: From 07/01/2014 To 06/30/2015	Worksheet E-1 Part II Date/Time Prepared: 11/25/2015 11:01 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14		6,827	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		12,674	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		3,273	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		28,039	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		607,368,827	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		37,457,456	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)		950,244	8.00
9.00	Sequestration adjustment amount (see instructions)		19,005	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		931,239	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		989,115	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)		-57,876	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150088 Component CCN: 15T088	Period: From 07/01/2014 To 06/30/2015	Worksheet E-3 Part III Date/Time Prepared: 11/25/2015 11:01 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			2,498,493 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0248 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			83,200 3.00
4.00	Outlier Payments			203,447 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			7.249315 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			2,785,140 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			2,785,140 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			2,785,140 19.00
20.00	Deductibles			13,552 20.00
21.00	Subtotal (line 19 minus line 20)			2,771,588 21.00
22.00	Coinsurance			16,984 22.00
23.00	Subtotal (line 21 minus line 22)			2,754,604 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			4,725 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			3,071 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			2,757,675 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			461 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			2,758,136 32.00
32.01	Sequestration adjustment (see instructions)			55,163 32.01
33.00	Interim payments			2,740,322 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 33, and 34)			-37,349 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			15,066 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			203,447 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)		Provider CCN: 150088	Period: From 07/01/2014 To 06/30/2015	Worksheet G Date/Time Prepared: 11/25/2015 11:01 am		
		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	229,132	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	88,883,810	0	0	0	4.00
5.00	Other receivable	5,516,882	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-69,230,816	0	0	0	6.00
7.00	Inventory	3,945,073	0	0	0	7.00
8.00	Prepaid expenses	2,012,993	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	31,357,074	0	0	0	11.00
FIXED ASSETS						
12.00	Land	5,292,602	0	0	0	12.00
13.00	Land improvements	1,542,569	0	0	0	13.00
14.00	Accumulated depreciation	-1,285,347	0	0	0	14.00
15.00	Buildings	66,687,567	0	0	0	15.00
16.00	Accumulated depreciation	-31,728,950	0	0	0	16.00
17.00	Leasehold improvements	1,531,717	0	0	0	17.00
18.00	Accumulated depreciation	-1,395,927	0	0	0	18.00
19.00	Fixed equipment	32,766,906	0	0	0	19.00
20.00	Accumulated depreciation	-28,487,978	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	44,953,066	0	0	0	23.00
24.00	Accumulated depreciation	-35,979,190	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)	53,897,035	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	56,249,309	4,462,325	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	3,138,424	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	59,387,733	4,462,325	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	144,641,842	4,462,325	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	4,980,068	0	0	0	37.00
38.00	Salaries, wages, and fees payable	7,351,066	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	8,141,484	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	20,472,618	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	15,019,145	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	2,361,572	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	17,380,717	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	37,853,335	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	106,788,507				52.00
53.00	Specific purpose fund		4,462,325			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	106,788,507	4,462,325	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	144,641,842	4,462,325	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150088

Period:
From 07/01/2014
To 06/30/2015

Worksheet G-1

Date/Time Prepared:
11/25/2015 11:01 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		99,898,674		5,497,185		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		17,222,646				2.00
3.00	Total (sum of line 1 and line 2)		117,121,320		5,497,185		3.00
4.00	DONATIONS	0		401,984		0	4.00
5.00	INVESTMENT INCOME	624,003		104,918		0	5.00
6.00	TRANSFER TO AFFILIATES	-10,956,816		0		0	6.00
7.00	OTHER	0		-11,899		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)		-10,332,813		495,003		10.00
11.00	Subtotal (line 3 plus line 10)		106,788,507		5,992,188		11.00
12.00	REIMBURSEMENT RESTRICTED	0		1,529,863		0	12.00
13.00	TRANSFER TO AFFILIATES	0		0		0	13.00
14.00	UNREALIZED LOSS	0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		1,529,863		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		106,788,507		4,462,325		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	DONATIONS		0				4.00
5.00	INVESTMENT INCOME		0				5.00
6.00	TRANSFER TO AFFILIATES		0				6.00
7.00	OTHER		0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	REIMBURSEMENT RESTRICTED		0				12.00
13.00	TRANSFER TO AFFILIATES		0				13.00
14.00	UNREALIZED LOSS		0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150088

Period:
From 07/01/2014
To 06/30/2015

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/25/2015 11:01 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	28,529,975		28,529,975	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	2,972,582		2,972,582	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
8.01	ICF/MR	0		0	8.01
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	31,502,557		31,502,557	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	12,754,483		12,754,483	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	12,754,483		12,754,483	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	44,257,040		44,257,040	17.00
18.00	Ancillary services	146,783,286	352,973,324	499,756,610	18.00
19.00	Outpatient services	13,358,493	48,906,182	62,264,675	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		4,451,767	4,451,767	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC		0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	1	2,890,093	2,890,094	26.00
27.00			0	0	27.00
27.01	ADOLESCENT SERVICES	1,816,827	0	1,816,827	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	206,215,647	409,221,366	615,437,013	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		186,440,740		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)		186,440,740		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150088

Period:
From 07/01/2014
To 06/30/2015

Worksheet G-3

Date/Time Prepared:
11/25/2015 11:01 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	615,437,013	1.00
2.00	Less contractual allowances and discounts on patients' accounts	422,633,635	2.00
3.00	Net patient revenues (line 1 minus line 2)	192,803,378	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	186,440,740	4.00
5.00	Net income from service to patients (line 3 minus line 4)	6,362,638	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	-541,402	7.00
8.00	Revenues from telephone and other miscellaneous communication services	15,658	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	628,958	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	46,867	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	MAB/MOB/ASC	585,307	24.00
24.01	GRANTS	409,147	24.01
24.02	DME	8,194,349	24.02
24.03	OTHER MISC INCOME	482,977	24.03
24.04	MEDICARE EHR	1,038,147	24.04
24.05		0	24.05
25.00	Total other income (sum of lines 6-24)	10,860,008	25.00
26.00	Total (line 5 plus line 25)	17,222,646	26.00
27.00		0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	17,222,646	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150088

Period: From 07/01/2014

Worksheet H

HHA CCN: 157059

To 06/30/2015

Date/Time Prepared: 11/25/2015 11:01 am

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00			0		0	0	1.00
2.00			0		0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	387,181	121,318	0	0	208,862	717,361	5.00
HHA REIMBURSABLE SERVICES							
6.00	1,312,318	411,199	85,884	197,812	0	2,007,213	6.00
7.00	504,312	158,020	54,074	0	0	716,406	7.00
8.00	246,278	77,168	18,252	0	0	341,698	8.00
9.00	107,835	33,789	6,078	0	0	147,702	9.00
10.00	45,499	14,257	3,651	0	0	63,407	10.00
11.00	73,669	23,083	18,933	0	0	115,685	11.00
12.00	0	0	0	0	67,376	67,376	12.00
13.00	0	0	0	0	4,554	4,554	13.00
14.00	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	0	0	0	0	0	23.00
24.00	2,677,092	838,834	186,872	197,812	280,792	4,181,402	24.00
	Reclassifi cation	Reclassifi ed Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	0	0	0	0	0	0	1.00
2.00	0	0	0	0	0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	0	717,361	-54,318	663,043			5.00
HHA REIMBURSABLE SERVICES							
6.00	0	2,007,213	0	2,007,213			6.00
7.00	0	716,406	0	716,406			7.00
8.00	0	341,698	0	341,698			8.00
9.00	0	147,702	0	147,702			9.00
10.00	0	63,407	0	63,407			10.00
11.00	0	115,685	0	115,685			11.00
12.00	0	67,376	0	67,376			12.00
13.00	0	4,554	0	4,554			13.00
14.00	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0			15.00
16.00	0	0	0	0			16.00
17.00	0	0	0	0			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	0	0	0	0			23.00
24.00	0	4,181,402	-54,318	4,127,084			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: 150088	Period: 07/01/2014	Worksheet H-1
		HHA CCN: 157059	From 06/30/2015	Part I
			To 06/30/2015	Date/Time Prepared: 11/25/2015 11:01 am
			Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
		1.00	2.00				
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	663,043	0	0	0	663,043	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	2,007,213	0	0	0	2,007,213	6.00
7.00	Physical Therapy	716,406	0	0	0	716,406	7.00
8.00	Occupational Therapy	341,698	0	0	0	341,698	8.00
9.00	Speech Pathology	147,702	0	0	0	147,702	9.00
10.00	Medical Social Services	63,407	0	0	0	63,407	10.00
11.00	Home Health Aide	115,685	0	0	0	115,685	11.00
12.00	Supplies (see instructions)	67,376	0	0	0	67,376	12.00
13.00	Drugs	4,554	0	0	0	4,554	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	4,127,084	0	0	0	4,127,084	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	663,043					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	384,196	2,391,409				6.00
7.00	Physical Therapy	137,125	853,531				7.00
8.00	Occupational Therapy	65,403	407,101				8.00
9.00	Speech Pathology	28,271	175,973				9.00
10.00	Medical Social Services	12,137	75,544				10.00
11.00	Home Health Aide	22,143	137,828				11.00
12.00	Supplies (see instructions)	12,896	80,272				12.00
13.00	Drugs	872	5,426				13.00
14.00	DME	0	0				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
24.00	Total (sum of lines 1-23)		4,127,084				24.00

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 150088 HHA CCN: 157059	Period: From 07/01/2014 To 06/30/2015	Worksheet H-1 Part II Date/Time Prepared: 11/25/2015 11:01 am PPS
			Home Health Agency I	

	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	-663,043	3,464,041
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	2,007,213
7.00	Physical Therapy	0	0	0	0	0	716,406
8.00	Occupational Therapy	0	0	0	0	0	341,698
9.00	Speech Pathology	0	0	0	0	0	147,702
10.00	Medical Social Services	0	0	0	0	0	63,407
11.00	Home Health Aide	0	0	0	0	0	115,685
12.00	Supplies (see instructions)	0	0	0	0	0	67,376
13.00	Drugs	0	0	0	0	0	4,554
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	-663,043	3,464,041
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		663,043
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.191407

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 150088	Period: 07/01/2014	Worksheet H-2
		HHA CCN: 157059	To 06/30/2015	Part I
				Date/Time Prepared: 11/25/2015 11:01 am
			Home Health Agency I	PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		NEW BLDG & FIXT	NEW BLDG & FIXT				
		0	1.00				
1.00 Administrative and General	0	46,108	0	12,509	58,617	18,135	1.00
2.00 Skilled Nursing Care	2,391,409	0	0	42,398	2,433,807	752,953	2.00
3.00 Physical Therapy	853,531	0	0	16,293	869,824	269,100	3.00
4.00 Occupational Therapy	407,101	0	0	7,957	415,058	128,408	4.00
5.00 Speech Pathology	175,973	0	0	3,484	179,457	55,519	5.00
6.00 Medical Social Services	75,544	0	0	1,470	77,014	23,826	6.00
7.00 Home Health Aide	137,828	0	0	2,380	140,208	43,377	7.00
8.00 Supplies (see instructions)	80,272	0	0	0	80,272	24,834	8.00
9.00 Drugs	5,426	0	0	0	5,426	1,679	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	4,127,084	46,108	0	86,491	4,259,683	1,317,831	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	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
	6.00	7.00	8.00	9.00	10.00	11.00	
1.00 Administrative and General	236,189	0	0	4,879	0	114,612	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	236,189	0	0	4,879	0	114,612	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150088

Period: From 07/01/2014

Worksheet H-2

HHA CCN: 157059

To 06/30/2015

Part I Date/Time Prepared: 11/25/2015 11:01 am

Home Health Agency I

PPS

Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		12.00	13.00	14.00	15.00	16.00	17.00	
1.00	Administrative and General	0	140,489	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	8,694	0	2.00
3.00	Physical Therapy	0	0	0	0	5,660	0	3.00
4.00	Occupational Therapy	0	0	0	0	2,055	0	4.00
5.00	Speech Pathology	0	0	0	0	728	0	5.00
6.00	Medical Social Services	0	0	0	0	427	0	6.00
7.00	Home Health Aide	0	0	0	0	1,000	0	7.00
8.00	Supplies (see instructions)	0	0	12,829	0	0	0	8.00
9.00	Drugs	0	0	0	1,451	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	140,489	12,829	1,451	18,564	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		INTERNS & RESIDENTS					SCH OF RADIOLOGY	
		NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	PARAMED PRGM		
		19.00	20.00	21.00	22.00	23.00	23.01	
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	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	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: 150088

Period: From 07/01/2014

Worksheet H-2

HHA CCN: 157059

To 06/30/2015

Part I Date/Time Prepared: 11/25/2015 11:01 am

Home Health Agency I

PPS

Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
	24.00	25.00	26.00	27.00	28.00		
1.00 Administrative and General	572,921	0	572,921				1.00
2.00 Skilled Nursing Care	3,195,454	0	3,195,454	330,839	3,526,293		2.00
3.00 Physical Therapy	1,144,584	0	1,144,584	118,505	1,263,089		3.00
4.00 Occupational Therapy	545,521	0	545,521	56,481	602,002		4.00
5.00 Speech Pathology	235,704	0	235,704	24,404	260,108		5.00
6.00 Medical Social Services	101,267	0	101,267	10,485	111,752		6.00
7.00 Home Health Aide	184,585	0	184,585	19,111	203,696		7.00
8.00 Supplies (see instructions)	117,935	0	117,935	12,210	130,145		8.00
9.00 Drugs	8,556	0	8,556	886	9,442		9.00
10.00 DME	0	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0	0		13.00
14.00 Clinic	0	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0	0		19.00
20.00 Total (sum of lines 1-19) (2)	6,106,527	0	6,106,527	572,921	6,106,527		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.				0.103535			21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150088
HHA CCN: 157059

Period:
From 07/01/2014
To 06/30/2015

Worksheet H-2
Part II
Date/Time Prepared:
11/25/2015 11:01 am
PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT (SQUARE FEET)					
	1.00	1.01					
1.00 Administrative and General	7,973	0	387,181	0	58,617	7,973	1.00
2.00 Skilled Nursing Care	0	0	1,312,318	0	2,433,807	0	2.00
3.00 Physical Therapy	0	0	504,312	0	869,824	0	3.00
4.00 Occupational Therapy	0	0	246,278	0	415,058	0	4.00
5.00 Speech Pathology	0	0	107,835	0	179,457	0	5.00
6.00 Medical Social Services	0	0	45,499	0	77,014	0	6.00
7.00 Home Health Aide	0	0	73,669	0	140,208	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	80,272	0	8.00
9.00 Drugs	0	0	0	0	5,426	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	7,973	0	2,677,092		4,259,683	7,973	20.00
21.00 Total cost to be allocated	46,108	0	86,491		1,317,831	236,189	21.00
22.00 Unit cost multiplier	5.783018	0.000000	0.032308		0.309373	29.623605	22.00
Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (PATIENT DAYS)	CAFETERIA (TOTAL HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
	7.00	8.00	9.00	10.00	11.00	12.00	
1.00 Administrative and General	0	0	108	0	73,784	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	0	108	0	73,784	0	20.00
21.00 Total cost to be allocated	0	0	4,879	0	114,612	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	45.175926	0.000000	1.553345	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150088
HHA CCN: 157059

Period: From 07/01/2014 To 06/30/2015

Worksheet H-2
Part II
Date/Time Prepared: 11/25/2015 11:01 am
PPS

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY (SPD SUPPLIES)	PHARMACY (DRUG EXPENSE)	MEDICAL RECORDS & LIBRARY (DEPT. REVENUE)	HOME HEALTH AGENCY I SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
	(DIRECT NRSING HRS)						
	13.00	14.00	15.00	16.00	17.00	19.00	
1.00	Administrative and General	73,784	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	2,084,985	0	2.00
3.00	Physical Therapy	0	0	0	1,357,422	0	3.00
4.00	Occupational Therapy	0	0	0	492,734	0	4.00
5.00	Speech Pathology	0	0	0	174,520	0	5.00
6.00	Medical Social Services	0	0	0	102,311	0	6.00
7.00	Home Health Aide	0	0	0	239,795	0	7.00
8.00	Supplies (see instructions)	0	67,349	0	0	0	8.00
9.00	Drugs	0	0	4,554	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	73,784	67,349	4,554	4,451,767	0	20.00
21.00	Total cost to be allocated	140,489	12,829	1,451	18,564	0	21.00
22.00	Unit cost multiplier	1.904058	0.190485	0.318621	0.004170	0.000000	22.00
Cost Center Description	INTERNS & RESIDENTS						
	NURSING SCHOOL	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM (PARA MED)	SCH OF RADIOLOGY (PARA MED)		
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)				
	20.00	21.00	22.00	23.00	23.01		
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 150088	Period: From 07/01/2014 To 06/30/2015	Worksheet H-3 Part I Date/Time Prepared: 11/25/2015 11:01 am		
				HHA CCN: 157059	Title XVIII		Home Health Agency I	
						PPS		
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 + col. 4)		
	0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	3,526,293		3,526,293	15,388	229.16	1.00
2.00	Physical Therapy	3.00	1,263,089	0	1,263,089	8,503	148.55	2.00
3.00	Occupational Therapy	4.00	602,002	0	602,002	3,134	192.09	3.00
4.00	Speech Pathology	5.00	260,108	0	260,108	932	279.09	4.00
5.00	Medical Social Services	6.00	111,752		111,752	575	194.35	5.00
6.00	Home Health Aide	7.00	203,696		203,696	3,781	53.87	6.00
7.00	Total (sum of lines 1-6)		5,966,940	0	5,966,940	32,313		7.00
				Program Visits				
				Part B				
				Not Subject to Deductibles & Coinsurance		Subject to Deductibles		
	0	1.00	2.00	3.00	4.00	5.00		
Limitation Cost Computation								
8.00	Skilled Nursing Care		11300	0	3,449			8.00
8.01	Skilled Nursing Care		26900	0	707			8.01
8.02	Skilled Nursing Care		29020	0	1,891			8.02
8.03	Skilled Nursing Care		29140	0	58			8.03
8.04	Skilled Nursing Care		34620	0	369			8.04
8.05	Skilled Nursing Care		99915	0	1,103			8.05
8.06	Skilled Nursing Care		29200	0	33			8.06
8.07	Skilled Nursing Care		50031	0	679			8.07
8.08	Skilled Nursing Care		50038	0	1,376			8.08
8.09	Skilled Nursing Care		50039	0	2,260			8.09
8.10	Skilled Nursing Care		50041	0	24			8.10
9.00	Physical Therapy		11300	0	1,559			9.00
9.01	Physical Therapy		26900	0	283			9.01
9.02	Physical Therapy		29020	0	1,603			9.02
9.03	Physical Therapy		29140	0	31			9.03
9.04	Physical Therapy		34620	0	211			9.04
9.05	Physical Therapy		99915	0	487			9.05
9.06	Physical Therapy		29200	0	24			9.06
9.07	Physical Therapy		50031	0	423			9.07
9.08	Physical Therapy		50038	0	1,133			9.08
9.09	Physical Therapy		50039	0	1,002			9.09
9.10	Physical Therapy		50041	0	40			9.10
10.00	Occupational Therapy		11300	0	853			10.00
10.01	Occupational Therapy		26900	0	112			10.01
10.02	Occupational Therapy		29020	0	713			10.02
10.03	Occupational Therapy		29140	0	23			10.03
10.04	Occupational Therapy		34620	0	78			10.04
10.05	Occupational Therapy		99915	0	187			10.05
10.06	Occupational Therapy		29200	0	0			10.06
10.07	Occupational Therapy		50031	0	71			10.07
10.08	Occupational Therapy		50038	0	280			10.08
10.09	Occupational Therapy		50039	0	267			10.09
10.10	Occupational Therapy		50041	0	0			10.10
11.00	Speech Pathology		11300	0	325			11.00
11.01	Speech Pathology		26900	0	8			11.01
11.02	Speech Pathology		29020	0	120			11.02
11.03	Speech Pathology		29140	0	0			11.03
11.04	Speech Pathology		34620	0	11			11.04
11.05	Speech Pathology		99915	0	33			11.05
11.06	Speech Pathology		29200	0	7			11.06
11.07	Speech Pathology		50031	0	53			11.07
11.08	Speech Pathology		50038	0	250			11.08
11.09	Speech Pathology		50039	0	81			11.09
11.10	Speech Pathology		50041	0	0			11.10
12.00	Medical Social Services		11300	0	140			12.00
12.01	Medical Social Services		26900	0	0			12.01
12.02	Medical Social Services		29020	0	244			12.02
12.03	Medical Social Services		29140	0	6			12.03
12.04	Medical Social Services		34620	0	7			12.04
12.05	Medical Social Services		99915	0	46			12.05
12.06	Medical Social Services		29200	0	0			12.06
12.07	Medical Social Services		50031	0	3			12.07
12.08	Medical Social Services		50038	0	20			12.08

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 150088 HHA CCN: 157059	Period: From 07/01/2014 To 06/30/2015	Worksheet H-3 Part I Date/Time Prepared: 11/25/2015 11:01 am
--	---	---	---

	Title XVIII	Home Health Agency I	PPS
--	-------------	----------------------	-----

Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits			
				Part B			
				Not Subject to Deductibles & Coinsurance	Subject to Deductibles		
	0	1.00	2.00	3.00	4.00	5.00	
12.09 Medical Social Services		50039	0	1			12.09
12.10 Medical Social Services		50041	0	2			12.10
13.00 Home Health Aide		11300	0	1,161			13.00
13.01 Home Health Aide		26900	0	325			13.01
13.02 Home Health Aide		29020	0	495			13.02
13.03 Home Health Aide		29140	0	14			13.03
13.04 Home Health Aide		34620	0	90			13.04
13.05 Home Health Aide		99915	0	179			13.05
13.06 Home Health Aide		29200	0	0			13.06
13.07 Home Health Aide		50031	0	134			13.07
13.08 Home Health Aide		50038	0	334			13.08
13.09 Home Health Aide		50039	0	862			13.09
13.10 Home Health Aide		50041	0	31			13.10
14.00 Total (sum of lines 8-13)			0	26,311			14.00

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

Supplies and Drugs Cost Computations							
15.00 Cost of Medical Supplies	8.00	130,145	0	130,145	117,089	1.111505	15.00
16.00 Cost of Drugs	9.00	9,442	0	9,442	0	0.000000	16.00

Cost Center Description	Part A	Program Visits		Part A	Cost of Services	Part B	Subject to Deductibles & Coinsurance
		Part B					
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance				
	6.00	7.00	8.00	9.00	10.00	11.00	

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

Cost Per Visit Computation							
1.00 Skilled Nursing Care	0	11,949		0	2,738,233		1.00
2.00 Physical Therapy	0	6,796		0	1,009,546		2.00
3.00 Occupational Therapy	0	2,584		0	496,361		3.00
4.00 Speech Pathology	0	888		0	247,832		4.00
5.00 Medical Social Services	0	469		0	91,150		5.00
6.00 Home Health Aide	0	3,625		0	195,279		6.00
7.00 Total (sum of lines 1-6)	0	26,311		0	4,778,401		7.00
Cost Center Description	6.00	7.00	8.00	9.00	10.00	11.00	

Limitation Cost Computation							
8.00 Skilled Nursing Care							8.00
8.01 Skilled Nursing Care							8.01
8.02 Skilled Nursing Care							8.02
8.03 Skilled Nursing Care							8.03
8.04 Skilled Nursing Care							8.04
8.05 Skilled Nursing Care							8.05
8.06 Skilled Nursing Care							8.06
8.07 Skilled Nursing Care							8.07
8.08 Skilled Nursing Care							8.08
8.09 Skilled Nursing Care							8.09
8.10 Skilled Nursing Care							8.10
9.00 Physical Therapy							9.00
9.01 Physical Therapy							9.01
9.02 Physical Therapy							9.02
9.03 Physical Therapy							9.03
9.04 Physical Therapy							9.04
9.05 Physical Therapy							9.05
9.06 Physical Therapy							9.06
9.07 Physical Therapy							9.07
9.08 Physical Therapy							9.08
9.09 Physical Therapy							9.09
9.10 Physical Therapy							9.10
10.00 Occupational Therapy							10.00
10.01 Occupational Therapy							10.01
10.02 Occupational Therapy							10.02
10.03 Occupational Therapy							10.03
10.04 Occupational Therapy							10.04

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 150088

Period: From 07/01/2014

Worksheet H-3

HHA CCN: 157059

To 06/30/2015

Part I
Date/Time Prepared:
11/25/2015 11:01 am

Title XVII I

Home Health Agency I

PPS

Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00		
10.05	Occupational Therapy							10.05	
10.06	Occupational Therapy							10.06	
10.07	Occupational Therapy							10.07	
10.08	Occupational Therapy							10.08	
10.09	Occupational Therapy							10.09	
10.10	Occupational Therapy							10.10	
11.00	Speech Pathology							11.00	
11.01	Speech Pathology							11.01	
11.02	Speech Pathology							11.02	
11.03	Speech Pathology							11.03	
11.04	Speech Pathology							11.04	
11.05	Speech Pathology							11.05	
11.06	Speech Pathology							11.06	
11.07	Speech Pathology							11.07	
11.08	Speech Pathology							11.08	
11.09	Speech Pathology							11.09	
11.10	Speech Pathology							11.10	
12.00	Medical Social Services							12.00	
12.01	Medical Social Services							12.01	
12.02	Medical Social Services							12.02	
12.03	Medical Social Services							12.03	
12.04	Medical Social Services							12.04	
12.05	Medical Social Services							12.05	
12.06	Medical Social Services							12.06	
12.07	Medical Social Services							12.07	
12.08	Medical Social Services							12.08	
12.09	Medical Social Services							12.09	
12.10	Medical Social Services							12.10	
13.00	Home Health Aide							13.00	
13.01	Home Health Aide							13.01	
13.02	Home Health Aide							13.02	
13.03	Home Health Aide							13.03	
13.04	Home Health Aide							13.04	
13.05	Home Health Aide							13.05	
13.06	Home Health Aide							13.06	
13.07	Home Health Aide							13.07	
13.08	Home Health Aide							13.08	
13.09	Home Health Aide							13.09	
13.10	Home Health Aide							13.10	
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		
15.00	Supplies and Drugs Cost Computations								
	Cost of Medical Supplies	0	0	0	0	0	0	15.00	
16.00	Cost of Drugs		850	0		0	0	16.00	
Cost Center Description		Total Program Cost (sum of cols. 9-10)							
		12.00							
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	2,738,233						1.00	
2.00	Physical Therapy	1,009,546						2.00	
3.00	Occupational Therapy	496,361						3.00	
4.00	Speech Pathology	247,832						4.00	
5.00	Medical Social Services	91,150						5.00	
6.00	Home Health Aide	195,279						6.00	
7.00	Total (sum of lines 1-6)	4,778,401						7.00	

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 150088	Period: From 07/01/2014 To 06/30/2015	Worksheet H-3 Part I Date/Time Prepared: 11/25/2015 11:01 am
	HHA CCN: 157059	Title XVII I	Home Health Agency I PPS

Cost Center Description		12.00	
Limitation Cost Computation			
8.00	Skilled Nursing Care		8.00
8.01	Skilled Nursing Care		8.01
8.02	Skilled Nursing Care		8.02
8.03	Skilled Nursing Care		8.03
8.04	Skilled Nursing Care		8.04
8.05	Skilled Nursing Care		8.05
8.06	Skilled Nursing Care		8.06
8.07	Skilled Nursing Care		8.07
8.08	Skilled Nursing Care		8.08
8.09	Skilled Nursing Care		8.09
8.10	Skilled Nursing Care		8.10
9.00	Physical Therapy		9.00
9.01	Physical Therapy		9.01
9.02	Physical Therapy		9.02
9.03	Physical Therapy		9.03
9.04	Physical Therapy		9.04
9.05	Physical Therapy		9.05
9.06	Physical Therapy		9.06
9.07	Physical Therapy		9.07
9.08	Physical Therapy		9.08
9.09	Physical Therapy		9.09
9.10	Physical Therapy		9.10
10.00	Occupational Therapy		10.00
10.01	Occupational Therapy		10.01
10.02	Occupational Therapy		10.02
10.03	Occupational Therapy		10.03
10.04	Occupational Therapy		10.04
10.05	Occupational Therapy		10.05
10.06	Occupational Therapy		10.06
10.07	Occupational Therapy		10.07
10.08	Occupational Therapy		10.08
10.09	Occupational Therapy		10.09
10.10	Occupational Therapy		10.10
11.00	Speech Pathology		11.00
11.01	Speech Pathology		11.01
11.02	Speech Pathology		11.02
11.03	Speech Pathology		11.03
11.04	Speech Pathology		11.04
11.05	Speech Pathology		11.05
11.06	Speech Pathology		11.06
11.07	Speech Pathology		11.07
11.08	Speech Pathology		11.08
11.09	Speech Pathology		11.09
11.10	Speech Pathology		11.10
12.00	Medical Social Services		12.00
12.01	Medical Social Services		12.01
12.02	Medical Social Services		12.02
12.03	Medical Social Services		12.03
12.04	Medical Social Services		12.04
12.05	Medical Social Services		12.05
12.06	Medical Social Services		12.06
12.07	Medical Social Services		12.07
12.08	Medical Social Services		12.08
12.09	Medical Social Services		12.09
12.10	Medical Social Services		12.10
13.00	Home Health Aide		13.00
13.01	Home Health Aide		13.01
13.02	Home Health Aide		13.02
13.03	Home Health Aide		13.03
13.04	Home Health Aide		13.04
13.05	Home Health Aide		13.05
13.06	Home Health Aide		13.06
13.07	Home Health Aide		13.07
13.08	Home Health Aide		13.08
13.09	Home Health Aide		13.09
13.10	Home Health Aide		13.10
14.00	Total (sum of lines 8-13)		14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150088 HHA CCN: 157059	Period: From 07/01/2014 To 06/30/2015	Worksheet H-3 Part II Date/Time Prepared: 11/25/2015 11:01 am PPS
		Title XVIII	Home Health Agency I	

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
	0	1.00	2.00	3.00	4.00	
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00	Physical Therapy	66.00	0.411774	0	0	col. 2, line 2.00 1.00
2.00	Occupational Therapy	67.00	0.343141	0	0	col. 2, line 3.00 2.00
3.00	Speech Pathology	68.00	0.429389	0	0	col. 2, line 4.00 3.00
4.00	Cost of Medical Supplies	71.00	0.409171	0	0	col. 2, line 15.00 4.00
5.00	Cost of Drugs	73.00	0.252518	0	0	col. 2, line 16.00 5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 150088 HHA CCN: 157059	Period: From 07/01/2014 To 06/30/2015	Worksheet H-4 Part I-II Date/Time Prepared: 11/25/2015 11:01 am
		Title XVII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	1,061,351	4,816,582	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	1,061,351	4,816,582	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	1,061,351	4,816,582	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		719,952	3,774,356
12.00	Total PPS Reimbursement - Full Episodes with Outliers		16,090	50,110
13.00	Total PPS Reimbursement - LUPA Episodes		5,990	39,267
14.00	Total PPS Reimbursement - PEP Episodes		8,937	19,379
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		582	4,528
16.00	Total PPS Outlier Reimbursement - PEP Episodes		334	594
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)			0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		751,885	3,888,234
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		751,885	3,888,234
25.00	Coinsurance billed to program patients (from your records)			0
26.00	Net cost (line 24 minus line 25)		751,885	3,888,234
27.00	Reimbursable bad debts (from your records)			
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			
29.00	Total costs - current cost reporting period (line 26 plus line 27)		751,885	3,888,234
30.00	OTHER		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
31.00	Subtotal (see instructions)		751,885	3,888,234
31.01	Sequestration adjustment (see instructions)		15,038	75,683
32.00	Interim payments (see instructions)		736,847	3,812,551
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

Provider CCN: 150088
HHA CCN: 157059

Period:
From 07/01/2014
To 06/30/2015

Worksheet H-5
Date/Time Prepared:
11/25/2015 11:01 am
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		736,847		3,812,551	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		736,847		3,812,551	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		736,847		3,812,551	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: 150088

Period: From 07/01/2014

Worksheet K

Hospice CCN: 151516

To 06/30/2015

Date/Time Prepared: 11/25/2015 11:01 am

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		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	164,365	51,259	70,096	0	431,300	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	732,902	228,561	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	94,107	29,348	0	0	0	15.00
16.00	Spiritual Counseling	105,838	33,006	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	54,270	16,925	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	91,433	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	40,021	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,151,482	359,099	70,096	0	562,754	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150088

Period: From 07/01/2014

Worksheet K

Hospice CCN: 151516

To 06/30/2015

Date/Time Prepared: 11/25/2015 11:01 am

		Total (col. 5)	Reclassification	Subtotal (col. 6 ± col. 7)	Hospice I Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	717,020	0	717,020	-59,403	657,617	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	961,463	0	961,463	0	961,463	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	123,455	0	123,455	0	123,455	15.00
16.00	Spiritual Counseling	138,844	0	138,844	0	138,844	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	71,195	0	71,195	0	71,195	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	91,433	0	91,433	0	91,433	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	40,021	0	40,021	0	40,021	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	2,143,431	0	2,143,431	-59,403	2,084,028	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150088

Period: From 07/01/2014

Worksheet K-1

Hospice CCN: 151516

To 06/30/2015

Date/Time Prepared: 11/25/2015 11:01 am

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	164,365	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	732,902	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	94,107	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	94,107	164,365	732,902	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150088

Period: From 07/01/2014

Worksheet K-1

Hospice CCN: 151516

To 06/30/2015

Date/Time Prepared: 11/25/2015 11:01 am

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	0	164,365	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	732,902	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	94,107	15.00
16.00	Spiritual Counseling		0	105,838	105,838	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		54,270	0	54,270	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	54,270	105,838	1,151,482	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 150088

Period: From 07/01/2014

Worksheet K-2

Hospice CCN: 151516

To 06/30/2015

Date/Time Prepared: 11/25/2015 11:01 am

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	51,259	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	228,561	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	29,348	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	29,348	51,259	228,561	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 150088

Period: From 07/01/2014

Worksheet K-2

Hospice CCN: 151516

To 06/30/2015

Date/Time Prepared: 11/25/2015 11:01 am

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	0	51,259	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	228,561	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	29,348	15.00
16.00	Spiritual Counseling		0	33,006	33,006	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		16,925	0	16,925	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	16,925	33,006	359,099	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150088

Period: From 07/01/2014

Worksheet K-4

Hospice CCN: 151516

To 06/30/2015

Part I
Date/Time Prepared:
11/25/2015 11:01 am

		CAPITAL RELATED COST				Hospice I	
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	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	657,617	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	961,463	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	123,455	0	0	0	0	15.00
16.00	Spiritual Counseling	138,844	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	71,195	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	91,433	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	40,021	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	2,084,028	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150088

Period: From 07/01/2014

Worksheet K-4

Hospice CCN: 151516

To 06/30/2015

Part I
Date/Time Prepared:
11/25/2015 11:01 am

		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	657,617	657,617		6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services	0	0	0	0	9.00
10.00	Nursing Care	0	961,463	443,263	1,404,726	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services	0	123,455	56,916	180,371	15.00
16.00	Spiritual Counseling	0	138,844	64,011	202,855	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	71,195	32,823	104,018	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	91,433	42,153	133,586	22.00
23.00	Analgesics	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	0	40,021	18,451	58,472	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	2,084,028		2,084,028	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period: From 07/01/2014

Worksheet K-4

Hospice CCN: 151516

To 06/30/2015

Part II
Date/Time Prepared:
11/25/2015 11:01 am

		CAPITAL RELATED COST		PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
		BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT (\$ VALUE)				
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0					1.00
2.00	Capital Related Costs-Movable Equip.	0	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: 150088	Period:	Worksheet K-4
	Hospice CCN: 151516	From 07/01/2014 To 06/30/2015	Part II Date/Time Prepared: 11/25/2015 11:01 am
			Hospice I

	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	
	6A	6.00	
GENERAL SERVICE COST CENTERS			
1.00 Capital Related Costs-Bldg and Fixt.	0		1.00
2.00 Capital Related Costs-Movable Equip.	0		2.00
3.00 Plant Operation and Maintenance	0		3.00
4.00 Transportation - Staff	0		4.00
5.00 Volunteer Service Coordination			5.00
6.00 Administrative and General	-657,617	1,426,411	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	961,463	10.00
11.00 Nursing Care-Continuous Home Care	0	0	11.00
12.00 Physical Therapy	0	0	12.00
13.00 Occupational Therapy	0	0	13.00
14.00 Speech/ Language Pathology	0	0	14.00
15.00 Medical Social Services	0	123,455	15.00
16.00 Spiritual Counseling	0	138,844	16.00
17.00 Dietary Counseling	0	0	17.00
18.00 Counseling - Other	0	0	18.00
19.00 Home Health Aide and Homemaker	0	71,195	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	91,433	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	40,021	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)		657,617	39.00
40.00 Unit Cost Multiplier		0.461029	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150088

Period:

Worksheet K-5

Hospice CCN: 151516

From 07/01/2014
To 06/30/2015

Part I
Date/Time Prepared:
11/25/2015 11:01 am

Cost Center Description		Hospice Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			NEW BLDG & FIXT	NEW BLDG & FIXT			
			1.00	1.01			
		0	6,442	0	37,202	43,644	1.00
1.00	Administrative and General						
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	1,404,726	0	0	0	1,404,726	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	180,371	0	0	0	180,371	10.00
11.00	Spiritual Counseling	202,855	0	0	0	202,855	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	104,018	0	0	0	104,018	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	133,586	0	0	0	133,586	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	58,472	0	0	0	58,472	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	2,084,028	6,442	0	37,202	2,127,672	34.00
35.00	Unit Cost Multiplier (see instructions)					0.000000	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150088

Period:

Worksheet K-5

Hospice CCN: 151516

From 07/01/2014
To 06/30/2015

Part I
Date/Time Prepared:
11/25/2015 11:01 am

Cost Center Description		Hospice I					
		ADMINISTRATIVE & GENERAL 5.00	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
1.00	Administrative and General	13,502	33,001	0	0	4,879	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	434,584	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	55,802	0	0	0	0	10.00
11.00	Spiritual Counseling	62,758	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	32,180	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	41,328	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 - 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	18,090	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)	658,244	33,001	0	0	4,879	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150088

Period: From 07/01/2014

Worksheet K-5

Hospice CCN: 151516

To 06/30/2015

Part I
Date/Time Prepared:
11/25/2015 11:01 am

Cost Center Description		Hospice I					
		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
1.00	Administrative and General	0	34,493	0	42,281	7,647	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	34,493	0	42,281	7,647	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150088

Period:

Worksheet K-5

Hospice CCN: 151516

From 07/01/2014
To 06/30/2015

Part I
Date/Time Prepared:
11/25/2015 11:01 am

Cost Center Description		Hospice I					
		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
1.00	Administrative and General	29,033	12,052	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)	29,033	12,052	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150088

Period:

Worksheet K-5

Hospice CCN: 151516

From 07/01/2014
To 06/30/2015

Part I
Date/Time Prepared:
11/25/2015 11:01 am

Hospice I

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	SCH OF RADIOLOGY	Subtotal (col s. 4A-23)	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00	23.00	23.01	24.00	
1.00 Administrative and General	0	0	0	0	220,532	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	1,839,310	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	236,173	10.00
11.00 Spiritual Counseling	0	0	0	0	265,613	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	136,198	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	174,914	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	76,562	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	0	2,949,302	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150088

Period: From 07/01/2014

Worksheet K-5

Hospice CCN: 151516

To 06/30/2015

Part I
Date/Time Prepared:
11/25/2015 11:01 am

Cost Center Description		Hospice I					
		Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (col.s. 24 ± 25)	Allocated Hospice A&G (See Part II)	Total Hospice Costs (col.s. 26 ± 27)		
		25.00	26.00	27.00	28.00		
1.00	Administrative and General						1.00
2.00	Inpatient - General Care	0	0	0	0		2.00
3.00	Inpatient - Respite Care	0	0	0	0		3.00
4.00	Physician Services	0	0	0	0		4.00
5.00	Nursing Care	0	1,839,310	148,648	1,987,958		5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0		6.00
7.00	Physical Therapy	0	0	0	0		7.00
8.00	Occupational Therapy	0	0	0	0		8.00
9.00	Speech/ Language Pathology	0	0	0	0		9.00
10.00	Medical Social Services	0	236,173	19,087	255,260		10.00
11.00	Spiritual Counseling	0	265,613	21,466	287,079		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	136,198	11,007	147,205		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	174,914	14,136	189,050		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	76,562	6,188	82,750		25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0		26.00
27.00	Radiation Therapy	0	0	0	0		27.00
28.00	Chemotherapy	0	0	0	0		28.00
29.00	Other	0	0	0	0		29.00
30.00	Bereavement Program Costs	0	0	0	0		30.00
31.00	Volunteer Program Costs	0	0	0	0		31.00
32.00	Fundraising	0	0	0	0		32.00
33.00	Other Program Costs	0	0	0	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	2,949,302		2,949,302		34.00
35.00	Unit Cost Multiplier (see instructions)			0.080817			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150088
Hospice CCN: 151516

Period:
From 07/01/2014
To 06/30/2015

Worksheet K-5
Part II
Date/Time Prepared:
11/25/2015 11:01 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT (SQUARE FEET)					
	1.00	1.01	4.00				
1.00 Administrative and General	1,114	0	1,151,482	5A	43,644	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		1,404,726	5.00	
6.00 Nursing Care-Continuous Home Care	0	0	0		0	6.00	
7.00 Physical Therapy	0	0	0		0	7.00	
8.00 Occupational Therapy	0	0	0		0	8.00	
9.00 Speech/ Language Pathology	0	0	0		0	9.00	
10.00 Medical Social Services	0	0	0		180,371	10.00	
11.00 Spiritual Counseling	0	0	0		202,855	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		104,018	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		133,586	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		58,472	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)	1,114	0	1,151,482		2,127,672	34.00	
35.00 Total cost to be allocated	6,442	0	37,202		658,244	35.00	
36.00 Unit Cost Multiplier (see instructions)	5.782765	0.000000	0.032308		0.309373	36.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150088

Period:

Worksheet K-5

Hospice CCN: 151516

From 07/01/2014
To 06/30/2015

Part II
Date/Time Prepared:
11/25/2015 11:01 am

Cost Center Description		Hospice I					
		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Administrative and General	1,114	0	0	108	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	1,114	0	0	108	0	34.00
35.00	Total cost to be allocated	33,001	0	0	4,879	0	35.00
36.00	Unit Cost Multiplier (see instructions)	29.623878	0.000000	0.000000	45.175926	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150088
Hospice CCN: 151516

Period:
From 07/01/2014
To 06/30/2015

Worksheet K-5
Part II
Date/Time Prepared:
11/25/2015 11:01 am

Cost Center Description	Hospice I					
	CAFETERIA (TOTAL HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (SPD SUPPLIES)	PHARMACY (DRUG EXPENSE)	
	11.00	12.00	13.00	14.00	15.00	
1.00 Administrative and General	22,206	0	22,206	40,147	91,138	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)	22,206	0	22,206	40,147	91,138	34.00
35.00 Total cost to be allocated	34,493	0	42,281	7,647	29,033	35.00
36.00 Unit Cost Multiplier (see instructions)	1.553319	0.000000	1.904035	0.190475	0.318561	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150088
Hospice CCN: 151516

Period:
From 07/01/2014
To 06/30/2015

Worksheet K-5
Part II
Date/Time Prepared:
11/25/2015 11:01 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (DEPT. REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	HOSPICE I	INTERNS & RESIDENTS	
							SERVICES-SALARY & FRINGES (ASSIGNED TIME)	
1.00	Administrative and General	16.00	17.00	19.00	20.00	21.00	0	1.00
2.00	Inpatient - General Care	2,890,093	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)	2,890,093	0	0	0	0	0	34.00
35.00	Total cost to be allocated	12,052	0	0	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.004170	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: 150088

Period:

Worksheet K-5

Hospice CCN: 151516

From 07/01/2014

To 06/30/2015

Part II

Date/Time Prepared: 11/25/2015 11:01 am

Hospice I

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

COMPUTATION OF TOTAL HOSPICE SHARED COSTS

Provider CCN: 150088

Period: From 07/01/2014

Worksheet K-5

Hospice CCN: 151516

To 06/30/2015

Part III
Date/Time Prepared:
11/25/2015 11:01 am

Cost Center Description		Hospice I			
		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	0.411774	0	0 1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.343141	0	0 2.00
3.00	SPEECH PATHOLOGY	68.00	0.429389	0	0 3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.252518	0	0 4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0.000000	0	0 5.00
6.00	LABORATORY	60.00	0.137056	0	0 6.00
6.01	BLOOD LABORATORY	60.01	0.000000	0	0 6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.409171	0	0 7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00			0 8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.137950	0	0 9.00
10.00	CHEMOTHERAPY	76.00	0.526173	0	0 10.00
11.00	Totals (sum of lines 1-10)				0 11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 150088

Period:

Worksheet K-6

Hospice CCN: 151516

From 07/01/2014
To 06/30/2015

Date/Time Prepared:
11/25/2015 11:01 am

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				2,949,302	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				17,752	2.00
3.00	Average cost per diem (line 1 divided by line 2)				166.14	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	16,362				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	2,718,383				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		448			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		74,431			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	3,604				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	598,769				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		16			10.00
11.00	Aggregate NF cost (line 3 times line 10)		2,658			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			942		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			156,504		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150088	Period: From 07/01/2014 To 06/30/2015	Worksheet L Parts I-III Date/Time Prepared: 11/25/2015 11:01 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,481,103	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		40,238	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)		77.14	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)		6.17	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		23.79	8.00
9.00	Sum of lines 7 and 8		29.96	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.26	10.00
11.00	Disproportionate share adjustment (see instructions)		92,717	11.00
12.00	Total prospective capital payments (see instructions)		1,614,058	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