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: 140289	Period: From 01/01/2015 To 12/31/2015	Worksheet S Parts I-III Date/Time Prepared: 5/31/2016 11:32 am

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 5/31/2016 Time: 11:32 am
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. [1] 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. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] 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 ANDERSON HOSPITAL (140289) for the cost reporting period beginning 01/01/2015 and ending 12/31/2015 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

_____
Title

_____
Date

	Cost Center Description	Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	30,631	25,641	449,401	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	88,428	2		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	1		0	9.00
200.00	Total	0	119,059	25,644	449,401	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-2 Part I | Date/Time Prepared: 5/31/2016 11:29 am

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 6800 STATE ROUTE 162	PO Box:			1.00
2.00	City: MARYVILLE	State: IL	Zip Code: 62062-1000	County: MADISON	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	ANDERSON HOSPITAL	140289	41180	1	11/22/1976	N	P	N	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	THE REHABILITATION CENTER	14T289	41180	5	01/01/2005	N	P	N	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	ANDERSON HOME HEALTH	147420	41180		05/30/1985	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From: 1.00	To: 2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2015	12/31/2015	20.00
21.00	Type of Control (see instructions)	2		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	Y	Y	22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.	N	N	22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or “N” for no.	N	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	1	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,425	907	0	14	3,317	236	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	215	116	0	0	177		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-2 Part I Date/Time Prepared: 5/31/2016 11:29 am

		Urban/Rural S	Date of Geogr	
		1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00
		Beginning:	Ending:	
		1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0		37.00
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.			38.00
		Y/N	Y/N	
		1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 “Y” for yes or “N” for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	Y	N	40.00

		V	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y for yes or "N" for no.	N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00
	Teaching Hospitals				
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-2 Part I Date/Time Prepared: 5/31/2016 11:29 am

		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	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-2 Part I Date/Time Prepared: 5/31/2016 11:29 am

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010				
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00

		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N		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		0	76.00

		1.00	
	Long Term Care Hospital PPS		
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N	81.00
	TEFRA Providers		
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.	N	87.00

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00

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		V	XIX	
		1.00	2.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
	Rural Providers			
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00

		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00

			1.00
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo)for the current cost reporting period? Enter "Y" for yes or "N" for no.		N	110.00

		1.00	2.00	3.00	
	Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	0	200,000	118.01

		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	N		121.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 140289	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/31/2016 11:29 am

				1.00	2.00	
	All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)			N		140.00
	1.00	2.00	3.00			
	If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name:	Contractor's Name:	Contractor's Number:			141.00
142.00	Street:	PO Box:				142.00
143.00	City:	State:	Zip Code:			143.00
					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.			Y		145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.			N		146.00
					1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.				N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.				N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.				N	149.00

		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00
					1.00	
	Multicampus					
165.00	Is this hospital part of a Multicampus 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)						0	168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.25	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)	01/01/2015	12/31/2015	170.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 140289	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/31/2016 11:29 am

			1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)		N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-2 Part II | Date/Time Prepared: 5/31/2016 11:29 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
			Y/N	Type	Date	
			1.00	2.00	3.00	
	Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.		Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.		N			5.00
				Y/N	Legal Oper.	
				1.00	2.00	
	Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?			N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.			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	
					1.00	
	Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N	14.00
	Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				N	15.00
				Part A		Part B	
		Description		Y/N	Date	Y/N	
		0		1.00	2.00	3.00	
	PS&R Data						
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)			Y	02/05/2016	Y	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			N		N	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-2 Part II Date/Time Prepared: 5/31/2016 11:29 am

		Description	Part A Y/N	Part A Date	Part B Y/N	
		0	1.00	2.00	3.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N		N	21.00
					1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
	Capital Related Cost					
22.00	Have assets been relifed 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.				N	33.00
	Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				N	35.00

		Y/N	Date	
		1.00	2.00	
	Home Office Costs			
36.00	Were home office costs claimed on the cost report?	N		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.	N		37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N		40.00

		1.00	2.00	
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	PATRICIA	RACHELL	41.00
42.00	Enter the employer/company name of the cost report preparer.	BKD, LLP		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(314) 231-5544	PRACHELL@BKD.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-2 Part II | Date/Time Prepared: 5/31/2016 11:29 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)	02/05/2016			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)				17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.				18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.				19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:				20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.				21.00
			3.00		
	Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.		DIRECTOR		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: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-3 Part I Date/Time Prepared: 5/31/2016 11:29 am

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	122	44,530	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)		122	44,530	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	12	4,380	0.00	0	8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		134	48,910	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	41.00	20	7,300		0	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	101.00				0	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)		154				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: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-3 Part I | Date/Time Prepared: 5/31/2016 11:29 am

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	8,165	1,090	21,410			1.00
2.00	HMO and other (see instructions)	4,790	4,238				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	479	293				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	8,165	1,090	21,410			7.00
8.00	INTENSIVE CARE UNIT	855	146	2,861			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		190	3,724			13.00
14.00	Total (see instructions)	9,020	1,426	27,995	0.00	890.66	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	2,821	215	4,428	0.00	19.52	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	3,292	0	7,667	0.00	13.73	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	0	0	0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)				0.00	923.91	27.00
28.00	Observation Bed Days		0	2,495			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	236	564			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: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-3 Part I Date/Time Prepared: 5/31/2016 11:29 am

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		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	2,138	534	7,116	1.00
2.00	HMO and other (see instructions)			1,146	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	2,138	534	7,116	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	0.00	0	243	17	376	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-3 Part II Date/Time Prepared: 5/31/2016 11:29 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	49,364,263	0	49,364,263	1,921,805.00	25.69	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		1,842,518	42	1,842,560	73,453.00	25.08	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		112,815	0	112,815	3,270.00	34.50	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		426,190	0	426,190	2,202.00	193.55	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		9,349,379	0	9,349,379			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		364,055	0	364,055			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	411,229	0	411,229	12,124.00	33.92	26.00
27.00	Administrative & General	5.00	7,802,796	-354,098	7,448,698	293,178.00	25.41	27.00
28.00	Administrative & General under contract (see inst.)		1,376,018	0	1,376,018	33,189.00	41.46	28.00
29.00	Maintenance & Repairs	6.00	1,046,511	0	1,046,511	36,303.00	28.83	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	55,939	0	55,939	4,274.00	13.09	31.00
32.00	Housekeeping	9.00	1,077,139	0	1,077,139	76,523.00	14.08	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	846,656	-600,015	246,641	17,951.36	13.74	34.00
35.00	Dietary under contract (see instructions)		843,469	0	843,469	10,392.00	81.17	35.00
36.00	Cafeteria	11.00	0	600,015	600,015	43,673.64	13.74	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	563,914	0	563,914	12,095.00	46.62	38.00
39.00	Central Services and Supply	14.00	730,068	0	730,068	44,347.00	16.46	39.00
40.00	Pharmacy	15.00	1,377,652	-1,377,652	0	0.00	0.00	40.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-3 Part II Date/Time Prepared: 5/31/2016 11:29 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	
41.00	Medical Records & Medical Records Library	16.00	1,365,969	0	1,365,969	65,552.00	20.84	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: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-3 Part III Date/Time Prepared: 5/31/2016 11:29 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 III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		51,583,750	0	51,583,750	1,965,386.00	26.25	1.00
2.00	Excluded area salaries (see instructions)		1,842,518	42	1,842,560	73,453.00	25.08	2.00
3.00	Subtotal salaries (line 1 minus line 2)		49,741,232	-42	49,741,190	1,891,933.00	26.29	3.00
4.00	Subtotal other wages & related costs (see inst.)		539,005	0	539,005	5,472.00	98.50	4.00
5.00	Subtotal wage-related costs (see inst.)		9,349,379	0	9,349,379	0.00	18.80	5.00
6.00	Total (sum of lines 3 thru 5)		59,629,616	-42	59,629,574	1,897,405.00	31.43	6.00
7.00	Total overhead cost (see instructions)		17,497,360	-1,731,750	15,765,610	649,602.00	24.27	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-3 Part IV Date/Time Prepared: 5/31/2016 11:29 am

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	1,500,114	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	1,937	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)	3,741,537	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	214,336	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	24,874	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	51	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	47,727	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	13,152	14.00
15.00	'Workers' Compensation Insurance	475,225	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
	TAXES		
17.00	FICA-Employers Portion Only	3,574,141	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	53,393	20.00
	OTHER		
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	34,002	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	32,946	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	9,713,435	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: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-3 Part V Date/Time Prepared: 5/31/2016 11:29 am

	Cost Center Description	Contract Labor	Benefit Cost	
		1.00	2.00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	2,868,334	9,713,433	1.00
2.00	Hospital	2,220,778	9,349,344	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	647,556	201,180	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	162,909	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA

Provider CCN: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-4

Component CCN: 147420 | Date/Time Prepared: 5/31/2016 11:29 am

Home Health Agency I | PPS

		1.00	
0.00	County	MADISON	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	2,367	0	1,275	3,642	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	217.00	0.00	264.00	481.00	2.00

		Enter the number of hours in your normal work week	Number of Employees (Full Time Equivalent)			
			Staff	Contract	Total	
		0	1.00	2.00	3.00	
	HOME HEALTH AGENCY - NUMBER OF EMPLOYEES					
3.00	Administrator and Assistant Administrator(s)	40.00	0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)		1.00	0.00	1.00	4.00
5.00	Other Administrative Personnel		2.70	0.00	2.70	5.00
6.00	Direct Nursing Service		4.20	0.00	4.20	6.00
7.00	Nursing Supervisor		0.00	0.00	0.00	7.00
8.00	Physical Therapy Service		4.10	0.00	4.10	8.00
9.00	Physical Therapy Supervisor		0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service		1.40	0.00	1.40	10.00
11.00	Occupational Therapy Supervisor		0.00	0.00	0.00	11.00
12.00	Speech Pathology Service		2.00	0.00	2.00	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		1.70	0.00	1.70	16.00
17.00	Home Health Aide Supervisor		0.00	0.00	0.00	17.00
18.00	MANAGER		1.00	0.00	1.00	18.00
	HOME HEALTH AGENCY CBSA CODES					
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.		1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).		41180			20.00

		Full Episodes					
		Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
	PPS ACTIVITY DATA						
21.00	Skilled Nursing Visits	1,033	208	78	46	1,365	21.00
22.00	Skilled Nursing Visit Charges	162,898	32,864	12,008	7,268	215,038	22.00
23.00	Physical Therapy Visits	881	2	20	43	946	23.00
24.00	Physical Therapy Visit Charges	139,198	316	3,160	6,794	149,468	24.00
25.00	Occupational Therapy Visits	403	1	4	26	434	25.00
26.00	Occupational Therapy Visit Charges	63,674	158	632	4,108	68,572	26.00
27.00	Speech Pathology Visits	58	0	1	0	59	27.00
28.00	Speech Pathology Visit Charges	9,164	0	158	0	9,322	28.00
29.00	Medical Social Service Visits	0	0	0	0	0	29.00
30.00	Medical Social Service Visit Charges	0	0	0	0	0	30.00
31.00	Home Health Aide Visits	408	59	1	20	488	31.00
32.00	Home Health Aide Visit Charges	34,272	4,956	84	1,680	40,992	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	2,783	270	104	135	3,292	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)	409,206	38,294	16,042	19,850	483,392	35.00
36.00	Total Number of Episodes (standard/non outlier)	186		32	8	226	36.00
37.00	Total Number of Outlier Episodes		4		0	4	37.00
38.00	Total Non-Routine Medical Supply Charges	15,592	9,968	1,520	87	27,167	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-10 | Date/Time Prepared: 5/31/2016 11:29 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)	0.230743	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	9,587,159	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?	N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	1,308,044	5.00
6.00	Medicaid charges	16,318,436	6.00
7.00	Medicaid cost (line 1 times line 6)	3,765,365	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)	0	8.00
	State Children's Health Insurance Program (SCHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone SCHIP	52,009	9.00
10.00	Stand-alone SCHIP charges	379,692	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)	87,611	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)	35,602	12.00
	Other state or local government indigent care program (see instructions for each line)		
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00
	Uncompensated care (see instructions for each line)		
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0	18.00
19.00	Total unreimbursed cost for Medicaid , SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	35,602	19.00

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	4,309,288	0	4,309,288	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	994,338	0	994,338	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)	994,338	0	994,338	23.00

		1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	4,262,419	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	447,845	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	3,814,574	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	880,186	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	1,874,524	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	1,910,126	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A | Date/Time Prepared: 5/31/2016 11:29 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	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		3,065,086	3,065,086	2,430,859	5,495,945	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		3,331,131	3,331,131	251,517	3,582,648	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	411,229	10,349,411	10,760,640	1,937	10,762,577	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	7,802,796	19,711,109	27,513,905	-1,078,603	26,435,302	5.00
6.00	00600	MAINTENANCE & REPAIRS	1,046,511	738,267	1,784,778	0	1,784,778	6.00
7.00	00700	OPERATION OF PLANT	0	2,077,234	2,077,234	999	2,078,233	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	55,939	496,914	552,853	0	552,853	8.00
9.00	00900	HOUSEKEEPING	1,077,139	271,459	1,348,598	-9,689	1,338,909	9.00
10.00	01000	DIETARY	846,656	927,508	1,774,164	-1,257,329	516,835	10.00
11.00	01100	CAFETERIA	0	0	0	1,257,329	1,257,329	11.00
13.00	01300	NURSING ADMINISTRATION	563,914	260,019	823,933	-244,628	579,305	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	730,068	469,357	1,199,425	-412,834	786,591	14.00
15.00	01500	PHARMACY	1,377,652	5,034,467	6,412,119	-1,625,338	4,786,781	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,365,969	522,202	1,888,171	-94	1,888,077	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	58,485	-6,745	51,740	0	51,740	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	5,678,999	221,654	5,900,653	891,934	6,792,587	30.00
31.00	03100	INTENSIVE CARE UNIT	1,967,381	137,695	2,105,076	-34,692	2,070,384	31.00
41.00	04100	SUBPROVIDER - IRF	905,479	672,633	1,578,112	-3,678	1,574,434	41.00
43.00	04300	NURSERY	0	0	0	924,378	924,378	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,359,752	10,000,184	15,359,936	-8,020,961	7,338,975	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,402,405	510,380	4,912,785	-2,139,653	2,773,132	52.00
53.00	05300	ANESTHESIOLOGY	0	344,646	344,646	-75,556	269,090	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,204,034	1,231,812	3,435,846	58,779	3,494,625	54.00
56.00	05600	RADIOISOTOPE	161,910	345,251	507,161	-246,273	260,888	56.00
57.00	05700	CT SCAN	348,313	901,871	1,250,184	-156,570	1,093,614	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	187,940	469,473	657,413	-68,736	588,677	58.00
59.00	05900	CARDIAC CATHETERIZATION	714,423	1,504,661	2,219,084	-1,266,754	952,330	59.00
60.00	06000	LABORATORY	1,392,207	3,496,943	4,889,150	-52,721	4,836,429	60.00
65.00	06500	RESPIRATORY THERAPY	1,150,738	391,167	1,541,905	-172,273	1,369,632	65.00
66.00	06600	PHYSICAL THERAPY	1,430,101	268,909	1,699,010	-44,642	1,654,368	66.00
67.00	06700	OCCUPATIONAL THERAPY	765,370	22,454	787,824	109,070	896,894	67.00
68.00	06800	SPEECH PATHOLOGY	670,317	26,322	696,639	70,535	767,174	68.00
68.01	03040	AUDIOLOGY	131,936	184,196	316,132	-159,172	156,960	68.01
69.00	06900	ELECTROCARDIOLOGY	375,369	180,280	555,649	-10,973	544,676	69.00
69.01	03160	CARDIOPULMONARY	562,033	53,281	615,314	-10,068	605,246	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	51,285	7,411	58,696	-5,219	53,477	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	11,760,648	11,760,648	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,376,225	1,376,225	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	244,628	244,628	74.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	4,689,359	768,686	5,458,045	-318,799	5,139,246	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	878,554	91,796	970,350	-10,685	959,665	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE		1,952,898	1,952,898	-1,952,898	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	49,364,263	71,032,022	120,396,285	0	120,396,285	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		TOTAL (SUM OF LINES 118-199)	49,364,263	71,032,022	120,396,285	0	120,396,285	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A | Date/Time Prepared: 5/31/2016 11:29 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT	-1,018,871	4,477,074		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-99,021	3,483,627		2.00
3.00	00300	OTHER CAP REL COSTS	0	0		3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-44,388	10,718,189		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-9,743,399	16,691,903		5.00
6.00	00600	MAINTENANCE & REPAIRS	0	1,784,778		6.00
7.00	00700	OPERATION OF PLANT	-26,224	2,052,009		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	552,853		8.00
9.00	00900	HOUSEKEEPING	0	1,338,909		9.00
10.00	01000	DIETARY	-527	516,308		10.00
11.00	01100	CAFETERIA	0	1,257,329		11.00
13.00	01300	NURSING ADMINISTRATION	0	579,305		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	786,591		14.00
15.00	01500	PHARMACY	0	4,786,781		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-116,599	1,771,478		16.00
17.00	01700	SOCIAL SERVICE	0	0		17.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	51,740		23.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	6,792,587		30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,070,384		31.00
41.00	04100	SUBPROVIDER - IRF	0	1,574,434		41.00
43.00	04300	NURSERY	0	924,378		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	7,338,975		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-5,127	2,768,005		52.00
53.00	05300	ANESTHESIOLOGY	-89,295	179,795		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-104,356	3,390,269		54.00
56.00	05600	RADIOISOTOPE	0	260,888		56.00
57.00	05700	CT SCAN	0	1,093,614		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	588,677		58.00
59.00	05900	CARDIAC CATHETERIZATION	-11,700	940,630		59.00
60.00	06000	LABORATORY	-146,993	4,689,436		60.00
65.00	06500	RESPIRATORY THERAPY	0	1,369,632		65.00
66.00	06600	PHYSICAL THERAPY	-57,290	1,597,078		66.00
67.00	06700	OCCUPATIONAL THERAPY	-421	896,473		67.00
68.00	06800	SPEECH PATHOLOGY	-40,555	726,619		68.00
68.01	03040	AUDIOLOGY	-20,686	136,274		68.01
69.00	06900	ELECTROCARDIOLOGY	-57,040	487,636		69.00
69.01	03160	CARDIOPULMONARY	-41,834	563,412		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	53,477		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,760,648		71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,376,225		73.00
74.00	07400	RENAL DIALYSIS	0	244,628		74.00
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	-35,672	5,103,574		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
		OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY	0	959,665		101.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE	0	0		113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-11,659,998	108,736,287		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0		193.00
200.00		TOTAL (SUM OF LINES 118-199)	-11,659,998	108,736,287		200.00

RECLASSIFICATIONS | Provider CCN: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-6 | Date/Time Prepared: 5/31/2016 11:29 am

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - TO RECLASS INTEREST EXPENSE TO CAPTL					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,787,874		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	165,024		2.00
	TOTALS		0	1,952,898		
	B - TO RECLASS EXPENSES FOR CAFETERIA					
1.00	CAFETERIA	11.00	600,015	657,314		1.00
	TOTALS		600,015	657,314		
	C - DEFAULT					
1.00	ADULTS & PEDIATRICS	30.00	880,481	102,076		1.00
2.00	NURSERY	43.00	880,481	102,076		2.00
	TOTALS		1,760,962	204,152		
	D - TO RECLASS EXP FOR UTIL REV					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	201		1.00
	TOTALS		0	201		
	E - TO RECLASS ELECTRICITY EXP					
1.00	OPERATION OF PLANT	7.00	0	999		1.00
	TOTALS		0	999		
	F - TO RECLASS TELEPHONE EXP					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,603		1.00
	TOTALS		0	2,603		
	G - TO RECLASS RENAL DIALYSIS EXP					
1.00	RENAL DIALYSIS	74.00	0	244,628		1.00
	TOTALS		0	244,628		
	H - INSURANCE EXPENSE					
1.00	OTHER CAP REL COSTS	3.00	0	124,551		1.00
	TOTALS		0	124,551		
	J - TO RECLASS MED SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	11,760,648		1.00
2.00	MEDICAL RECORDS & LIBRARY	16.00	0	107		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
	TOTALS		0	11,760,755		
	K - TO RECLASS REAL ESTATE TAXES					
1.00	OTHER CAP REL COSTS	3.00	0	163,258		1.00
	TOTALS		0	163,258		
	L - TO RECLASS PHYSICIAN OFFICE LEASE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	441,669		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	TOTALS		0	441,669		
	M - TO RECLASS PROF RENUMERATION					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	200,000		1.00
2.00	ANESTHESIOLOGY	53.00	0	175,000		2.00
	TOTALS		0	375,000		
	N - TO RECLASS PENSION AUDIT COSTS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,937		1.00
	TOTALS		0	1,937		

RECLASSIFICATIONS | Provider CCN: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-6 | Date/Time Prepared: 5/31/2016 11:29 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	O - TO RECLASS REHAB ADMIN EXP				
1.00	PHYSICAL THERAPY	66.00	168,927	7,349	1.00
2.00	OCCUPATIONAL THERAPY	67.00	104,926	4,565	2.00
3.00	SPEECH PATHOLOGY	68.00	67,682	2,944	3.00
4.00	AUDIOLOGY	68.01	12,563	547	4.00
	TOTALS		354,098	15,405	
	P - TO RECLASS PHARMACISTS SALARIES				
1.00	ADULTS & PEDIATRICS	30.00	882	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	139	0	2.00
3.00	SUBPROVIDER - IRF	41.00	42	0	3.00
4.00	NURSERY	43.00	33	0	4.00
5.00	OPERATING ROOM	50.00	118	0	5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	98	0	6.00
7.00	CARDIAC CATHETERIZATION	59.00	28	0	7.00
8.00	DRUGS CHARGED TO PATIENTS	73.00	1,376,225	0	8.00
9.00	EMERGENCY	91.00	87	0	9.00
	TOTALS		1,377,652	0	
500.00	Grand Total: Increases		4,092,727	15,945,370	500.00

RECLASSIFICATIONS | Provider CCN: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-6 | Date/Time Prepared: 5/31/2016 11:29 am

	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	A - TO RECLASS INTEREST EXPENSE TO CAPTL					
1.00	INTEREST EXPENSE	113.00	0	1,952,898	11	1.00
2.00		0.00	0	0	11	2.00
	TOTALS		0	1,952,898		
	B - TO RECLASS EXPENSES FOR CAFETERIA					
1.00	DIETARY	10.00	600,015	657,314	0	1.00
	TOTALS		600,015	657,314		
	C - DEFAULT					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	1,760,962	204,152	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		1,760,962	204,152		
	D - TO RECLASS EXP FOR UTIL REV					
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	201	0	1.00
	TOTALS		0	201		
	E - TO RECLASS ELECTRICITY EXP					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	999	0	1.00
	TOTALS		0	999		
	F - TO RECLASS TELEPHONE EXP					
1.00	HOME HEALTH AGENCY	101.00	0	2,603	0	1.00
	TOTALS		0	2,603		
	G - TO RECLASS RENAL DIALYSIS EXP					
1.00	NURSING ADMINISTRATION	13.00	0	244,628	0	1.00
	TOTALS		0	244,628		
	H - INSURANCE EXPENSE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	124,551	12	1.00
	TOTALS		0	124,551		
	J - TO RECLASS MED SUPPLIES					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	326	0	1.00
2.00	HOUSEKEEPING	9.00	0	9,689	0	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	412,834	0	3.00
4.00	PHARMACY	15.00	0	247,686	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	91,505	0	5.00
6.00	INTENSIVE CARE UNIT	31.00	0	34,831	0	6.00
7.00	SUBPROVIDER - IRF	41.00	0	3,720	0	7.00
8.00	NURSERY	43.00	0	58,212	0	8.00
9.00	OPERATING ROOM	50.00	0	8,021,079	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	174,637	0	10.00
11.00	ANESTHESIOLOGY	53.00	0	250,556	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	141,221	0	12.00
13.00	RADIOISOTOPE	56.00	0	246,273	0	13.00
14.00	CT SCAN	57.00	0	156,570	0	14.00
15.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	68,736	0	15.00
16.00	CARDIAC CATHETERIZATION	59.00	0	1,266,782	0	16.00
17.00	LABORATORY	60.00	0	52,721	0	17.00
18.00	RESPIRATORY THERAPY	65.00	0	172,273	0	18.00
19.00	PHYSICAL THERAPY	66.00	0	4,436	0	19.00
20.00	OCCUPATIONAL THERAPY	67.00	0	421	0	20.00
21.00	SPEECH PATHOLOGY	68.00	0	91	0	21.00
22.00	AUDIOLOGY	68.01	0	172,282	0	22.00
23.00	ELECTROCARDIOLOGY	69.00	0	10,973	0	23.00
24.00	CARDIOPULMONARY	69.01	0	10,068	0	24.00
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	5,219	0	25.00
26.00	EMERGENCY	91.00	0	139,532	0	26.00
27.00	HOME HEALTH AGENCY	101.00	0	8,082	0	27.00
	TOTALS		0	11,760,755		
	K - TO RECLASS REAL ESTATE TAXES					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	163,258	12	1.00
	TOTALS		0	163,258		
	L - TO RECLASS PHYSICIAN OFFICE LEASE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	45,833	10	1.00
2.00	PHYSICAL THERAPY	66.00	0	216,482	10	2.00
3.00	EMERGENCY	91.00	0	179,354	10	3.00
	TOTALS		0	441,669		
	M - TO RECLASS PROF RENUMERATION					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	375,000	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		0	375,000		
	N - TO RECLASS PENSION AUDIT COSTS					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,937	0	1.00
	TOTALS		0	1,937		

RECLASSIFICATIONS | Provider CCN: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-6 | Date/Time Prepared: 5/31/2016 11:29 am

		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	O - TO RECLASS REHAB ADMIN EXP					
1.00	ADMINISTRATIVE & GENERAL	5.00	354,098	15,405	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
	TOTALS		354,098	15,405		
	P - TO RECLASS PHARMACISTS SALARIES					
1.00	PHARMACY	15.00	1,377,652	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		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
	TOTALS		1,377,652	0		
500.00	Grand Total: Decreases		4,092,727	15,945,370		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-7 Part I | Date/Time Prepared: 5/31/2016 11:29 am

		Beginning Balances	Acquisitions: Purchases	Acquisitions: Donation	Acquisitions: Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	673,013	0	0	0	0	1.00
2.00	Land Improvements	2,777,237	308,054	0	308,054	0	2.00
3.00	Buildings and Fixtures	98,965,305	7,581,393	0	7,581,393	8,885,248	3.00
4.00	Building Improvements	24,000	0	0	0	0	4.00
5.00	Fixed Equipment	5,592,140	245,025	0	245,025	1,088,520	5.00
6.00	Movable Equipment	36,860,916	2,685,292	0	2,685,292	710,857	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	144,892,611	10,819,764	0	10,819,764	10,684,625	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	144,892,611	10,819,764	0	10,819,764	10,684,625	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	673,013	0	1.00
2.00	Land Improvements	3,085,291	0	2.00
3.00	Buildings and Fixtures	97,661,450	0	3.00
4.00	Building Improvements	24,000	0	4.00
5.00	Fixed Equipment	4,748,645	0	5.00
6.00	Movable Equipment	38,835,351	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	145,027,750	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	145,027,750	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-7 Part II | Date/Time Prepared: 5/31/2016 11:29 am

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	3,065,086	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	3,234,218	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	6,299,304	0	0	0	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL		
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)	
		14.00	15.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2			
1.00	CAP REL COSTS-BLDG & FIXT	0	3,065,086	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	96,913	3,331,131	2.00
3.00	Total (sum of lines 1-2)	96,913	6,396,217	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-7 Part III | Date/Time Prepared: 5/31/2016 11:29 am

	Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	101,443,754	0	101,443,754	0.699478	87,121	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	43,583,997	0	43,583,997	0.300522	37,430	2.00
3.00	Total (sum of lines 1-2)	145,027,751	0	145,027,751	1.000000	124,551	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	114,195	0	201,316	3,065,086	441,669	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	49,063	0	86,493	3,234,218	0	2.00
3.00	Total (sum of lines 1-2)	163,258	0	287,809	6,299,304	441,669	3.00

	Cost Center Description	SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	769,003	87,121	114,195	0	4,477,074	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	66,003	37,430	49,063	96,913	3,483,627	2.00
3.00	Total (sum of lines 1-2)	835,006	124,551	163,258	96,913	7,960,701	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-8 | Date/Time Prepared: 5/31/2016 11:29 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 - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-1,072,793	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-99,021	CAP REL COSTS-MVBLE EQUIP	2.00	11	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	B	352	ADMINISTRATIVE & GENERAL	5.00	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	-18,313	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-26,224	OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-1,999,883			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	0			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	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	B	-115,920	MEDICAL RECORDS & LIBRARY	16.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-1,045	ADMINISTRATIVE & GENERAL	5.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	OTHER REVENUE CANCER CENTER STUDIES	B	-13,212	RADIOLOGY-DIAGNOSTIC	54.00	0	33.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-8 | Date/Time Prepared: 5/31/2016 11:29 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	
33.01	OTHER MISC INCOME	B	-189,215	ADMINISTRATIVE & GENERAL	5.00	0	33.01
33.02	OTHER REVENUE CR CARD SHARING REV	B	-45,769	ADMINISTRATIVE & GENERAL	5.00	0	33.02
33.03	MANAGEMENT FEES	B	-264,000	ADMINISTRATIVE & GENERAL	5.00	0	33.03
33.04	EDUCATION CLASSES - VARIOUS	B	-565	ADMINISTRATIVE & GENERAL	5.00	0	33.04
33.05	OB LACTATION REVENUE	B	-5,127	DELIVERY ROOM & LABOR ROOM	52.00	0	33.05
33.06	AH OTHER REVENUE HEALTH MGM	B	-35,716	CARDIOPULMONARY	69.01	0	33.06
33.07	OTHER REVENUE AMORT OR SECURITIES	B	53,922	CAP REL COSTS-BLDG & FIXT	1.00	11	33.07
33.08	OTHER REVENUE SILVER INCOME	B	-220	RADIOLOGY-DIAGNOSTIC	54.00	0	33.08
33.09	FINANCIAL SERVICE DONATION HMAP	A	-12,168	ADMINISTRATIVE & GENERAL	5.00	0	33.09
33.10	SALES TAX REVERSAL	A	-18	ADMINISTRATIVE & GENERAL	5.00	0	33.10
33.11	SISHA EMPLOYEE BENEFITS	A	-25,774	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.11
33.12	PHYSICIAN RECRUITMENT	A	-40,844	ADMINISTRATIVE & GENERAL	5.00	0	33.12
33.13	LOBBYING PORTION OF DUES	A	-47,585	ADMINISTRATIVE & GENERAL	5.00	0	33.13
33.14	ALCOHOL EXPENSE	A	-3,600	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.14
33.15	ALCOHOL EXPENSE	A	-527	DIETARY	10.00	0	33.15
33.16	ALCOHOL EXPENSE	A	-679	MEDICAL RECORDS & LIBRARY	16.00	0	33.16
33.17	PROMOTIONAL ITEMS	A	-9,295	ADMINISTRATIVE & GENERAL	5.00	0	33.17
33.18	PUBLICITY SALARIES	A	-69,105	ADMINISTRATIVE & GENERAL	5.00	0	33.18
33.19	PUBLICITY EXPENSES	A	-272,798	ADMINISTRATIVE & GENERAL	5.00	0	33.19
33.20	PUBLICITY BENEFITS	A	-13,814	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.20
33.21	DONATION EXPENSE	A	-1,200	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.21
33.22	DONATION EXPENSE	A	-28,766	ADMINISTRATIVE & GENERAL	5.00	0	33.22
33.23	SISHA PT SALARIES	A	-55,439	PHYSICAL THERAPY	66.00	0	33.23
33.24	SISHA OT SALARIES	A	-421	OCCUPATIONAL THERAPY	67.00	0	33.24
33.25	SISHA ST SALARIES	A	-39,544	SPEECH PATHOLOGY	68.00	0	33.25
33.26	SISHA AUDIOLOGY SALARIES	A	-20,226	AUDIOLOGY	68.01	0	33.26
33.27	SISHA DIRECTOR SALARIES	A	-13,437	ADMINISTRATIVE & GENERAL	5.00	0	33.27
33.28	SISHA OVERHEAD	A	-1,851	PHYSICAL THERAPY	66.00	0	33.28
33.29	SISHA OVERHEAD	A	-1,011	SPEECH PATHOLOGY	68.00	0	33.29
33.30	SISHA OVERHEAD	A	-460	AUDIOLOGY	68.01	0	33.30
33.31	SISHA OVERHEAD	A	-564	ADMINISTRATIVE & GENERAL	5.00	0	33.31
33.32	PROVIDER TAX OFFSET	A	-5,582,818	ADMINISTRATIVE & GENERAL	5.00	0	33.32
33.33	SELF-INSURANCE ACCRUAL NOT FUNDED	A	-1,585,305	ADMINISTRATIVE & GENERAL	5.00	0	33.33
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-11,659,998				50.00

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

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-8-2 | Date/Time Prepared: 5/31/2016 11:29 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	1,572,109	1,561,359	10,750	177,200	117	1.00
2.00	53.00	ANESTHESIOLOGY	175,000	0	175,000	200,300	890	2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	200,000	0	200,000	225,300	1,007	3.00
4.00	59.00	CARDIAC CATHETERIZATION	25,000	0	25,000	208,000	133	4.00
5.00	60.00	LABORATORY	150,000	142,893	7,107	215,700	29	5.00
6.00	69.00	ELECTROCARDIOLOGY	57,040	57,040	0	0	0	6.00
7.00	69.01	CARDIOPULMONARY	8,333	0	8,333	177,200	26	7.00
8.00	91.00	EMERGENCY	35,672	35,672	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			2,223,154	1,796,964	426,190		2,202	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	9,968	498	0	0	0	1.00
2.00	53.00	ANESTHESIOLOGY	85,705	4,285	0	0	0	2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	109,076	5,454	0	0	0	3.00
4.00	59.00	CARDIAC CATHETERIZATION	13,300	665	0	0	0	4.00
5.00	60.00	LABORATORY	3,007	150	0	0	0	5.00
6.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	6.00
7.00	69.01	CARDIOPULMONARY	2,215	111	0	0	0	7.00
8.00	91.00	EMERGENCY	0	0	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			223,271	11,163	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	9,968	782	1,562,141		1.00
2.00	53.00	ANESTHESIOLOGY	0	85,705	89,295	89,295		2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	0	109,076	90,924	90,924		3.00
4.00	59.00	CARDIAC CATHETERIZATION	0	13,300	11,700	11,700		4.00
5.00	60.00	LABORATORY	0	3,007	4,100	146,993		5.00
6.00	69.00	ELECTROCARDIOLOGY	0	0	0	57,040		6.00
7.00	69.01	CARDIOPULMONARY	0	2,215	6,118	6,118		7.00
8.00	91.00	EMERGENCY	0	0	0	35,672		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	223,271	202,919	1,999,883		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part I Date/Time Prepared: 5/31/2016 11:29 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			0	1.00	2.00	4.00	4A	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	4,477,074	4,477,074				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	3,483,627		3,483,627			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	10,718,189	7,063	27,205	10,752,457		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	16,691,903	349,964	1,515,533	1,626,072	20,183,472	5.00
6.00	00600	MAINTENANCE & REPAIRS	1,784,778	29,044	35,989	230,986	2,080,797	6.00
7.00	00700	OPERATION OF PLANT	2,052,009	390,024	243,314	0	2,685,347	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	552,853	4,294	0	12,347	569,494	8.00
9.00	00900	HOUSEKEEPING	1,338,909	26,125	8,995	237,134	1,611,163	9.00
10.00	01000	DIETARY	516,308	102,984	2,342	54,439	676,073	10.00
11.00	01100	CAFETERIA	1,257,329	0	5,699	132,435	1,395,463	11.00
13.00	01300	NURSING ADMINISTRATION	579,305	27,850	351	124,467	731,973	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	786,591	107,910	62,146	161,141	1,117,788	14.00
15.00	01500	PHARMACY	4,786,781	24,640	92,608	0	4,904,029	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,771,478	88,587	19,781	301,497	2,181,343	16.00
17.00	01700	SOCIAL SERVICE	0	6,852	427	0	7,279	17.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	51,740	0	0	12,909	64,649	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	6,792,587	264,126	88,008	1,448,003	8,592,724	30.00
31.00	03100	INTENSIVE CARE UNIT	2,070,384	88,527	36,598	434,271	2,629,780	31.00
41.00	04100	SUBPROVIDER - IRF	1,574,434	71,080	2,704	199,867	1,848,085	41.00
43.00	04300	NURSERY	924,378	10,253	22,268	194,347	1,151,246	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	7,338,975	309,523	561,449	1,183,031	9,392,978	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,768,005	317,348	66,804	583,041	3,735,198	52.00
53.00	05300	ANESTHESIOLOGY	179,795	0	31,846	0	211,641	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,390,269	80,461	117,089	486,474	4,074,293	54.00
56.00	05600	RADIOISOTOPE	260,888	10,564	1,050	35,737	308,239	56.00
57.00	05700	CT SCAN	1,093,614	95,529	18,690	76,880	1,284,713	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	588,677	28,031	4,025	41,482	662,215	58.00
59.00	05900	CARDIAC CATHETERIZATION	940,630	0	221,121	157,694	1,319,445	59.00
60.00	06000	LABORATORY	4,689,436	96,051	86,473	307,288	5,179,248	60.00
65.00	06500	RESPIRATORY THERAPY	1,369,632	64,860	64,125	243,463	1,742,080	65.00
66.00	06600	PHYSICAL THERAPY	1,597,078	281,994	14,321	341,766	2,235,159	66.00
67.00	06700	OCCUPATIONAL THERAPY	896,473	199,065	4,109	192,004	1,291,651	67.00
68.00	06800	SPEECH PATHOLOGY	726,619	71,883	867	154,707	954,076	68.00
68.01	03040	AUDIOLOGY	136,274	4,625	4,081	28,023	173,003	68.01
69.00	06900	ELECTROCARDIOLOGY	487,636	0	27,801	82,851	598,288	69.00
69.01	03160	CARDIOPULMONARY	563,412	34,452	16,274	124,052	738,190	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	53,477	0	0	11,320	64,797	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,760,648	0	0	0	11,760,648	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,376,225	0	0	303,760	1,679,985	73.00
74.00	07400	RENAL DIALYSIS	244,628	0	0	0	244,628	74.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	5,103,574	294,845	78,601	1,035,055	6,512,075	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	959,665	18,540	933	193,914	1,173,052	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	108,736,287	3,507,094	3,483,627	10,752,457	107,766,307	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	41,214	0	0	41,214	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	514,444	0	0	514,444	192.00
193.00	19300	NONPAID WORKERS	0	414,322	0	0	414,322	193.00
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)	108,736,287	4,477,074	3,483,627	10,752,457	108,736,287	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part I | Date/Time Prepared: 5/31/2016 11:29 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	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	20,183,472					5.00
6.00	00600	MAINTENANCE & REPAIRS	474,268	2,555,065				6.00
7.00	00700	OPERATION OF PLANT	612,060	243,592	3,540,999			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	129,802	2,682	4,108	706,086		8.00
9.00	00900	HOUSEKEEPING	367,226	16,316	24,995	0	2,019,700	9.00
10.00	01000	DIETARY	154,095	64,319	98,532	0	3,041	10.00
11.00	01100	CAFETERIA	318,062	0	0	0	7,413	11.00
13.00	01300	NURSING ADMINISTRATION	166,836	17,394	26,646	0	5,893	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	254,773	67,396	103,245	14,641	9,885	14.00
15.00	01500	PHARMACY	1,117,756	15,389	23,575	0	18,249	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	497,185	55,328	84,758	0	9,885	16.00
17.00	01700	SOCIAL SERVICE	1,659	4,280	6,556	0	12,166	17.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	14,735	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,958,505	164,962	252,708	206,579	588,327	30.00
31.00	03100	INTENSIVE CARE UNIT	599,395	55,290	84,700	25,239	253,959	31.00
41.00	04100	SUBPROVIDER - IRF	421,227	44,394	68,008	39,063	142,567	41.00
43.00	04300	NURSERY	262,399	6,404	9,810	17,707	51,134	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,140,904	193,315	296,143	169,526	26,613	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	851,349	198,202	303,630	53,120	153,402	52.00
53.00	05300	ANESTHESIOLOGY	48,238	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	928,637	50,252	76,983	21,781	63,110	54.00
56.00	05600	RADIOISOTOPE	70,256	6,598	10,108	2,524	7,223	56.00
57.00	05700	CT SCAN	292,819	59,664	91,400	27,098	78,507	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	150,936	17,507	26,819	7,572	21,860	58.00
59.00	05900	CARDIAC CATHETERIZATION	300,736	0	0	6,873	0	59.00
60.00	06000	LABORATORY	1,180,485	59,989	91,899	0	17,488	60.00
65.00	06500	RESPIRATORY THERAPY	397,065	40,509	62,056	3,163	72,804	65.00
66.00	06600	PHYSICAL THERAPY	509,451	176,121	269,804	4,045	10,455	66.00
67.00	06700	OCCUPATIONAL THERAPY	294,401	124,327	190,460	2,512	6,463	67.00
68.00	06800	SPEECH PATHOLOGY	217,459	44,895	68,776	1,620	4,182	68.00
68.01	03040	AUDIOLOGY	39,432	2,889	4,425	301	760	68.01
69.00	06900	ELECTROCARDIOLOGY	136,365	0	0	0	48,663	69.00
69.01	03160	CARDIOPULMONARY	168,253	21,517	32,962	0	12,546	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	14,769	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,680,541	0	0	0	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	382,912	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	55,757	0	0	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	1,484,271	184,148	282,100	102,722	371,055	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	267,369	11,579	17,739	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	19,962,388	1,949,258	2,612,945	706,086	1,997,650	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9,394	25,740	39,432	0	8,364	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	117,255	321,299	492,209	0	13,686	192.00
193.00	19300	NONPAID WORKERS	94,435	258,768	396,413	0	0	193.00
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)	20,183,472	2,555,065	3,540,999	706,086	2,019,700	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part I | Date/Time Prepared: 5/31/2016 11:29 am

		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	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	996,060					10.00
11.00	01100	CAFETERIA	0	1,720,938				11.00
13.00	01300	NURSING ADMINISTRATION	0	74,491	1,023,233			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	74,669	0	1,642,397		14.00
15.00	01500	PHARMACY	0	57,246	0	1,656	6,137,900	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	63,291	0	2	0	16.00
17.00	01700	SOCIAL SERVICE	0	19,201	0	0	0	17.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	54,402	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	747,960	426,853	331,122	13,667	3,929	30.00
31.00	03100	INTENSIVE CARE UNIT	97,380	49,513	83,923	7,482	619	31.00
41.00	04100	SUBPROVIDER - IRF	150,720	48,979	0	0	187	41.00
43.00	04300	NURSERY	0	24,356	37,647	2,192	146	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	101,158	236,794	75,251	524	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	73,158	112,941	6,577	436	52.00
53.00	05300	ANESTHESIOLOGY	0	11,645	0	4,791	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	52,446	0	2,439	0	54.00
56.00	05600	RADIOISOTOPE	0	6,045	0	164	0	56.00
57.00	05700	CT SCAN	0	65,246	0	5,826	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	18,223	0	212	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	25,465	1,012	124	59.00
60.00	06000	LABORATORY	0	113,781	0	155,780	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	81,869	0	8,372	0	65.00
66.00	06600	PHYSICAL THERAPY	0	33,423	0	1,341	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	20,712	0	320	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	13,423	0	27	0	68.00
68.01	03040	AUDIOLOGY	0	2,489	0	600	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	23,023	0	642	0	69.00
69.01	03160	CARDIOPULMONARY	0	36,801	0	894	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	29	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,338,082	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	6,131,547	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	111,648	195,341	14,780	388	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	259	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	996,060	1,658,091	1,023,233	1,642,397	6,137,900	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	32,268	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	30,579	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	996,060	1,720,938	1,023,233	1,642,397	6,137,900	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part I Date/Time Prepared: 5/31/2016 11:29 am

		Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMEDICAL EDUCATION PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	17.00	23.00	24.00	25.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	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
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	2,891,792					16.00
17.00	01700	SOCIAL SERVICE	0	51,141				17.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	133,786			23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	155,195	23,569	0	13,466,100	0	30.00
31.00	03100	INTENSIVE CARE UNIT	28,454	13,526	0	3,929,260	0	31.00
41.00	04100	SUBPROVIDER - IRF	35,115	9,635	0	2,807,980	0	41.00
43.00	04300	NURSERY	32,954	778	0	1,596,773	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	538,726	0	0	13,171,932	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	108,169	2,336	0	5,598,518	0	52.00
53.00	05300	ANESTHESIOLOGY	66,569	0	0	342,884	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	227,322	0	0	5,497,263	0	54.00
56.00	05600	RADIOISOTOPE	26,336	0	0	437,493	0	56.00
57.00	05700	CT SCAN	282,818	0	0	2,188,091	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	79,009	0	0	984,353	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	107,066	0	0	1,760,721	0	59.00
60.00	06000	LABORATORY	378,149	0	0	7,176,819	0	60.00
65.00	06500	RESPIRATORY THERAPY	115,403	0	0	2,523,321	0	65.00
66.00	06600	PHYSICAL THERAPY	70,098	0	0	3,309,897	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	48,394	0	0	1,979,240	0	67.00
68.00	06800	SPEECH PATHOLOGY	16,675	0	0	1,321,133	0	68.00
68.01	03040	AUDIOLOGY	6,352	0	0	230,251	0	68.01
69.00	06900	ELECTROCARDIOLOGY	77,862	0	0	884,843	0	69.00
69.01	03160	CARDIOPULMONARY	14,734	0	0	1,025,897	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	9,705	0	0	89,300	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	19,410	0	0	15,798,681	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	116,374	0	0	8,310,818	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	300,385	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	323,227	1,297	133,786	9,716,838	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	7,676	0	0	1,477,674	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,891,792	51,141	133,786	105,926,465	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	156,412	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	1,489,472	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	1,163,938	0	193.00
200.00		Cross Foot Adjustments			0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,891,792	51,141	133,786	108,736,287	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part I | Date/Time Prepared: 5/31/2016 11:29 am

		Cost Center Description	Total		
			26.00		
		GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	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
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
23.00	02300	PARAMEDICAL EDUCATION PRGM			23.00
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	13,466,100		30.00
31.00	03100	INTENSIVE CARE UNIT	3,929,260		31.00
41.00	04100	SUBPROVIDER - IRF	2,807,980		41.00
43.00	04300	NURSERY	1,596,773		43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	13,171,932		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,598,518		52.00
53.00	05300	ANESTHESIOLOGY	342,884		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,497,263		54.00
56.00	05600	RADIOISOTOPE	437,493		56.00
57.00	05700	CT SCAN	2,188,091		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	984,353		58.00
59.00	05900	CARDIAC CATHETERIZATION	1,760,721		59.00
60.00	06000	LABORATORY	7,176,819		60.00
65.00	06500	RESPIRATORY THERAPY	2,523,321		65.00
66.00	06600	PHYSICAL THERAPY	3,309,897		66.00
67.00	06700	OCCUPATIONAL THERAPY	1,979,240		67.00
68.00	06800	SPEECH PATHOLOGY	1,321,133		68.00
68.01	03040	AUDIOLOGY	230,251		68.01
69.00	06900	ELECTROCARDIOLOGY	884,843		69.00
69.01	03160	CARDIOPULMONARY	1,025,897		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	89,300		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,798,681		71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,310,818		73.00
74.00	07400	RENAL DIALYSIS	300,385		74.00
		OUTPATIENT SERVICE COST CENTERS			
91.00	09100	EMERGENCY	9,716,838		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
		OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY	1,477,674		101.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	105,926,465		118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	156,412		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,489,472		192.00
193.00	19300	NONPAID WORKERS	1,163,938		193.00
200.00		Cross Foot Adjustments	0		200.00
201.00		Negative Cost Centers	0		201.00
202.00		TOTAL (sum lines 118-201)	108,736,287		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part II | Date/Time Prepared: 5/31/2016 11:29 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	7,063	27,205	34,268	34,268	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	131,383	349,964	1,515,533	1,996,880	5,201	5.00
6.00	00600	MAINTENANCE & REPAIRS	203	29,044	35,989	65,236	736	6.00
7.00	00700	OPERATION OF PLANT	0	390,024	243,314	633,338	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	4,294	0	4,294	39	8.00
9.00	00900	HOUSEKEEPING	0	26,125	8,995	35,120	755	9.00
10.00	01000	DIETARY	99	102,984	2,342	105,425	173	10.00
11.00	01100	CAFETERIA	0	0	5,699	5,699	422	11.00
13.00	01300	NURSING ADMINISTRATION	0	27,850	351	28,201	396	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	73,791	107,910	62,146	243,847	513	14.00
15.00	01500	PHARMACY	155,380	24,640	92,608	272,628	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	88,587	19,781	108,368	960	16.00
17.00	01700	SOCIAL SERVICE	0	6,852	427	7,279	0	17.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	41	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	264,126	88,008	352,134	4,612	30.00
31.00	03100	INTENSIVE CARE UNIT	0	88,527	36,598	125,125	1,383	31.00
41.00	04100	SUBPROVIDER - IRF	0	71,080	2,704	73,784	637	41.00
43.00	04300	NURSERY	0	10,253	22,268	32,521	619	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	142,759	309,523	561,449	1,013,731	3,768	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	317,348	66,804	384,152	1,857	52.00
53.00	05300	ANESTHESIOLOGY	17,274	0	31,846	49,120	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	278,456	80,461	117,089	476,006	1,549	54.00
56.00	05600	RADIOISOTOPE	0	10,564	1,050	11,614	114	56.00
57.00	05700	CT SCAN	315,822	95,529	18,690	430,041	245	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	264,087	28,031	4,025	296,143	132	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	221,121	221,121	502	59.00
60.00	06000	LABORATORY	8,470	96,051	86,473	190,994	979	60.00
65.00	06500	RESPIRATORY THERAPY	34,176	64,860	64,125	163,161	775	65.00
66.00	06600	PHYSICAL THERAPY	0	281,994	14,321	296,315	1,089	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	199,065	4,109	203,174	612	67.00
68.00	06800	SPEECH PATHOLOGY	0	71,883	867	72,750	493	68.00
68.01	03040	AUDIOLOGY	0	4,625	4,081	8,706	89	68.01
69.00	06900	ELECTROCARDIOLOGY	145,542	0	27,801	173,343	264	69.00
69.01	03160	CARDIOPULMONARY	0	34,452	16,274	50,726	395	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	36	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	967	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	294,845	78,601	373,446	3,297	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	18,540	933	19,473	618	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,567,442	3,507,094	3,483,627	8,558,163	34,268	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	41,214	0	41,214	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	514,444	0	514,444	0	192.00
193.00	19300	NONPAID WORKERS	0	414,322	0	414,322	0	193.00
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)	1,567,442	4,477,074	3,483,627	9,528,143	34,268	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part II Date/Time Prepared: 5/31/2016 11:29 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	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,002,081					5.00
6.00	00600	MAINTENANCE & REPAIRS	47,045	113,017				6.00
7.00	00700	OPERATION OF PLANT	60,713	10,775	704,826			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	12,876	119	818	18,146		8.00
9.00	00900	HOUSEKEEPING	36,427	722	4,975	0	77,999	9.00
10.00	01000	DIETARY	15,285	2,845	19,613	0	117	10.00
11.00	01100	CAFETERIA	31,550	0	0	0	286	11.00
13.00	01300	NURSING ADMINISTRATION	16,549	769	5,304	0	228	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	25,272	2,981	20,551	376	382	14.00
15.00	01500	PHARMACY	110,875	681	4,692	0	705	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	49,318	2,447	16,871	0	382	16.00
17.00	01700	SOCIAL SERVICE	165	189	1,305	0	470	17.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	1,462	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	194,273	7,297	50,301	5,307	22,718	30.00
31.00	03100	INTENSIVE CARE UNIT	59,457	2,446	16,859	649	9,808	31.00
41.00	04100	SUBPROVIDER - IRF	41,783	1,964	13,537	1,004	5,506	41.00
43.00	04300	NURSERY	26,029	283	1,953	455	1,975	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	212,366	8,551	58,946	4,357	1,028	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	84,449	8,767	60,437	1,365	5,924	52.00
53.00	05300	ANESTHESIOLOGY	4,785	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	92,116	2,223	15,323	560	2,437	54.00
56.00	05600	RADIOISOTOPE	6,969	292	2,012	65	279	56.00
57.00	05700	CT SCAN	29,046	2,639	18,193	696	3,032	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	14,972	774	5,338	195	844	58.00
59.00	05900	CARDIAC CATHETERIZATION	29,831	0	0	177	0	59.00
60.00	06000	LABORATORY	117,098	2,653	18,292	0	675	60.00
65.00	06500	RESPIRATORY THERAPY	39,387	1,792	12,352	81	2,812	65.00
66.00	06600	PHYSICAL THERAPY	50,535	7,790	53,704	104	404	66.00
67.00	06700	OCCUPATIONAL THERAPY	29,203	5,499	37,911	65	250	67.00
68.00	06800	SPEECH PATHOLOGY	21,571	1,986	13,690	42	162	68.00
68.01	03040	AUDIOLOGY	3,911	128	881	8	29	68.01
69.00	06900	ELECTROCARDIOLOGY	13,527	0	0	0	1,879	69.00
69.01	03160	CARDIOPULMONARY	16,690	952	6,561	0	485	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,465	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	265,883	0	0	0	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	37,983	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	5,531	0	0	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	147,232	8,145	56,151	2,640	14,330	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	26,522	512	3,531	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,980,151	86,221	520,101	18,146	77,147	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	932	1,139	7,849	0	323	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	11,631	14,211	97,971	0	529	192.00
193.00	19300	NONPAID WORKERS	9,367	11,446	78,905	0	0	193.00
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)	2,002,081	113,017	704,826	18,146	77,999	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part II | Date/Time Prepared: 5/31/2016 11:29 am

		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	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	143,458					10.00
11.00	01100	CAFETERIA	0	37,957				11.00
13.00	01300	NURSING ADMINISTRATION	0	1,643	53,090			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,647	0	295,569		14.00
15.00	01500	PHARMACY	0	1,263	0	298	391,142	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,396	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	423	0	0	0	17.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	1,200	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	107,725	9,414	17,181	2,460	250	30.00
31.00	03100	INTENSIVE CARE UNIT	14,025	1,092	4,354	1,346	39	31.00
41.00	04100	SUBPROVIDER - IRF	21,708	1,080	0	0	12	41.00
43.00	04300	NURSERY	0	537	1,953	395	9	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	2,231	12,286	13,542	33	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,614	5,860	1,184	28	52.00
53.00	05300	ANESTHESIOLOGY	0	257	0	862	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,157	0	439	0	54.00
56.00	05600	RADIOISOTOPE	0	133	0	30	0	56.00
57.00	05700	CT SCAN	0	1,439	0	1,048	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	402	0	38	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	1,321	182	8	59.00
60.00	06000	LABORATORY	0	2,510	0	28,034	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	1,806	0	1,507	0	65.00
66.00	06600	PHYSICAL THERAPY	0	737	0	241	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	457	0	58	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	296	0	5	0	68.00
68.01	03040	AUDIOLOGY	0	55	0	108	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	508	0	116	0	69.00
69.01	03160	CARDIOPULMONARY	0	812	0	161	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	240,803	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	390,738	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	2,462	10,135	2,660	25	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	47	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	143,458	36,571	53,090	295,569	391,142	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	712	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	674	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	143,458	37,957	53,090	295,569	391,142	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part II Date/Time Prepared: 5/31/2016 11:29 am

		Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMEDICAL EDUCATION PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	17.00	23.00	24.00	25.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	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
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	179,742					16.00
17.00	01700	SOCIAL SERVICE	0	9,831				17.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	2,703			23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	9,646	4,531		787,849	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,769	2,600		240,952	0	31.00
41.00	04100	SUBPROVIDER - IRF	2,183	1,852		165,050	0	41.00
43.00	04300	NURSERY	2,048	150		68,927	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	33,486	0		1,364,325	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,723	449		562,809	0	52.00
53.00	05300	ANESTHESIOLOGY	4,138	0		59,162	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,129	0		605,939	0	54.00
56.00	05600	RADIOISOTOPE	1,637	0		23,145	0	56.00
57.00	05700	CT SCAN	17,579	0		503,958	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,911	0		323,749	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,655	0		259,797	0	59.00
60.00	06000	LABORATORY	23,504	0		384,739	0	60.00
65.00	06500	RESPIRATORY THERAPY	7,173	0		230,846	0	65.00
66.00	06600	PHYSICAL THERAPY	4,357	0		415,276	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,008	0		280,237	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,036	0		112,031	0	68.00
68.01	03040	AUDIOLOGY	395	0		14,310	0	68.01
69.00	06900	ELECTROCARDIOLOGY	4,840	0		194,477	0	69.00
69.01	03160	CARDIOPULMONARY	916	0		77,698	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	603	0		2,109	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,206	0		507,892	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,233	0		436,921	0	73.00
74.00	07400	RENAL DIALYSIS	0	0		5,531	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	20,090	249		640,862	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	477	0		51,180	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	179,742	9,831	0	8,319,771	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		52,169	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		639,460	0	192.00
193.00	19300	NONPAID WORKERS	0	0		514,040	0	193.00
200.00		Cross Foot Adjustments			2,703	2,703	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	179,742	9,831	2,703	9,528,143	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part II | Date/Time Prepared: 5/31/2016 11:29 am

		Cost Center Description	Total		
			26.00		
		GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	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
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
23.00	02300	PARAMEDICAL EDUCATION PRGM			23.00
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	787,849		30.00
31.00	03100	INTENSIVE CARE UNIT	240,952		31.00
41.00	04100	SUBPROVIDER - IRF	165,050		41.00
43.00	04300	NURSERY	68,927		43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	1,364,325		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	562,809		52.00
53.00	05300	ANESTHESIOLOGY	59,162		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	605,939		54.00
56.00	05600	RADIOISOTOPE	23,145		56.00
57.00	05700	CT SCAN	503,958		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	323,749		58.00
59.00	05900	CARDIAC CATHETERIZATION	259,797		59.00
60.00	06000	LABORATORY	384,739		60.00
65.00	06500	RESPIRATORY THERAPY	230,846		65.00
66.00	06600	PHYSICAL THERAPY	415,276		66.00
67.00	06700	OCCUPATIONAL THERAPY	280,237		67.00
68.00	06800	SPEECH PATHOLOGY	112,031		68.00
68.01	03040	AUDIOLOGY	14,310		68.01
69.00	06900	ELECTROCARDIOLOGY	194,477		69.00
69.01	03160	CARDIOPULMONARY	77,698		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	2,109		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	507,892		71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	436,921		73.00
74.00	07400	RENAL DIALYSIS	5,531		74.00
		OUTPATIENT SERVICE COST CENTERS			
91.00	09100	EMERGENCY	640,862		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
		OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY	51,180		101.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	8,319,771		118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	52,169		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	639,460		192.00
193.00	19300	NONPAID WORKERS	514,040		193.00
200.00		Cross Foot Adjustments	2,703		200.00
201.00		Negative Cost Centers	0		201.00
202.00		TOTAL (sum lines 118-201)	9,528,143		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B-1 | Date/Time Prepared: 5/31/2016 11:29 am

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			1.00	2.00	4.00	5A	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	446,257					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		3,236,181				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	704	25,273	48,715,312			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	34,883	1,407,882	7,367,076	-20,183,472	88,552,815	5.00
6.00	00600	MAINTENANCE & REPAIRS	2,895	33,433	1,046,511	0	2,080,797	6.00
7.00	00700	OPERATION OF PLANT	38,876	226,031	0	0	2,685,347	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	428	0	55,939	0	569,494	8.00
9.00	00900	HOUSEKEEPING	2,604	8,356	1,074,365	0	1,611,163	9.00
10.00	01000	DIETARY	10,265	2,176	246,641	0	676,073	10.00
11.00	01100	CAFETERIA	0	5,294	600,015	0	1,395,463	11.00
13.00	01300	NURSING ADMINISTRATION	2,776	326	563,914	0	731,973	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,756	57,732	730,068	0	1,117,788	14.00
15.00	01500	PHARMACY	2,456	86,030	0	0	4,904,029	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,830	18,376	1,365,969	0	2,181,343	16.00
17.00	01700	SOCIAL SERVICE	683	397	0	0	7,279	17.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	58,485	0	64,649	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	26,327	81,757	6,560,362	0	8,592,724	30.00
31.00	03100	INTENSIVE CARE UNIT	8,824	33,998	1,967,520	0	2,629,780	31.00
41.00	04100	SUBPROVIDER - IRF	7,085	2,512	905,521	0	1,848,085	41.00
43.00	04300	NURSERY	1,022	20,686	880,514	0	1,151,246	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	30,852	521,569	5,359,870	0	9,392,978	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	31,632	62,059	2,641,541	0	3,735,198	52.00
53.00	05300	ANESTHESIOLOGY	0	29,584	0	0	211,641	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,020	108,772	2,204,034	0	4,074,293	54.00
56.00	05600	RADIOISOTOPE	1,053	975	161,910	0	308,239	56.00
57.00	05700	CT SCAN	9,522	17,362	348,313	0	1,284,713	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,794	3,739	187,940	0	662,215	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	205,415	714,451	0	1,319,445	59.00
60.00	06000	LABORATORY	9,574	80,331	1,392,207	0	5,179,248	60.00
65.00	06500	RESPIRATORY THERAPY	6,465	59,570	1,103,039	0	1,742,080	65.00
66.00	06600	PHYSICAL THERAPY	28,108	13,304	1,548,413	0	2,235,159	66.00
67.00	06700	OCCUPATIONAL THERAPY	19,842	3,817	869,899	0	1,291,651	67.00
68.00	06800	SPEECH PATHOLOGY	7,165	805	700,921	0	954,076	68.00
68.01	03040	AUDIOLOGY	461	3,791	126,962	0	173,003	68.01
69.00	06900	ELECTROCARDIOLOGY	0	25,826	375,369	0	598,288	69.00
69.01	03160	CARDIOPULMONARY	3,434	15,118	562,033	0	738,190	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	51,285	0	64,797	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	11,760,648	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,376,225	0	1,679,985	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	244,628	74.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	29,389	73,018	4,689,446	0	6,512,075	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	1,848	867	878,554	0	1,173,052	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	349,573	3,236,181	48,715,312	-20,183,472	87,582,835	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,108	0	0	0	41,214	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	51,278	0	0	0	514,444	192.00
193.00	19300	NONPAID WORKERS	41,298	0	0	0	414,322	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,477,074	3,483,627	10,752,457		20,183,472	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	10.032501	1.076462	0.220720		0.227926	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			34,268		2,002,081	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000703		0.022609	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B-1 | Date/Time Prepared: 5/31/2016 11:29 am

		Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	407,775					6.00
7.00	00700	OPERATION OF PLANT	38,876	368,899				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	428	428	1,183,257			8.00
9.00	00900	HOUSEKEEPING	2,604	2,604	0	10,625		9.00
10.00	01000	DIETARY	10,265	10,265	0	16	99,381	10.00
11.00	01100	CAFETERIA	0	0	0	39	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,776	2,776	0	31	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,756	10,756	24,535	52	0	14.00
15.00	01500	PHARMACY	2,456	2,456	0	96	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,830	8,830	0	52	0	16.00
17.00	01700	SOCIAL SERVICE	683	683	0	64	0	17.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	26,327	26,327	346,186	3,095	74,627	30.00
31.00	03100	INTENSIVE CARE UNIT	8,824	8,824	42,295	1,336	9,716	31.00
41.00	04100	SUBPROVIDER - IRF	7,085	7,085	65,461	750	15,038	41.00
43.00	04300	NURSERY	1,022	1,022	29,673	269	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	30,852	30,852	284,091	140	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	31,632	31,632	89,019	807	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,020	8,020	36,501	332	0	54.00
56.00	05600	RADIOISOTOPE	1,053	1,053	4,230	38	0	56.00
57.00	05700	CT SCAN	9,522	9,522	45,411	413	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,794	2,794	12,689	115	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	11,517	0	0	59.00
60.00	06000	LABORATORY	9,574	9,574	0	92	0	60.00
65.00	06500	RESPIRATORY THERAPY	6,465	6,465	5,301	383	0	65.00
66.00	06600	PHYSICAL THERAPY	28,108	28,108	6,778	55	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	19,842	19,842	4,210	34	0	67.00
68.00	06800	SPEECH PATHOLOGY	7,165	7,165	2,715	22	0	68.00
68.01	03040	AUDIOLOGY	461	461	504	4	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	256	0	69.00
69.01	03160	CARDIOPULMONARY	3,434	3,434	0	66	0	69.01
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
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
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	29,389	29,389	172,141	1,952	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	1,848	1,848	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	311,091	272,215	1,183,257	10,509	99,381	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,108	4,108	0	44	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	51,278	51,278	0	72	0	192.00
193.00	19300	NONPAID WORKERS	41,298	41,298	0	0	0	193.00
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)	2,555,065	3,540,999	706,086	2,019,700	996,060	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.265870	9.598831	0.596731	190.089412	10.022640	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	113,017	704,826	18,146	77,999	143,458	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.277155	1.910621	0.015336	7.341082	1.443515	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B-1 | Date/Time Prepared: 5/31/2016 11:29 am

		Cost Center Description	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
			11.00	13.00	14.00	15.00	16.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	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	19,360					11.00
13.00	01300	NURSING ADMINISTRATION	838	12,095				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	840	0	13,541,307			14.00
15.00	01500	PHARMACY	644	0	13,655	7,732,182		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	712	0	20	0	65,552	16.00
17.00	01700	SOCIAL SERVICE	216	0	0	0	0	17.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	612	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,802	3,914	112,685	4,949	3,518	30.00
31.00	03100	INTENSIVE CARE UNIT	557	992	61,689	780	645	31.00
41.00	04100	SUBPROVIDER - IRF	551	0	0	236	796	41.00
43.00	04300	NURSERY	274	445	18,076	184	747	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,138	2,799	620,435	660	12,212	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	823	1,335	54,229	549	2,452	52.00
53.00	05300	ANESTHESIOLOGY	131	0	39,498	0	1,509	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	590	0	20,110	0	5,153	54.00
56.00	05600	RADIOISOTOPE	68	0	1,354	0	597	56.00
57.00	05700	CT SCAN	734	0	48,035	0	6,411	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	205	0	1,744	0	1,791	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	301	8,345	156	2,427	59.00
60.00	06000	LABORATORY	1,280	0	1,284,378	0	8,572	60.00
65.00	06500	RESPIRATORY THERAPY	921	0	69,025	0	2,616	65.00
66.00	06600	PHYSICAL THERAPY	376	0	11,056	0	1,589	66.00
67.00	06700	OCCUPATIONAL THERAPY	233	0	2,637	0	1,097	67.00
68.00	06800	SPEECH PATHOLOGY	151	0	225	0	378	68.00
68.01	03040	AUDIOLOGY	28	0	4,944	0	144	68.01
69.00	06900	ELECTROCARDIOLOGY	259	0	5,295	0	1,765	69.00
69.01	03160	CARDIOPULMONARY	414	0	7,369	0	334	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	242	0	220	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	11,032,267	0	440	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	7,724,179	2,638	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	1,256	2,309	121,857	489	7,327	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	2,137	0	174	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	18,653	12,095	13,541,307	7,732,182	65,552	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	363	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	344	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,720,938	1,023,233	1,642,397	6,137,900	2,891,792	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	88.891426	84.599669	0.121288	0.793812	44.114474	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	37,957	53,090	295,569	391,142	179,742	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.960589	4.389417	0.021827	0.050586	2.741976	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B-1 | Date/Time Prepared: 5/31/2016 11:29 am

		Cost Center Description	SOCIAL SERVICE (TIME SPENT)	PARAMEDICAL EDUCATION PRGM (ASSIGNED TIME)		
			17.00	23.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	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
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	28,860			17.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	100		23.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	13,301	0		30.00
31.00	03100	INTENSIVE CARE UNIT	7,633	0		31.00
41.00	04100	SUBPROVIDER - IRF	5,437	0		41.00
43.00	04300	NURSERY	439	0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,318	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
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
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
68.01	03040	AUDIOLOGY	0	0		68.01
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.01	03160	CARDIOPULMONARY	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	732	100		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
		OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY	0	0		101.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	28,860	100		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0		193.00
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)	51,141	133,786		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.772037	1,337.860000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	9,831	2,703		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.340644	27.030000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet C Part I Date/Time Prepared: 5/31/2016 11:29 am

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		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	13,466,100		13,466,100	0	13,466,100	30.00
31.00	03100	INTENSIVE CARE UNIT	3,929,260		3,929,260	0	3,929,260	31.00
41.00	04100	SUBPROVIDER - IRF	2,807,980		2,807,980	0	2,807,980	41.00
43.00	04300	NURSERY	1,596,773		1,596,773	0	1,596,773	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	13,171,932		13,171,932	0	13,171,932	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,598,518		5,598,518	0	5,598,518	52.00
53.00	05300	ANESTHESIOLOGY	342,884		342,884	89,295	432,179	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,497,263		5,497,263	90,924	5,588,187	54.00
56.00	05600	RADIOISOTOPE	437,493		437,493	0	437,493	56.00
57.00	05700	CT SCAN	2,188,091		2,188,091	0	2,188,091	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	984,353		984,353	0	984,353	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,760,721		1,760,721	11,700	1,772,421	59.00
60.00	06000	LABORATORY	7,176,819		7,176,819	4,100	7,180,919	60.00
65.00	06500	RESPIRATORY THERAPY	2,523,321	0	2,523,321	0	2,523,321	65.00
66.00	06600	PHYSICAL THERAPY	3,309,897	0	3,309,897	0	3,309,897	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,979,240	0	1,979,240	0	1,979,240	67.00
68.00	06800	SPEECH PATHOLOGY	1,321,133	0	1,321,133	0	1,321,133	68.00
68.01	03040	AUDIOLOGY	230,251	0	230,251	0	230,251	68.01
69.00	06900	ELECTROCARDIOLOGY	884,843		884,843	0	884,843	69.00
69.01	03160	CARDIOPULMONARY	1,025,897		1,025,897	6,118	1,032,015	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	89,300		89,300	0	89,300	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,798,681		15,798,681	0	15,798,681	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,310,818		8,310,818	0	8,310,818	73.00
74.00	07400	RENAL DIALYSIS	300,385		300,385	0	300,385	74.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	9,716,838		9,716,838	0	9,716,838	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,405,483		1,405,483		1,405,483	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	1,477,674		1,477,674		1,477,674	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	107,331,948	0	107,331,948	202,137	107,534,085	200.00
201.00		Less Observation Beds	1,405,483		1,405,483		1,405,483	201.00
202.00		Total (see instructions)	105,926,465	0	105,926,465	202,137	106,128,602	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet C Part I Date/Time Prepared: 5/31/2016 11:29 am

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		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	20,962,287		20,962,287			30.00
31.00	03100	INTENSIVE CARE UNIT	4,518,825		4,518,825			31.00
41.00	04100	SUBPROVIDER - IRF	5,573,383		5,573,383			41.00
43.00	04300	NURSERY	5,231,771		5,231,771			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	15,803,290	50,448,370	66,251,660	0.198817	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,586,560	2,315,029	16,901,589	0.331242	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	2,922,056	7,646,465	10,568,521	0.032444	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,703,230	31,501,890	37,205,120	0.147756	0.000000	54.00
56.00	05600	RADIOISOTOPE	745,125	3,436,754	4,181,879	0.104616	0.000000	56.00
57.00	05700	CT SCAN	3,957,770	40,936,362	44,894,132	0.048739	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,042,272	10,502,366	12,544,638	0.078468	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,424,844	7,572,768	16,997,612	0.103586	0.000000	59.00
60.00	06000	LABORATORY	22,625,832	37,405,277	60,031,109	0.119552	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	10,592,415	5,509,768	16,102,183	0.156707	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	5,492,273	5,637,750	11,130,023	0.297385	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,523,729	3,160,348	7,684,077	0.257577	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	653,018	1,993,072	2,646,090	0.499277	0.000000	68.00
68.01	03040	AUDIOLOGY	0	1,011,155	1,011,155	0.227711	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	4,242,733	7,724,782	11,967,515	0.073937	0.000000	69.00
69.01	03160	CARDIOPULMONARY	274,684	2,066,237	2,340,921	0.438245	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	72,129	1,468,403	1,540,532	0.057967	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,559,964	11,286,586	23,846,550	0.662514	0.000000	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,438,915	5,033,201	18,472,116	0.449912	0.000000	73.00
74.00	07400	RENAL DIALYSIS	885,480	64,470	949,950	0.316211	0.000000	74.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	8,890,951	42,421,103	51,312,054	0.189368	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	723,787	2,267,944	2,991,731	0.469789	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	1,208,757	1,208,757			101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	176,447,323	282,618,857	459,066,180			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	176,447,323	282,618,857	459,066,180			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet C Part I Date/Time Prepared: 5/31/2016 11:29 am

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio	
			11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
41.00	04100	SUBPROVIDER - IRF		41.00
43.00	04300	NURSERY		43.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0.198817	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.331242	52.00
53.00	05300	ANESTHESIOLOGY	0.040893	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.150199	54.00
56.00	05600	RADIOISOTOPE	0.104616	56.00
57.00	05700	CT SCAN	0.048739	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.078468	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.104275	59.00
60.00	06000	LABORATORY	0.119620	60.00
65.00	06500	RESPIRATORY THERAPY	0.156707	65.00
66.00	06600	PHYSICAL THERAPY	0.297385	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.257577	67.00
68.00	06800	SPEECH PATHOLOGY	0.499277	68.00
68.01	03040	AUDIOLOGY	0.227711	68.01
69.00	06900	ELECTROCARDIOLOGY	0.073937	69.00
69.01	03160	CARDIOPULMONARY	0.440859	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.057967	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.662514	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.449912	73.00
74.00	07400	RENAL DIALYSIS	0.316211	74.00
		OUTPATIENT SERVICE COST CENTERS		
91.00	09100	EMERGENCY	0.189368	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.469789	92.00
		OTHER REIMBURSABLE COST CENTERS		
101.00	10100	HOME HEALTH AGENCY		101.00
		SPECIAL PURPOSE COST CENTERS		
113.00	11300	INTEREST EXPENSE		113.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part I Date/Time Prepared: 5/31/2016 11:29 am

Title XVIII | Hospital | PPS

	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	787,849	0	787,849	23,905	32.96	30.00
31.00	INTENSIVE CARE UNIT	240,952		240,952	2,861	84.22	31.00
41.00	SUBPROVIDER - IRF	165,050	0	165,050	4,428	37.27	41.00
43.00	NURSERY	68,927		68,927	3,724	18.51	43.00
200.00	Total (lines 30-199)	1,262,778		1,262,778	34,918		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	8,165	269,118		30.00
31.00	INTENSIVE CARE UNIT	855	72,008		31.00
41.00	SUBPROVIDER - IRF	2,821	105,139		41.00
43.00	NURSERY	0	0		43.00
200.00	Total (lines 30-199)	11,841	446,265		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part II Date/Time Prepared: 5/31/2016 11:29 am

Title XVIII | Hospital | 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	1,364,325	66,251,660	0.020593	6,190,201	127,475	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	562,809	16,901,589	0.033299	4,925	164	52.00
53.00	05300	ANESTHESIOLOGY	59,162	10,568,521	0.005598	941,944	5,273	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	605,939	37,205,120	0.016286	4,936,776	80,400	54.00
56.00	05600	RADIOISOTOPE	23,145	4,181,879	0.005535	420,955	2,330	56.00
57.00	05700	CT SCAN	503,958	44,894,132	0.011225	3,885,797	43,618	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	323,749	12,544,638	0.025808	937,246	24,188	58.00
59.00	05900	CARDIAC CATHETERIZATION	259,797	16,997,612	0.015284	2,248,924	34,373	59.00
60.00	06000	LABORATORY	384,739	60,031,109	0.006409	10,267,228	65,803	60.00
65.00	06500	RESPIRATORY THERAPY	230,846	16,102,183	0.014336	4,350,903	62,375	65.00
66.00	06600	PHYSICAL THERAPY	415,276	11,130,023	0.037311	1,476,473	55,089	66.00
67.00	06700	OCCUPATIONAL THERAPY	280,237	7,684,077	0.036470	836,840	30,520	67.00
68.00	06800	SPEECH PATHOLOGY	112,031	2,646,090	0.042338	193,268	8,183	68.00
68.01	03040	AUDIOLOGY	14,310	1,011,155	0.014152	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	194,477	11,967,515	0.016250	640,663	10,411	69.00
69.01	03160	CARDIOPULMONARY	77,698	2,340,921	0.033191	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	2,109	1,540,532	0.001369	39,164	54	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	507,892	23,846,550	0.021298	5,651,872	120,374	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	436,921	18,472,116	0.023653	5,827,890	137,847	73.00
74.00	07400	RENAL DIALYSIS	5,531	949,950	0.005822	496,045	2,888	74.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	640,862	51,312,054	0.012490	3,630,685	45,347	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	82,229	2,991,731	0.027485	501,865	13,794	92.00
200.00		Total (lines 50-199)	7,088,042	421,571,157		53,479,664	870,506	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part III Date/Time Prepared: 5/31/2016 11:29 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	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0		0	43.00
200.00		Total (lines 30-199)	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	23,905	0.00	8,165	0		30.00
31.00	03100	INTENSIVE CARE UNIT	2,861	0.00	855	0		31.00
41.00	04100	SUBPROVIDER - IRF	4,428	0.00	2,821	0		41.00
43.00	04300	NURSERY	3,724	0.00	0	0		43.00
200.00		Total (lines 30-199)	34,918		11,841	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part IV | Date/Time Prepared: 5/31/2016 11:29 am

Title XVIII | Hospital | 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
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	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	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
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
68.01	03040	AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03160	CARDIOPULMONARY	0	0	0	0	0	69.01
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
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
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0	133,786	0	133,786	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	133,786	0	133,786	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part IV | Date/Time Prepared: 5/31/2016 11:29 am

Title XVIII | Hospital | 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	66,251,660	0.000000	0.000000	6,190,201	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	16,901,589	0.000000	0.000000	4,925	52.00
53.00	05300	ANESTHESIOLOGY	0	10,568,521	0.000000	0.000000	941,944	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	37,205,120	0.000000	0.000000	4,936,776	54.00
56.00	05600	RADIOISOTOPE	0	4,181,879	0.000000	0.000000	420,955	56.00
57.00	05700	CT SCAN	0	44,894,132	0.000000	0.000000	3,885,797	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	12,544,638	0.000000	0.000000	937,246	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	16,997,612	0.000000	0.000000	2,248,924	59.00
60.00	06000	LABORATORY	0	60,031,109	0.000000	0.000000	10,267,228	60.00
65.00	06500	RESPIRATORY THERAPY	0	16,102,183	0.000000	0.000000	4,350,903	65.00
66.00	06600	PHYSICAL THERAPY	0	11,130,023	0.000000	0.000000	1,476,473	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,684,077	0.000000	0.000000	836,840	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,646,090	0.000000	0.000000	193,268	68.00
68.01	03040	AUDIOLOGY	0	1,011,155	0.000000	0.000000	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	11,967,515	0.000000	0.000000	640,663	69.00
69.01	03160	CARDIOPULMONARY	0	2,340,921	0.000000	0.000000	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,540,532	0.000000	0.000000	39,164	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	23,846,550	0.000000	0.000000	5,651,872	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	18,472,116	0.000000	0.000000	5,827,890	73.00
74.00	07400	RENAL DIALYSIS	0	949,950	0.000000	0.000000	496,045	74.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	133,786	51,312,054	0.002607	0.002607	3,630,685	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,991,731	0.000000	0.000000	501,865	92.00
200.00		Total (lines 50-199)	133,786	421,571,157			53,479,664	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part IV Date/Time Prepared: 5/31/2016 11:29 am

Title XVIII | Hospital | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	11,166,221	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	1,638,988	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,724,968	0		54.00
56.00	05600	RADIOISOTOPE	0	1,086,562	0		56.00
57.00	05700	CT SCAN	0	9,118,138	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,469,069	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,281,489	0		59.00
60.00	06000	LABORATORY	0	5,851,893	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	806,542	0		65.00
66.00	06600	PHYSICAL THERAPY	0	16,392	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	9,606	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
68.01	03040	AUDIOLOGY	0	127,671	0		68.01
69.00	06900	ELECTROCARDIOLOGY	0	1,613,174	0		69.00
69.01	03160	CARDIOPULMONARY	0	610,788	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	932,182	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,696,334	0		71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,872,477	0		73.00
74.00	07400	RENAL DIALYSIS	0	26,534	0		74.00
		OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	9,465	5,587,852	14,568		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	829,344	0		92.00
200.00		Total (lines 50-199)	9,465	53,466,224	14,568		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part V Date/Time Prepared: 5/31/2016 11:29 am

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.198817	11,166,221	0	0	2,220,035	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.331242	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.032444	1,638,988	0	0	53,175	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.147756	4,724,968	0	0	698,142	54.00
56.00	05600	RADIOISOTOPE	0.104616	1,086,562	0	0	113,672	56.00
57.00	05700	CT SCAN	0.048739	9,118,138	0	0	444,409	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.078468	2,469,069	0	0	193,743	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.103586	1,281,489	0	0	132,744	59.00
60.00	06000	LABORATORY	0.119552	5,851,893	5,900	0	699,606	60.00
65.00	06500	RESPIRATORY THERAPY	0.156707	806,542	0	0	126,391	65.00
66.00	06600	PHYSICAL THERAPY	0.297385	16,392	0	0	4,875	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.257577	9,606	0	0	2,474	67.00
68.00	06800	SPEECH PATHOLOGY	0.499277	0	0	0	0	68.00
68.01	03040	AUDIOLOGY	0.227711	127,671	0	0	29,072	68.01
69.00	06900	ELECTROCARDIOLOGY	0.073937	1,613,174	0	0	119,273	69.00
69.01	03160	CARDIOPULMONARY	0.438245	610,788	0	0	267,675	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.057967	932,182	0	0	54,036	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.662514	3,696,334	0	0	2,448,873	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.449912	1,872,477	0	21,941	842,450	73.00
74.00	07400	RENAL DIALYSIS	0.316211	26,534	0	0	8,390	74.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.189368	5,587,852	0	0	1,058,160	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.469789	829,344	0	0	389,617	92.00
200.00		Subtotal (see instructions)		53,466,224	5,900	21,941	9,906,812	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		53,466,224	5,900	21,941	9,906,812	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part V Date/Time Prepared: 5/31/2016 11:29 am

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: 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
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
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	705	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
68.01	03040	AUDIOLOGY	0	0		68.01
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.01	03160	CARDIOPULMONARY	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	9,872		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Subtotal (see instructions)	705	9,872		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	705	9,872		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140289 | Component CCN: 14T289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part II | Date/Time Prepared: 5/31/2016 11:29 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	1,364,325	66,251,660	0.020593	42,519	876	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	562,809	16,901,589	0.033299	0	0	52.00
53.00	05300	ANESTHESIOLOGY	59,162	10,568,521	0.005598	7,091	40	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	605,939	37,205,120	0.016286	118,753	1,934	54.00
56.00	05600	RADIOISOTOPE	23,145	4,181,879	0.005535	0	0	56.00
57.00	05700	CT SCAN	503,958	44,894,132	0.011225	71,973	808	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	323,749	12,544,638	0.025808	19,842	512	58.00
59.00	05900	CARDIAC CATHETERIZATION	259,797	16,997,612	0.015284	0	0	59.00
60.00	06000	LABORATORY	384,739	60,031,109	0.006409	489,761	3,139	60.00
65.00	06500	RESPIRATORY THERAPY	230,846	16,102,183	0.014336	336,582	4,825	65.00
66.00	06600	PHYSICAL THERAPY	415,276	11,130,023	0.037311	1,700,877	63,461	66.00
67.00	06700	OCCUPATIONAL THERAPY	280,237	7,684,077	0.036470	1,895,433	69,126	67.00
68.00	06800	SPEECH PATHOLOGY	112,031	2,646,090	0.042338	202,647	8,580	68.00
68.01	03040	AUDIOLOGY	14,310	1,011,155	0.014152	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	194,477	11,967,515	0.016250	29,657	482	69.00
69.01	03160	CARDIOPULMONARY	77,698	2,340,921	0.033191	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	2,109	1,540,532	0.001369	2,509	3	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	507,892	23,846,550	0.021298	137,963	2,938	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	436,921	18,472,116	0.023653	455,272	10,769	73.00
74.00	07400	RENAL DIALYSIS	5,531	949,950	0.005822	116,023	675	74.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	640,862	51,312,054	0.012490	18,540	232	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,991,731	0.000000	25,234	0	92.00
200.00		Total (lines 50-199)	7,005,813	421,571,157		5,670,676	168,400	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140289 | Component CCN: 14T289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part IV | Date/Time Prepared: 5/31/2016 11:29 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
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	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	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
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
68.01	03040	AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03160	CARDIOPULMONARY	0	0	0	0	0	69.01
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
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
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0	133,786	0	133,786	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	133,786	0	133,786	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140289 | Component CCN: 14T289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part IV | Date/Time Prepared: 5/31/2016 11:29 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	66,251,660	0.000000	0.000000	42,519	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	16,901,589	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	10,568,521	0.000000	0.000000	7,091	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	37,205,120	0.000000	0.000000	118,753	54.00
56.00	05600	RADIOISOTOPE	0	4,181,879	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	44,894,132	0.000000	0.000000	71,973	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	12,544,638	0.000000	0.000000	19,842	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	16,997,612	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	60,031,109	0.000000	0.000000	489,761	60.00
65.00	06500	RESPIRATORY THERAPY	0	16,102,183	0.000000	0.000000	336,582	65.00
66.00	06600	PHYSICAL THERAPY	0	11,130,023	0.000000	0.000000	1,700,877	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,684,077	0.000000	0.000000	1,895,433	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,646,090	0.000000	0.000000	202,647	68.00
68.01	03040	AUDIOLOGY	0	1,011,155	0.000000	0.000000	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	11,967,515	0.000000	0.000000	29,657	69.00
69.01	03160	CARDIOPULMONARY	0	2,340,921	0.000000	0.000000	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,540,532	0.000000	0.000000	2,509	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	23,846,550	0.000000	0.000000	137,963	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	18,472,116	0.000000	0.000000	455,272	73.00
74.00	07400	RENAL DIALYSIS	0	949,950	0.000000	0.000000	116,023	74.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	133,786	51,312,054	0.002607	0.002607	18,540	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,991,731	0.000000	0.000000	25,234	92.00
200.00		Total (lines 50-199)	133,786	421,571,157			5,670,676	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140289 | Component CCN: 14T289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part IV | Date/Time Prepared: 5/31/2016 11:29 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
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	0		54.00
56.00	05600	RADIOISOTOPE	0	0	0		56.00
57.00	05700	CT SCAN	0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	0	0	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
68.01	03040	AUDIOLOGY	0	0	0		68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
69.01	03160	CARDIOPULMONARY	0	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	732	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
		OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	48	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
200.00		Total (lines 50-199)	48	732	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140289 | Component CCN: 14T289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part V | Date/Time Prepared: 5/31/2016 11:29 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.198817	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.331242	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.032444	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.147756	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0.104616	0	0	0	0	56.00
57.00	05700	CT SCAN	0.048739	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.078468	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.103586	0	0	0	0	59.00
60.00	06000	LABORATORY	0.119552	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.156707	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.297385	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.257577	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.499277	0	0	0	0	68.00
68.01	03040	AUDIOLOGY	0.227711	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.073937	0	0	0	0	69.00
69.01	03160	CARDIOPULMONARY	0.438245	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.057967	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.662514	0	0	0	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.449912	732	0	250	329	73.00
74.00	07400	RENAL DIALYSIS	0.316211	0	0	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.189368	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.469789	0	0	0	0	92.00
200.00		Subtotal (see instructions)		732	0	250	329	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		732	0	250	329	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140289 | Component CCN: 14T289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part V | Date/Time Prepared: 5/31/2016 11:29 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: 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
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
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
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
68.01	03040	AUDIOLOGY	0	0		68.01
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.01	03160	CARDIOPULMONARY	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	112		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Subtotal (see instructions)	0	112		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	0	112		202.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D-1 | Date/Time Prepared: 5/31/2016 11:29 am

Title XVIII | Hospital | 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)	23,905	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	23,905	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)	21,410	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)	8,165	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)	13,466,100	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)	13,466,100	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)	13,466,100	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)	563.32	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	4,599,508	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)	4,599,508	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D-1 | Date/Time Prepared: 5/31/2016 11:29 am

Title XVIII | Hospital | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	3,929,260	2,861	1,373.39	855	1,174,248	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	12,711,238	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	18,484,994	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)	341,126	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	879,971	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	1,221,097	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	17,263,897	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	2,495	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	563.32	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	1,405,483	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D-1 | Date/Time Prepared: 5/31/2016 11:29 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	787,849	13,466,100	0.058506	1,405,483	82,229	90.00
91.00	Nursing School cost	0	13,466,100	0.000000	1,405,483	0	91.00
92.00	Allied health cost	0	13,466,100	0.000000	1,405,483	0	92.00
93.00	All other Medical Education	0	13,466,100	0.000000	1,405,483	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140289 Component CCN: 14T289	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/31/2016 11:29 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)	4,428	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,428	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)	4,428	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	2,821	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)	2,807,980	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)	2,807,980	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)	2,807,980	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)	634.14	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,788,909	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)	1,788,909	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140289 | Component CCN: 14T289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D-1 | Date/Time Prepared: 5/31/2016 11:29 am

Title XVIII | Subprovider - IRF | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	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)	1,588,814	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	3,377,723	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)	105,139	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	168,448	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	273,587	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	3,104,136	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: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D-1

Component CCN: 14T289 | Date/Time Prepared: 5/31/2016 11:29 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	165,050	2,807,980	0.058779	0	0	90.00
91.00	Nursing School cost	0	2,807,980	0.000000	0	0	91.00
92.00	Allied health cost	0	2,807,980	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,807,980	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D-3 | Date/Time Prepared: 5/31/2016 11:29 am

Title XVIII | Hospital | 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		7,626,373		30.00
31.00	03100	INTENSIVE CARE UNIT		1,703,179		31.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.198817	6,190,201	1,230,717	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.331242	4,925	1,631	52.00
53.00	05300	ANESTHESIOLOGY	0.040893	941,944	38,519	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.150199	4,936,776	741,499	54.00
56.00	05600	RADIOISOTOPE	0.104616	420,955	44,039	56.00
57.00	05700	CT SCAN	0.048739	3,885,797	189,390	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.078468	937,246	73,544	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.104275	2,248,924	234,507	59.00
60.00	06000	LABORATORY	0.119620	10,267,228	1,228,166	60.00
65.00	06500	RESPIRATORY THERAPY	0.156707	4,350,903	681,817	65.00
66.00	06600	PHYSICAL THERAPY	0.297385	1,476,473	439,081	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.257577	836,840	215,551	67.00
68.00	06800	SPEECH PATHOLOGY	0.499277	193,268	96,494	68.00
68.01	03040	AUDIOLOGY	0.227711	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.073937	640,663	47,369	69.00
69.01	03160	CARDIOPULMONARY	0.440859	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.057967	39,164	2,270	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.662514	5,651,872	3,744,444	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.449912	5,827,890	2,622,038	73.00
74.00	07400	RENAL DIALYSIS	0.316211	496,045	156,855	74.00
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0.189368	3,630,685	687,536	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.469789	501,865	235,771	92.00
200.00		Total (sum of lines 50-94 and 96-98)		53,479,664	12,711,238	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)		53,479,664		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 140289 | Component CCN: 14T289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D-3 | Date/Time Prepared: 5/31/2016 11:29 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
41.00	04100	SUBPROVIDER - IRF		3,545,746		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.198817	42,519	8,454	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.331242	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.040893	7,091	290	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.150199	118,753	17,837	54.00
56.00	05600	RADIOISOTOPE	0.104616	0	0	56.00
57.00	05700	CT SCAN	0.048739	71,973	3,508	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.078468	19,842	1,557	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.104275	0	0	59.00
60.00	06000	LABORATORY	0.119620	489,761	58,585	60.00
65.00	06500	RESPIRATORY THERAPY	0.156707	336,582	52,745	65.00
66.00	06600	PHYSICAL THERAPY	0.297385	1,700,877	505,815	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.257577	1,895,433	488,220	67.00
68.00	06800	SPEECH PATHOLOGY	0.499277	202,647	101,177	68.00
68.01	03040	AUDIOLOGY	0.227711	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.073937	29,657	2,193	69.00
69.01	03160	CARDIOPULMONARY	0.440859	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.057967	2,509	145	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.662514	137,963	91,402	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.449912	455,272	204,832	73.00
74.00	07400	RENAL DIALYSIS	0.316211	116,023	36,688	74.00
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0.189368	18,540	3,511	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.469789	25,234	11,855	92.00
200.00		Total (sum of lines 50-94 and 96-98)		5,670,676	1,588,814	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)		5,670,676		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet E Part A | Date/Time Prepared: 5/31/2016 11:29 am

Title XVIII | Hospital | PPS

		0	1.00	2.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0		1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		11,711,234		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		3,903,745		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)		104,822		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		8,219,834		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		127.16		4.00
	Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		0.00		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)		0.00		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00		10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00		11.00
12.00	Current year allowable FTE (see instructions)		0.00		12.00
13.00	Total allowable FTE count for the prior year.		0.00		13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00		14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00		15.00
16.00	Adjustment for residents in initial years of the program		0.00		16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00		17.00
18.00	Adjusted rolling average FTE count		0.00		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000		21.00
22.00	IME payment adjustment (see instructions)		0		22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0		22.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000		26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000		27.00
28.00	IME add-on adjustment amount (see instructions)		0		28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0		28.01
29.00	Total IME payment (sum of lines 22 and 28)		0		29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0		29.01
	Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.58		30.00
31.00	Percentage of Medicaid patient days (see instructions)		20.66		31.00
32.00	Sum of lines 30 and 31		23.24		32.00
33.00	Allowable disproportionate share percentage (see instructions)		8.38		33.00
34.00	Disproportionate share adjustment (see instructions)		327,134		34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet E Part A Date/Time Prepared: 5/31/2016 11:29 am

Title XVIII | Hospital | PPS

			Prior to October 1	On/After October 1	
		0	1.00	2.00	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		7,647,644,885	6,406,145,534	35.00
35.01	Factor 3 (see instructions)		0.000144307	0.000144277	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,103,612	924,256	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		825,441	232,327	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,057,768		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 an 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		17,104,703		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)		17,104,703		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,306,883		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		6,446		53.00
54.00	Special add-on payments for new technologies		2,343		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 intructions)		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)		9,465		58.00
59.00	Total (sum of amounts on lines 49 through 58)		18,429,840		59.00
60.00	Primary payer payments		3,514		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		18,426,326		61.00
62.00	Deductibles billed to program beneficiaries		1,994,872		62.00
63.00	Coinsurance billed to program beneficiaries		19,182		63.00
64.00	Allowable bad debts (see instructions)		344,178		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		223,716		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		289,003		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		16,635,988		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)		-55,295		70.93
70.94	HRR adjustment amount (see instructions)		-12,367		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140289	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/31/2016 11:29 am
	Title XVIII	Hospital	PPS

			Prior to October 1	On/After October 1	
		0	1.00	2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		137,838		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		16,430,488		71.00
71.01	Sequestration adjustment (see instructions)		328,610		71.01
72.00	Interim payments		16,071,247		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)		30,631		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		532,020		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

		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	HSP Bonus Payment Amount			
100.00	HSP bonus amount (see instructions)	0	0	100.00
	HVBP Adjustment for HSP Bonus Payment			
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00
	HRR Adjustment for HSP Bonus Payment			
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140289	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/31/2016 11:29 am
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	10,577	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	9,892,244	2.00
3.00	PPS payments	9,522,875	3.00
4.00	Outlier payment (see instructions)	8,480	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	14,568	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	10,577	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	27,841	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)	27,841	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 chargebasis 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)	27,841	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	17,264	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)	10,577	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)	9,545,923	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	2,010,921	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	7,545,579	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	7,545,579	30.00
31.00	Primary payer payments	1,692	31.00
32.00	Subtotal (line 30 minus line 31)	7,543,887	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)	342,382	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	222,548	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	304,291	36.00
37.00	Subtotal (see instructions)	7,766,435	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	7,766,435	40.00
40.01	Sequestration adjustment (see instructions)	155,329	40.01
41.00	Interim payments	7,585,465	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	25,641	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: 140289 Component CCN: 14T289	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/31/2016 11:29 am
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	112	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	329	2.00
3.00	PPS payments	237	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)	112	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	250	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)	250	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 chargebasis 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)	250	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	138	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)	112	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)	237	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)	349	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)	349	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	349	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)	349	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)	349	40.00
40.01	Sequestration adjustment (see instructions)	7	40.01
41.00	Interim payments	340	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	2	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: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet E-1 Part I | Date/Time Prepared: 5/31/2016 11:29 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		16,071,247		7,585,465	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		16,071,247		7,585,465	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		30,631		25,641	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		16,101,878		7,611,106	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: 140289 | Component CCN: 14T289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet E-1 Part I | Date/Time Prepared: 5/31/2016 11:29 am

Title XVIII | Subprovider - IRF | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		3,833,047		340	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,833,047		340	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		88,428		2	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,921,475		342	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: 140289	Period: From 01/01/2015 To 12/31/2015	Worksheet E-1 Part II Date/Time Prepared: 5/31/2016 11:29 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	7,116	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	9,020	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	4,790	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	24,271	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	459,066,180	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	4,309,288	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)	458,572	8.00
9.00	Sequestration adjustment amount (see instructions)	9,171	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	449,401	10.00
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	0	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)	449,401	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140289 Component CCN: 14T289	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part III Date/Time Prepared: 5/31/2016 11:29 am
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS		
1.00	Net Federal PPS Payment (see instructions)	3,895,971	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0192	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	158,566	3.00
4.00	Outlier Payments	16,628	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)	12.131507	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)	4,071,165	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)		15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)	0	16.00
17.00	Subtotal (see instructions)	4,071,165	17.00
18.00	Primary payer payments	5,000	18.00
19.00	Subtotal (line 17 less line 18).	4,066,165	19.00
20.00	Deductibles	47,704	20.00
21.00	Subtotal (line 19 minus line 20)	4,018,461	21.00
22.00	Coinsurance	18,585	22.00
23.00	Subtotal (line 21 minus line 22)	3,999,876	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	2,432	24.00
25.00	Adjusted reimbursable bad debts (see instructions)	1,581	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)	4,001,457	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)	48	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)	4,001,505	32.00
32.01	Sequestration adjustment (see instructions)	80,030	32.01
33.00	Interim payments	3,833,047	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)	88,428	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	318,125	36.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4	16,628	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: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet G | Date/Time Prepared: 5/31/2016 11:29 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	3,256,133	0	0	0	1.00
2.00	Temporary investments	1,112,077	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	17,695,252	0	0	0	4.00
5.00	Other receivable	5,948,963	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	2,273,891	0	0	0	7.00
8.00	Prepaid expenses	1,816,432	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	135,162	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	32,237,910	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	673,013	0	0	0	12.00
13.00	Land improvements	3,085,291	0	0	0	13.00
14.00	Accumulated depreciation	-2,253,437	0	0	0	14.00
15.00	Buildings	97,661,449	0	0	0	15.00
16.00	Accumulated depreciation	-38,464,879	0	0	0	16.00
17.00	Leasehold improvements	24,000	0	0	0	17.00
18.00	Accumulated depreciation	-24,000	0	0	0	18.00
19.00	Fixed equipment	4,748,645	0	0	0	19.00
20.00	Accumulated depreciation	-3,358,906	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	38,752,166	0	0	0	23.00
24.00	Accumulated depreciation	-28,545,676	0	0	0	24.00
25.00	Minor equipment depreciable	83,185	0	0	0	25.00
26.00	Accumulated depreciation	-83,185	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	292,785	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	72,590,451	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	64,584,373	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	8,446,919	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	73,031,292	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	177,859,653	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	3,952,428	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	4,214,186	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	4,590,000	0	0	0	43.00
44.00	Other current liabilities	9,501,297	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	22,257,911	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	36,300,082	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	15,474,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49	51,774,082	0	0	0	50.00
51.00	Total liabilites (sum of lines 45 and 50)	74,031,993	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	103,827,660				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	103,827,660	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	177,859,653	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet G-1 | Date/Time Prepared: 5/31/2016 11:29 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		96,350,166		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		14,398,194				2.00
3.00	Total (sum of line 1 and line 2)		110,748,360		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		110,748,360		0		11.00
12.00	TRANSFERS TO AFFILIATES	6,920,700		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		6,920,700		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		103,827,660		0		19.00

		Endowment Fund	Plant Fund		
		6.00	7.00	8.00	
1.00	Fund balances at beginning of period	0		0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)				2.00
3.00	Total (sum of line 1 and line 2)	0		0	3.00
4.00	Additions (credit adjustments) (specify)		0		4.00
5.00			0		5.00
6.00			0		6.00
7.00			0		7.00
8.00			0		8.00
9.00			0		9.00
10.00	Total additions (sum of line 4-9)	0		0	10.00
11.00	Subtotal (line 3 plus line 10)	0		0	11.00
12.00	TRANSFERS TO AFFILIATES		0		12.00
13.00			0		13.00
14.00			0		14.00
15.00			0		15.00
16.00			0		16.00
17.00			0		17.00
18.00	Total deductions (sum of lines 12-17)	0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0	19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet G-2 Parts I & II Date/Time Prepared: 5/31/2016 11:29 am

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	26,194,058		26,194,058	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	5,573,383		5,573,383	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	31,767,441		31,767,441	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	4,518,825		4,518,825	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	4,518,825		4,518,825	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	36,286,266		36,286,266	17.00
18.00	Ancillary services	130,479,383	236,787,989	367,267,372	18.00
19.00	Outpatient services	9,614,738	44,689,047	54,303,785	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		1,208,757	1,208,757	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	176,380,387	282,685,793	459,066,180	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		120,396,285		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		120,396,285		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 140289	Period: From 01/01/2015 To 12/31/2015	Worksheet G-3 Date/Time Prepared: 5/31/2016 11:29 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	459,066,180	1.00
2.00	Less contractual allowances and discounts on patients' accounts	326,443,346	2.00
3.00	Net patient revenues (line 1 minus line 2)	132,622,834	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	120,396,285	4.00
5.00	Net income from service to patients (line 3 minus line 4)	12,226,549	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	213,497	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	-352	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	114,542	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	1,372,860	22.00
23.00	Governmental appropriations	0	23.00
24.00	MANAGEMENT FEES	264,000	24.00
24.01	SISHA INCOME	209,526	24.01
24.02	MEDICAID EMR REVENUE	121,862	24.02
24.03	MISCELLANEOUS INCOME	238,325	24.03
25.00	Total other income (sum of lines 6-24)	2,534,260	25.00
26.00	Total (line 5 plus line 25)	14,760,809	26.00
27.00	LOSS ON DISPOSAL OF ASSETS	362,615	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	362,615	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	14,398,194	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140289 | HHA CCN: 147420 | Period: From 01/01/2015 To 12/31/2015 | Worksheet H | Date/Time Prepared: 5/31/2016 11:29 am

Home Health Agency I | PPS

		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00	Capital Related - Movable Equipment			0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	174,744	0	0	0	17,895	192,639	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	439,125	0	17,898	0	0	457,023	6.00
7.00	Physical Therapy	138,333	0	12,659	24,537	0	175,529	7.00
8.00	Occupational Therapy	60,353	0	5,524	0	0	65,877	8.00
9.00	Speech Pathology	8,710	0	797	0	0	9,507	9.00
10.00	Medical Social Services	0	0	0	0	0	0	10.00
11.00	Home Health Aide	57,289	0	4,404	0	0	61,693	11.00
12.00	Supplies (see instructions)	0	0	0	0	8,082	8,082	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	878,554	0	41,282	24,537	25,977	970,350	24.00

		Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
		7.00	8.00	9.00	10.00			
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	0	0			2.00
3.00	Plant Operation & Maintenance	0	0	0	0			3.00
4.00	Transportation	0	0	0	0			4.00
5.00	Administrative and General	-2,603	190,036	0	190,036			5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	457,023	0	457,023			6.00
7.00	Physical Therapy	0	175,529	0	175,529			7.00
8.00	Occupational Therapy	0	65,877	0	65,877			8.00
9.00	Speech Pathology	0	9,507	0	9,507			9.00
10.00	Medical Social Services	0	0	0	0			10.00
11.00	Home Health Aide	0	61,693	0	61,693			11.00
12.00	Supplies (see instructions)	-8,082	0	0	0			12.00
13.00	Drugs	0	0	0	0			13.00
14.00	DME	0	0	0	0			14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0			15.00
16.00	Respiratory Therapy	0	0	0	0			16.00
17.00	Private Duty Nursing	0	0	0	0			17.00
18.00	Clinic	0	0	0	0			18.00
19.00	Health Promotion Activities	0	0	0	0			19.00
20.00	Day Care Program	0	0	0	0			20.00
21.00	Home Delivered Meals Program	0	0	0	0			21.00
22.00	Homemaker Service	0	0	0	0			22.00
23.00	All Others (specify)	0	0	0	0			23.00
24.00	Total (sum of lines 1-23)	-10,685	959,665	0	959,665			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: 140289 HHA CCN: 147420

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

Worksheet H-1 Part I Date/Time Prepared: 5/31/2016 11:29 am

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			Capital Related Costs					
		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Bldgs & Fixtures	Movable Equipment	Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		0	1.00	2.00	3.00	4.00	4A.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	190,036	0	0	0	0	190,036	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	457,023	0	0	0	0	457,023	6.00
7.00	Physical Therapy	175,529	0	0	0	0	175,529	7.00
8.00	Occupational Therapy	65,877	0	0	0	0	65,877	8.00
9.00	Speech Pathology	9,507	0	0	0	0	9,507	9.00
10.00	Medical Social Services	0	0	0	0	0	0	10.00
11.00	Home Health Aide	61,693	0	0	0	0	61,693	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0		0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	959,665	0	0	0	0	959,665	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	190,036		5.00
	HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	112,849	569,872	6.00
7.00	Physical Therapy	43,341	218,870	7.00
8.00	Occupational Therapy	16,266	82,143	8.00
9.00	Speech Pathology	2,347	11,854	9.00
10.00	Medical Social Services	0	0	10.00
11.00	Home Health Aide	15,233	76,926	11.00
12.00	Supplies (see instructions)	0	0	12.00
13.00	Drugs	0	0	13.00
14.00	DME	0	0	14.00
	HHA NONREIMBURSABLE SERVICES			
15.00	Home Dialysis Aide Services	0	0	15.00
16.00	Respiratory Therapy	0	0	16.00
17.00	Private Duty Nursing	0	0	17.00
18.00	Clinic	0	0	18.00
19.00	Health Promotion Activities	0	0	19.00
20.00	Day Care Program	0	0	20.00
21.00	Home Delivered Meals Program	0	0	21.00
22.00	Homemaker Service	0	0	22.00
23.00	All Others (specify)	0	0	23.00
24.00	Total (sum of lines 1-23)		959,665	24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 140289
HHA CCN: 147420

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

Worksheet H-1 Part II
Date/Time Prepared: 5/31/2016 11:29 am

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		Capital Related Costs						
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)	Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
		1.00	2.00	3.00	4.00	5A.00	5.00	
	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	-190,036	769,629	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	457,023	6.00
7.00	Physical Therapy	0	0	0	0	0	175,529	7.00
8.00	Occupational Therapy	0	0	0	0	0	65,877	8.00
9.00	Speech Pathology	0	0	0	0	0	9,507	9.00
10.00	Medical Social Services	0	0	0	0	0	0	10.00
11.00	Home Health Aide	0	0	0	0	0	61,693	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0		0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	0	0	0	0	-190,036	769,629	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		190,036	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.246919	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet H-2 Part I

HHA CCN: 147420 | Date/Time Prepared: 5/31/2016 11:29 am

Home Health Agency I | PPS

	Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		0	1.00	2.00	4.00	4A	5.00	
1.00	Administrative and General	0	18,540	933	38,569	58,042	13,229	1.00
2.00	Skilled Nursing Care	569,872	0	0	96,924	666,796	151,980	2.00
3.00	Physical Therapy	218,870	0	0	30,533	249,403	56,845	3.00
4.00	Occupational Therapy	82,143	0	0	13,321	95,464	21,759	4.00
5.00	Speech Pathology	11,854	0	0	1,922	13,776	3,140	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	76,926	0	0	12,645	89,571	20,416	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)	959,665	18,540	933	193,914	1,173,052	267,369	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	11,579	17,739	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)	11,579	17,739	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: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet H-2 Part I | Date/Time Prepared: 5/31/2016 11:29 am

HHA CCN: 147420 | Home Health Agency I | PPS

	Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMEDICAL EDUCATION PRGM	
		13.00	14.00	15.00	16.00	17.00	23.00	
1.00	Administrative and General	0	259	0	7,676	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	259	0	7,676	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

	Cost Center Description	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	108,524	0	108,524				1.00
2.00	Skilled Nursing Care	818,776	0	818,776	64,899	883,675		2.00
3.00	Physical Therapy	306,248	0	306,248	24,274	330,522		3.00
4.00	Occupational Therapy	117,223	0	117,223	9,292	126,515		4.00
5.00	Speech Pathology	16,916	0	16,916	1,341	18,257		5.00
6.00	Medical Social Services	0	0	0	0	0		6.00
7.00	Home Health Aide	109,987	0	109,987	8,718	118,705		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) (2)	1,477,674	0	1,477,674	108,524	1,477,674		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.				0.079264			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: 140289 HHA CCN: 147420

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

Worksheet H-2 Part II Date/Time Prepared: 5/31/2016 11:29 am

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	Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		1.00	2.00	4.00	5A	5.00	6.00	
1.00	Administrative and General	1,848	867	174,744	0	58,042	1,848	1.00
2.00	Skilled Nursing Care	0	0	439,125	0	666,796	0	2.00
3.00	Physical Therapy	0	0	138,333	0	249,403	0	3.00
4.00	Occupational Therapy	0	0	60,353	0	95,464	0	4.00
5.00	Speech Pathology	0	0	8,710	0	13,776	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	57,289	0	89,571	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)	1,848	867	878,554		1,173,052	1,848	20.00
21.00	Total cost to be allocated	18,540	933	193,914		267,369	11,579	21.00
22.00	Unit cost multiplier	10.032468	1.076125	0.220720		0.227926	6.265693	22.00

	Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		7.00	8.00	9.00	10.00	11.00	13.00	
1.00	Administrative and General	1,848	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)	1,848	0	0	0	0	0	20.00
21.00	Total cost to be allocated	17,739	0	0	0	0	0	21.00
22.00	Unit cost multiplier	9.599026	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140289 HHA CCN: 147420

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

Worksheet H-2 Part II Date/Time Prepared: 5/31/2016 11:29 am

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	Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	PARAMEDICAL EDUCATION PRGM (ASSIGNED TIME)		
		14.00	15.00	16.00	17.00	23.00		
1.00	Administrative and General	2,137	0	174	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)	2,137	0	174	0	0		20.00
21.00	Total cost to be allocated	259	0	7,676	0	0		21.00
22.00	Unit cost multiplier	0.121198	0.000000	44.114943	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140289 | HHA CCN: 147420 | Period: From 01/01/2015 To 12/31/2015 | Worksheet H-3 Part I | Date/Time Prepared: 5/31/2016 11:29 am

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	883,675		883,675	3,324	265.85	1.00
2.00	Physical Therapy	3.00	330,522	0	330,522	2,351	140.59	2.00
3.00	Occupational Therapy	4.00	126,515	0	126,515	1,026	123.31	3.00
4.00	Speech Pathology	5.00	18,257	0	18,257	148	123.36	4.00
5.00	Medical Social Services	6.00	0		0	0	0.00	5.00
6.00	Home Health Aide	7.00	118,705		118,705	818	145.12	6.00
7.00	Total (sum of lines 1-6)		1,477,674	0	1,477,674	7,667		7.00

	Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits Part B Not Subject to Deductibles & Coinsurance	Part B Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care		41180	0	1,365			8.00
9.00	Physical Therapy		41180	0	946			9.00
10.00	Occupational Therapy		41180	0	434			10.00
11.00	Speech Pathology		41180	0	59			11.00
12.00	Medical Social Services		41180	0	0			12.00
13.00	Home Health Aide		41180	0	488			13.00
14.00	Total (sum of lines 8-13)			0	3,292			14.00

	Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Record)	Ratio (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	0	17,999	17,999	27,167	0.662532	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

	Cost Center Description	Program Visits Part A	Program Visits Part B Not Subject to Deductibles & Coinsurance	Program Visits Part B Subject to Deductibles & Coinsurance	Cost of Services Part A	Part B Not Subject to Deductibles & Coinsurance	Part B 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	1,365		0	362,885		1.00
2.00	Physical Therapy	0	946		0	132,998		2.00
3.00	Occupational Therapy	0	434		0	53,517		3.00
4.00	Speech Pathology	0	59		0	7,278		4.00
5.00	Medical Social Services	0	0		0	0		5.00
6.00	Home Health Aide	0	488		0	70,819		6.00
7.00	Total (sum of lines 1-6)	0	3,292		0	627,497		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
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140289 | HHA CCN: 147420 | Period: From 01/01/2015 To 12/31/2015 | Worksheet H-3 Part I | Date/Time Prepared: 5/31/2016 11:29 am

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	Cost Center Description	Program Covered Charges			Cost of Services			
			Part B			Part B		
		Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	27,167	0	0	17,999	0	15.00
16.00	Cost of Drugs		0	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	362,885	1.00
2.00	Physical Therapy	132,998	2.00
3.00	Occupational Therapy	53,517	3.00
4.00	Speech Pathology	7,278	4.00
5.00	Medical Social Services	0	5.00
6.00	Home Health Aide	70,819	6.00
7.00	Total (sum of lines 1-6)	627,497	7.00

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

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140289 | HHA CCN: 147420 | Period: From 01/01/2015 To 12/31/2015 | Worksheet H-3 Part II | Date/Time Prepared: 5/31/2016 11:29 am

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	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	0.297385	0	0	col. 2, line 2.00		1.00
2.00	Occupational Therapy	67.00	0.257577	0	0	col. 2, line 3.00		2.00
3.00	Speech Pathology	68.00	0.499277	0	0	col. 2, line 4.00		3.00
3.01	Speech Pathology 1	68.01	0.227711	0	0	col. 2, line 4.01		3.01
4.00	Cost of Medical Supplies	71.00	0.662514	27,167	17,999	col. 2, line 15.00		4.00
5.00	Cost of Drugs	73.00	0.449912	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

Provider CCN: 140289 | HHA CCN: 147420 | Period: From 01/01/2015 To 12/31/2015 | Worksheet H-4 Part I-II | Date/Time Prepared: 5/31/2016 11:29 am

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		Part A	Part B Not Subject to Deductibles & Coinsurance	Part B 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	1.00
2.00	Total charges	0	0	0	2.00
	Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	0	0	9.00

		Part A Services	Part B Services	
		1.00	2.00	
	PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT			
10.00	Total reasonable cost (see instructions)	0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0	545,180	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	11,235	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	15,020	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	11,880	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	10,088	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	0	16.00
17.00	Total Other Payments	0	0	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	0	593,403	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	593,403	24.00
25.00	Coinsurance billed to program patients (from your records)		0	25.00
26.00	Net cost (line 24 minus line 25)	0	593,403	26.00
27.00	Reimbursable bad debts (from your records)			27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	0	593,403	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	30.50
31.00	Subtotal (see instructions)	0	593,403	31.00
31.01	Sequestration adjustment (see instructions)	0	11,868	31.01
32.00	Interim payments (see instructions)	0	581,534	32.00
33.00	Tentative settlement (for contractor use only)	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)	0	1	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	35.00

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

Provider CCN: 140289 HHA CCN: 147420 | Period: From 01/01/2015 To 12/31/2015 | Worksheet H-5 | Date/Time Prepared: 5/31/2016 11:29 am

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		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		581,534	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		581,534	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		1	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		581,535	7.00

			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B | Provider CCN: 140289 | Period: From 01/01/2015 To 12/31/2015 | Worksheet I-5 | Date/Time Prepared: 5/31/2016 11:29 am

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

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 140289	Period: From 01/01/2015 To 12/31/2015	Worksheet L Parts I-III Date/Time Prepared: 5/31/2016 11:29 am
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	1,241,422	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	5,624	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)	68.04	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)	2.58	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	20.66	8.00
9.00	Sum of lines 7 and 8	23.24	9.00
10.00	Allowable disproportionate share percentage (see instructions)	4.82	10.00
11.00	Disproportionate share adjustment (see instructions)	59,837	11.00
12.00	Total prospective capital payments (see instructions)	1,306,883	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